

# Menendez Swimming 2018-2019

## Team Meeting Agenda

### 1. Coaches & Captain Introductions

Coaches: Coach Harmon, Coach Krenz, Coach Danner  
[coachmelissa.sast@aol.com](mailto:coachmelissa.sast@aol.com)  
[Autumn.krenz@stjohns.k12.fl.us](mailto:Autumn.krenz@stjohns.k12.fl.us)  
[Christine.Danner@stjohns.k12.fl.us](mailto:Christine.Danner@stjohns.k12.fl.us)

Captains: Marisa Flowers 386-264-5645 Caleb Locklear 904-547-0230

### 2. All swimmers must complete physicals & EL3's prior to the start of practice.

Watch the Concussion for Students video (Under Concussion on Home Page)

Watch the Sudden Cardiac Arrest & Heat Illness Prevention videos for Students  
(Under top Courses Tab – Select the check box for students scroll through the list)

All videos are on [www.nfhslearn.com](http://www.nfhslearn.com)

Log into website with parent to electronically sign all forms.

Upload completed Physical form.

Turn in YMCA waiver form to Coach Melissa.

### 3. Pay to Play Fee - \$75.00 Payment can be made online – details to follow

### 4. Summer conditioning options – See handout

### 5. Practice Schedule - The first day of practice will be **Monday, July 30, 2018!!!**

The schedule preseason and when school starts will be the same.

Monday, Wednesday, Friday mornings from 6:00-7:45am,

Tuesday, Thursday afternoon from 4:30-6:30pm.

Saturday practices may be scheduled as needed.

All practices will be held at:

Solomon Calhoun Center in West St. Augustine.

1300 Duval Street, St. Augustine, FL 32084.

#### **What to Bring:**

Boys—Bathing suit (no street shorts allowed) and goggles.

Girls—One piece suit (no bikini's), goggles, and swim cap.

Water bottle—you will sweat! Bring one to put on the deck. We will have a water cooler in the afternoon to fill up water bottles.

### 6. Fun stuff planned ☺

Pedro Menendez Swimming  
Summer Conditioning

This summer is an opportunity for you all to prepare for our swimming season! Ideally, we would like for you all to workout at least 3x per week. Below are some ideas:

Cardio ideas to build your aerobic base:

1. Run for 30 minute
2. Bike ride for 30 minutes
3. any activity that elevates your heart rate: tennis, rollerblade, soccer, etc.
4. swim laps for 30 minutes

Ideas to build strength:

1. 6-8x 50 jumping jacks  
30 crunches  
20 speed squats  
15 pushups  
10 jump squats

2. plank challenge: plank for 30 seconds-1 minute each day

3. 6x jump rope for 1 minutes

10 pushups

50 leg kicks (lay flat on your back with hands by your side and legs extended. Kick alternating legs)

10 burpees (stand, bring hands to the ground, kick your legs out to a plank, jump legs back in and jump up )

3. 5-4-3-2-1 workout

go through this 2-3x:

5 minutes: any cardio you like- walk, run, bike, skip

4 minutes: alternating 1 minute of lunges, 1 minute of mountain climbers

3 minutes: alternating 10 pushups and 15 tricep dips

2 minutes: alternating 30 seconds of regular squats and 30 seconds of jump squats

1 minute: plank

# ATHLETIC CLEARANCE

Quick steps for parents/students using the online athletic clearance process.

## Online Athletic Clearance

1. Visit [www.AthleticClearance.com](http://www.AthleticClearance.com) and choose your state.
2. Watch quick tutorial video
3. **Register.** PARENTS register with valid email username and password. You will be asked to type in a code to verify you are human. If this step is skipped your account will not activate. (If this step is skipped, please contact us to activate your account)
4. Login using your email address that you registered with
5. Select "**New Clearance**" to start the process.
6. Choose the School Year in which the student plans to participate. *Example: Football in Sept 2017 would be the 2017-2018 School Year.*  
Choose the School at which the student attends and will compete for.  
Choose Sport
7. Complete all required fields for Student Information, Educational History, Medical History and Signature Forms. **(If you have gone through the AthleticClearance.com process before, you will select the Student and Parent/Guardian from the dropdown menu on those pages)**
8. **Donate** to your athletic program or pay participation fees (private schools only).
9. Once you reach the **Confirmation Message** you have completed the process.
10. If you would like to register for additional sports/activities you may check off those sports below the Confirmation Message. Electronic signatures will be applied to the additional sports/activities.
11. All of this data will be electronically filed with your school's athletic department for **review**. When the student has been **cleared for participation**, an email notification will be sent.

## Online Athletic Clearance FAQ

### What is my Username?

Your username is the email address that you registered with.

### Multiple Sports

Questions? Go to [Support.AthleticClearance.com](http://Support.AthleticClearance.com) and submit a ticket.

**WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT – Adult Program Participant and Family**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Florida's First Coast, Inc. ("YMCA") for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the state of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THE ABOVE WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT.

\_\_\_\_\_  
SIGNATURE OF MEMBER / PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
DATE

**CONDITIONS OF PROGRAM PARTICIPATION**

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child.

The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I give my permission to the YMCA of Florida's First Coast, Inc. to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine and or my family member's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

The undersigned understands that no accident or medical insurance is provided with this activity.

I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS

**ACCEPTANCE**

I accept the Conditions of Program Participation set forth above and, being in sympathy with the Mission of the YMCA, hereby apply to participate.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE



Preparticipation Physical Evaluation (Page 1 of 3)



This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 1. Student Information (to be completed by student or parent)

Student's Name: School: Home Address: Name of Parent/Guardian: Person to Contact in Case of Emergency: Relationship to Student: Personal/Family Physician: Sex: Age: Date of Birth: Grade in School: Sport(s): Home Phone: E-mail: Work Phone: Cell Phone: City/State: Office Phone:

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

- 1. Have you had a medical illness or injury since your last check up or sports physical? 2. Do you have an ongoing chronic illness? 3. Have you ever been hospitalized overnight? 4. Have you ever had surgery? 5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? 7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)? 8. Have you ever had a rash or hives develop during or after exercise? 9. Have you ever passed out during or after exercise? 10. Have you ever been dizzy during or after exercise? 11. Have you ever had chest pain during or after exercise? 12. Do you get tired more quickly than your friends do during exercise? 13. Have you ever had racing of your heart or skipped heartbeats? 14. Have you had high blood pressure or high cholesterol? 15. Have you ever been told you have a heart murmur? 16. Has any family member or relative died of heart problems or sudden death before age 50? 17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? 18. Has a physician ever denied or restricted your participation in sports for any heart problems? 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)? 20. Have you ever had a head injury or concussion? 21. Have you ever been knocked out, become unconscious or lost your memory? 22. Have you ever had a seizure? 23. Do you have frequent or severe headaches? 24. Have you ever had numbness or tingling in your arms, hands, legs or feet? 25. Have you ever had a stinger, burner or pinched nerve? 26. Have you ever become ill from exercising in the heat? 27. Do you cough, wheeze or have trouble breathing during or after activity? 28. Do you have asthma? 29. Do you have seasonal allergies that require medical treatment? 30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)? 31. Have you had any problems with your eyes or vision? 32. Do you wear glasses, contacts or protective eyewear? 33. Have you ever had a sprain, strain or swelling after injury? 34. Have you broken or fractured any bones or dislocated any joints? 35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? If yes, check appropriate blank and explain below: Head, Neck, Back, Chest, Shoulder, Upper Arm, Elbow, Forearm, Wrist, Hand, Finger, Foot, Hip, Thigh, Knee, Shin/Calf, Ankle 36. Do you want to weigh more or less than you do now? 37. Do you lose weight regularly to meet weight requirements for your sport? 38. Do you feel stressed out? 39. Have you ever been diagnosed with sickle cell anemia? 40. Have you ever been diagnosed with having the sickle cell trait? 41. Record the dates of your most recent immunizations (shots) for: Tetanus, Measles, Hepatitis B, Chickenpox 42. When was your first menstrual period? 43. When was your most recent menstrual period? 44. How much time do you usually have from the start of one period to the start of another? 45. How many periods have you had in the last year? 46. What was the longest time between periods in the last year?

Explain "Yes" answers here:

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: Date: Signature of Parent/Guardian: Date:



# Florida High School Athletic Association Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.  
This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

### Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_ / \_\_\_\_ ( \_\_\_\_ / \_\_\_\_, \_\_\_\_ / \_\_\_\_ )  
Temperature: \_\_\_\_\_ Hearing: right: P \_\_\_\_ F \_\_\_\_ left: P \_\_\_\_ F \_\_\_\_  
Visual Acuity: Right 20/ \_\_\_\_\_ Left 20/ \_\_\_\_\_ Corrected: Yes No Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Genitalia (males only)	_____	_____	_____
9. Skin	_____	_____	_____
<b>MUSCULOSKELETAL</b>			
10. Neck	_____	_____	_____
11. Back	_____	_____	_____
12. Shoulder/Arm	_____	_____	_____
13. Elbow/Forearm	_____	_____	_____
14. Wrist/Hand	_____	_____	_____
15. Hip/Thigh	_____	_____	_____
16. Knee	_____	_____	_____
17. Leg/Ankle	_____	_____	_____
18. Foot	_____	_____	_____

\* - station-based examination only

### ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_\_\_ Cleared without limitation  
 \_\_\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_ Precautions: \_\_\_\_\_  
 \_\_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_  
 \_\_\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_  
 \_\_\_\_\_ Referred to \_\_\_\_\_ For: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_



Revised 03/16



Florida High School Athletic Association

# Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Student's Name: \_\_\_\_\_

### ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

Cleared without limitation

Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Precautions: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician (print): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

*Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.*