



**THE  
CRAIG  
SCHOOL**

**LOWER SCHOOL • MIDDLE SCHOOL**

## **Girls Basketball 2020-2021**

**Grades 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup>**

**1<sup>st</sup> Practice**: Thurs, November 19, 2020

**Practice time**: 3:05 pm to 4:30 pm

**We are using a new company, SquadLocker for our Badger Basketball Gear. More information to come.**

**Game uniforms are provided by the school and must be returned at the end of the season.**

Student \_\_\_\_\_ Grade \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Please see the attached practice schedule, more information to follow.**

**If there are any questions please contact Mr. Furlong at 973-334-4375 Ext.110**

**This form and Medical form must be returned by November 19<sup>th</sup>**



**THE  
CRAIG  
SCHOOL**

**LOWER SCHOOL • MIDDLE SCHOOL**

## **Girls Basketball Schedule 2020-2021**

Tuesdays and Thursdays

<u>Date</u>	<u>Time</u>	<u>Event</u>
11/19/20	3:05-4:30	Practice
12/1/20	3:05-4:30	Practice
12/3/20	3:05-4:30	Practice
12/8/20	3:05-4:30	Practice
12/10/20	3:05-4:30	Practice
12/15/20	3:05-4:30	Practice
12/17/20	3:05-4:30	Practice
1/5/21	3:05-4:30	Practice
1/7/21	3:05-4:30	Practice

More dates to come.

**Go Badgers!**

## New Jersey Department of Education Health History Update Questionnaire

Name of School:

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_ Sport: \_\_\_\_\_

**Since the last pre-participation physical examination, has your son/daughter:**

1. Been medically advised not to participate in a sport? Yes    No  
If yes, describe in detail:
  
2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes    No  
If yes, explain in detail:
  
3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes    No  
If yes, describe in detail.
  
4. Fainted or "blacked out?" Yes    No  
If yes, was this during or immediately after exercise?
  
5. Experienced chest pains, shortness of breath or "racing heart?" Yes    No  
If yes, explain
  
6. Has there been a recent history of fatigue and unusual tiredness? Yes    No
7. Been hospitalized or had to go to the emergency room? Yes    No  
If yes, explain in detail
  
8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes    No
9. Started or stopped taking any over-the-counter or prescribed medications? Yes    No
10. Been diagnosed with Coronavirus (COVID-19)? Yes    No  
If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? Yes    No  
If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? Yes    No
11. Has any member of the student-athlete's household been diagnosed with Coronavirus (COVID-19)? Yes    No

Date: \_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_

**Please Return Completed Form to the School Nurse's Office**