

FALL SPORTS TRY-OUT INFORMATION

In order to try-out you must have your physical and documents completed in Dragon Fly and be verified at Ticket to Play. Only upload the Physical Examination and Medical Eligibility Forms, all others you will fill out electronically in Dragonfly.

How to Change from Middle School to High School in Dragonfly?

On the student's profile page, click the "Connect to School Or Association" button in the top-right corner of the screen. In the next window, select your state and then type the name of the student's new school. Then click on the school and choose "Join [Fuquay-Varina High School]".

Ticket To Play Dates:

OUTSIDE OF TRAINING ROOM 1905 (By small gym)

Monday, July 27, 10am-1pm

Tuesday, July 28, 10am-12pm, 5-7pm

Specific Sport Try-Out Times and Locations:

Sport	Location	Dates	Time
Cheerleading	Small Gym	July 29-July 30	9:30-12:30pm
Cross Country	Track	July 29th	8-10am
Flag Football	Practice Field	July 29-Aug 1	6-7:45pm
Football	Practice field Middle section	July 29-July 31	7:30-10:30am
Women's Golf	Bentwinds	Aug 3rd	TBD
Gymnastics	Langley Gymnastics	Aug 3rd & Aug 5th	6-8:30pm
Men's Soccer	Practice Field	July 29-Aug 1	7-9:30am
Women's Tennis	Tennis Courts	July 29-July 30	8:30-10am
Volleyball	Big Gym	July 29-July 31	3-6pm

FALL PARENT NIGHT -- Tuesday, August 4th @ 6pm

Come meet the coaches and get information about the upcoming season.

FALL TEAM/INDIVIDUAL PICTURE DAY -- Saturday, August 15th 10am-1pm

[Tryout Info Link](#)

High School Transition

- FVHS will have a Meet the Coach Night in mid May (May 19, 2026) , make sure you are aware!
- FVHS hosts a Physical Night (June 1, 2026) in which you can get your physicals done for \$10.00 and the money goes back into the Sports Med Department! Usually Mid-May
- FVHS requires a Dragonfly account - IF you had this in Middle School, it will NOT automatically enroll you in your High School's athletic registration. YOU must connect/add an organization and "connect" yourself to your High School. Also, make sure to check each box of any sport you may decide to try-out for! See Dragonfly Tips for more info!
- High School FALL Sports start in late July, early August and most teams do summer workouts! Be in touch with them no later than June 1 - Middle School students must graduate before practicing with High School teams.
- FVHS has a TICKET TO PLAY event for EACH Season (FALL, WINTER, SPRING) in which the Athletic Trainer and Athletic Director will check your Dragonfly forms and also eligibility (grades and attendance) to ensure proper eligibility! If you have questions, do not wait until Ticket to Play to ask or do not wait until Tryouts to ask!

Dragonfly Tips

- ALL forms must be filled out EACH YEAR!
- All forms are filled out electronically EXCEPT the Physical form and the Medical Eligibility form!
- Make sure your name and birthday are on the 2 forms that your Dr Signs, Dates, Stamps.
- The concussion course/certificate has to be done every 2 years! Please complete the online training and then take a photo of the certificate and upload that photo, NOT the pdf of the certificate
- Please check DF a couple weeks ahead of your season's Ticket to Play to ensure that new forms haven't been added, and also to make sure nothing is expiring soon!
- The Physical form and Medical Eligibility form have 395 days before expiration, ALL OTHER forms are 365!

Ticket to Play info

EACH Season FVHS will hold a "ticket to play" in which the athlete is expected to attend in order to verify the Dragonfly forms are compliant and complete and also to have their eligibility checked and verified. ALL rising 9th graders are eligible for fall sports. Eligibility consists of Attendance, and High School grades. For Dragonfly, every form must be complete and all boxes checked and dates and signatures completed. The Physical and Medical Eligibility forms are the only ones that are filled out using paper and pen! ALL other forms are electronic and can be filled in on Dragonfly. Make sure that the Dr office signs, stamps, dates BOTH forms completely and that the athletes name and birthdate are on each form as well.

2026-2027 Seasons Begin:

FALL - JULY 29

WINTER - NOVEMBER 2

SPRING - FEBRUARY 15

Summer Dead Periods:

June 28-July 5 2026 and July 20-26 2026

July 5- July 11 2027 and July 19- July 25 2027

GET STARTED WITH DRAGONFLY



DragonFly makes sports and activities more organized with easy-to-use digital forms, health records and team communication tools.



PARENTS & STUDENTS

- 1 Visit dragonflymax.com and click the 'Log In/Sign Up' button.
- 2 Click 'Sign Up for Free' then follow the prompts to create your Parent account with your own email address.
Note: please do not create an account with your child's name or contact information – you will get the chance to add your child soon!
- 3 Verify your account with the verification ID sent to your email address.
- 4 Click 'Connect to your school' to select 'Parent' as your role and search for your child's school.
- 5 After selecting your child's school, click 'Join' to request access. An administrator at your school will approve your request.
- 6 Click 'Set up your children' and follow the prompts to add your kid(s) and fill out their participation forms.



ATHLETIC DIRECTORS, COACHES & SCHOOL ADMINISTRATORS

- 1 Visit dragonflymax.com and click the 'Log In/Sign Up' button.
- 2 Click 'Sign Up for Free' to create your account with your school email address.
- 3 Verify your account with the verification ID sent to your email address.
- 4 Click the 'Get Started' button to select your role and search for your school.
- 5 After selecting your school, click 'Join' to request access. You will see a list of administrators at your school who can approve your request. If you're the first person to request access to your school, a member of the DragonFly team will verify your role and approve your request.

PREFER TO USE A MOBILE DEVICE?

Visit dragonflymax.com in your mobile browser and follow the steps above.

FVHS SPORTS MEDICINE TEAM

FVHS Sports Medicine team was founded to provide student athletes with prompt attention in case of injury to ensure a quick and safe return to play. The sports medicine team includes Mrs. Pagel, certified and licensed athletic trainer; Kristen Bowers, assistant athletic trainer; Back In Action, licensed physical therapist; and team physicians Dr. Curzan and Dr. Kilpatrick.

Should your child sustain an injury while playing a school sport, you should notify Mrs. Pagel promptly at hpagel@wcpss.net or 330-730-9074. She will evaluate the injury and determine the best course of action:

- *Treat the athlete in the school athletic training room.*
- *Referral to the Black and Blue Clinic, a free injury screen and treatment at Back in Action. Clinic is offered Saturday mornings during football season.*
- *Referral to and schedule an appointment with Dr. Curzan or CFPSM.*
- *Referral for physical therapy at Back in Action.*
- *The medical team will decide when the athlete can resume sport activity. Mrs. Pagel releases the student to return to team play.*

*****If the athlete is seen by a different provider a doctor's note will be required to be turned in to Mrs. Pagel, BEFORE the athlete may return to ANY type of activity.***

Heather Pagel MA, ATC, LAT has functioned as the licensed athletic trainer for the Bengals since 2005. She completed her Bachelor of Athletic Training and her Master of Therapeutic Recreation at Kent State University. She has created an excellent sports medicine curriculum and has a qualified student trainer contingent. Mrs. Pagel plays a vital role within the athletic department ensuring the safety of student athletes.

Kristen Bowers ATC Graduated from UCF and completed athletic training certification in 2006. She will be working at FVHS as the health science teacher, HOSA advisor, and the assistant athletic trainer. She received her masters through APSU in health and human performance, and a doctorate in education from LU.

Dr. Mark Curzan MD joined FVHS in 2001 as the team physician. He graduated from UCLA Medical School and completed residency at Duke University. He served as Assistant Team Physician for the U.S. Ski Team and Head Resident Team Physician for Duke University, and NCCU. Currently Dr. Curzan specializes in sports injury at Cary and Garner Orthopedic clinics. 919-467-4992 or 919-779-3861

Dr. Piper Kilpatrick joined FVHS in 2019. He graduated from St. George's University School of medicine in 2009, and then completed family medicine residency and fellowship in Sports Medicine at the University of Pittsburgh in 2013. He has had the privilege of serving on the medical team of the Pittsburgh penguins and as the team physician of Robert Morris University. He currently assists with coverage for the NC courage and the NCFC futbol clubs. He currently accepts new patients at the Holly Springs office of Carolina Family Practice and Sports Medicine. 919-238-2000.

Back In Action PT 919-557-3100

BACK IN ACTION COMMUNITY INJURY CLINIC
919 557 3100



FVHS Sports Participation/Clearance

Athletic Contact Info:

Email: Heather Pagel MA, ATC, LAT hpagel@wcpss.net

James Mountford (AD) jmountford@wcpss.net

Twitter: FVHS Bengals Sports @fvhsbengals

Mrs. Pagel(Head Athletic Trainer) @hpagel48

Athletic Registration:

All FVHS athletes, new and returning, must be registered through Dragonflymax.com. Follow the steps on the Dragonfly flier (included in this packet) to sign up for an account. Parents should create an account FIRST and then add their children as athletes. Please make sure that there is a current cell phone number and email address listed. This will be used for important updates and communication between teams and coaches. Also, make sure to select ALL sports your child is interested in.

****This must be completed before participating in workouts and/or tryouts.

Physicals:

The **PHYSICAL EXAMINATION FORM** AND the **MEDICAL ELIGIBILITY FORM** (showing clearance check/signature, date & stamp by physician) of the WCPSS Athletic Participation forms(pages 7 & 8) must be completed each year. A copy of this form can be found on the FVHS athletics website under documents and WCPSS Athletic Participation forms (also included in this packet). A copy/picture of the completed & signed physical exam page needs to be uploaded to the athletes DragonFly account yearly.

****No hard copies of forms will be accepted.

Participation:

No athlete will be allowed to participate and/or tryout for a FVHS sport in any way until Dragonfly registration is complete and approved. This will be checked by coaches upon arrival and athletes will be sent home if they do not have correct completion and approval.

Ticket to Play:

The week before each season's try out date typically we will hold Ticket to Play sessions. Every athlete will need to attend one of the sessions to receive a 'Ticket to Play' before being allowed to try out. NO Ticket=NO Tryout! Please follow and check Twitter handles above for updated information on dates and times.

Fall 2026 Ticket to Play Sessions: Monday, July 27th, 10am-1pm; Tuesday, July 28th, 10am-12pm, 5-7pm

FVHS Athletic Booster Club

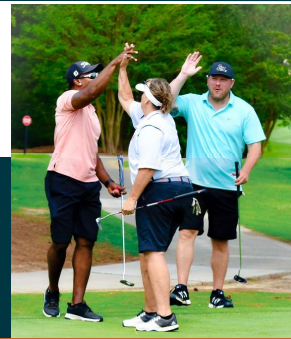
VOLUNTEERS NEEDED

We are currently looking for people who are ready to help support our athletes by joining the Booster Club.



Next Meeting:

- Thursday
- May 21st, 6pm
- Room 1803
- Enter through the main gym



We Need Help With :

- ✓ Planning Golf Fundraiser
- ✓ NC State Concessions
- ✓ Securing Sponsors
- ✓ FVHS Concession Coordinator

fvathleticboosterclub@gmail.com

fvhsbengals – Instagram

@fvhsbengals – X

JOIN US NOW !



SPORTS DIRECTORY

Sport	Coach	Contact	Twitter	Instagram
Fall				
Cheerleading	Coach Furse	kfurse@wcpss.net		fvhsvarsitycheerleading
Cross Country	Coach Innatolya	bfonner@hotmail.com		
Flag Football	Coach Fulghum	jfulghum2@wcpss.net		fvflagfb
Football	Coach Hall	jhall3@wcpss.net	@FV_Bengals_FB	fvhsfootball
Golf--Women's	Coach Barnes	cbarnes@wcpss.net	@FVHSWomensGolf	
Gymnastics	Coach Amey	Stacey@teammamey.com		
Soccer--Men's	Coach Smith	jsmith1@wcpss.net		fvhs.mens.soccer
Tennis--Women's	Coach Wortham	mwortham@wcpss.net	@FVHSWomenTennis	
Volleyball	Coach Klink	billandjen95@hotmail.com		
Winter				
Basketball--Women's	Coach Harrington	bvharrington@wcpss.net		fuquayvarina_wbb
Basketball--Men's	Coach Kushner	dkushner@wcpss.net	@FVHSBengalBall	
Cheerleading	Coach Furse	kfurse@wcpss.net	@fvhsvarsity	fuquayvarinaHighMBB
Indoor Track	Coach Pulling	epulling@wcpss.net		
Swimming	Coach Myers	samineomyersll@gmail.com		
Wrestling--Men's	Coach Valencia	s3135ua@gmail.com		
Wrestling -- Women's	Coach Myers	samineomyersll@gmail.com	@FvhsWrestling	bengalwrestling_fvhs
Spring				
Baseball	Coach McClannon	amccannon@wcpss.net	@fuquaybaseball	
Golf--Men's	Coach Harpster	bharpster@wcpss.net	@FVHSMensGolf	fvhs_mensgolf
Lacrosse--Men's	Coach Ilg	ilgwesley@gmail.com		
Lacrosse--Women's	Coach Bagnasco	mbagnasco@wcpss.net		fvhs_wlax
Outdoor Track and Field	Coach Harrington	bvharrington@wcpss.net		
Soccer--Women's	Coach Acosta	acosta.nc@gmail.com	@fuquaysoccer	fuquaysoccer
Softball	Coach Wray	rwrap@wcpss.net	@FVHS_Softball	
Tennis--Men's	Coach Wortham	mwortham@wcpss.net	@FVHS_mentennis	
Stunt	Coach Niemann	Iniemann@wcpss.net		fvhs_bengals_stunt
Athletic Director	Coach Mountford	jmountford@wcpss.net	@fvhsbengals	fvhsbengals
Head Athletic Trainer	Mrs. Pagel	hpagel@wcpss.net	@hpagel48	
Asst. Athletic Trainer	Mrs. Bowers	knbowers@wcpss.net		
Asst. Athletic Director	Coach Siemer	gsiemer@wcpss.net	@FVHSSiemerPE	



■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F or M): _____ School: _____

Have you had COVID-19? (optional, check one): Y N

Have you been immunized for COVID-19? (optional, check one): Y N If yes, have you had: One shot Two shots
 Three shots Booster date(s) _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Unsure	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Unsure	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			



PREPARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

1. Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (_____ / _____)	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

^a Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date of exam: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA



■ PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

- Medically eligible for certain sports

- Not medically eligible pending further evaluation

- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date of exam: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____

