

Football Player 2011-2012 Information Form

Player Name: _____

**Grade in
2011-2012 School Year**

Address: _____

9 10 11 12

Subdivision: _____

Home Phone: _____

Email Address: _____

Alternate E-mail: _____

Father's Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Address:
(if different from above) _____

Mother's Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Address:
(if different from above) _____

Emergency Contact Name: _____
(If different from parents)

Phone: _____

Volunteer Opportunities:

Please check the events
you are able to help with.

Team Meals _____	Golf Tournament 7/09 _____
Viking Camp (5/31-6/3) _____	Blue and Gold Media Day(8/20) _____
Mizzou Camp send-off 6/09 _____	Fundraisers _____
	Banquet _____
Viking Wagon (home games) _____	Executive Board/Officer _____
Other (list) _____	

The Right Way, The Viking Way

FHHS Football Player Contract

Superior performance is driven by a culture of integrity, openness, and trust; led by coaches and owned by all. All FHHS Viking football players are expected to demonstrate qualities of integrity, honesty and respect. These values are important to the educational environment and are expected to be exhibited at all times, on campus and throughout the community.

As a FHHS Football Player, I will strive to raise the bar on integrity by committing myself to the FHHS Viking core values of integrity, and will demonstrate our unity and commitment to each other, our school, and our community. I will help to foster an environment of uncompromising integrity and personal accountability.

Student Signature

Student ID Number

Parent Signature

Date

FRANCIS HOWELL SCHOOL DISTRICT ACTIVITIES

NAME _____ GR _____ STUDENT ID # _____

ADDRESS _____ PARENT/GUARDIAN: _____

DATE OF BIRTH: _____ EMERGENCY PHONE CONTACT # _____

ACTIVITIES DESIRING TO PARTICIPATE IN: _____

This application to participate in interscholastic activities in the Francis Howell School District is voluntary on my part and is made with the understanding that I am eligible under the following rules set by M.S.H.S.A.A. and the additional rules set by the Francis Howell School District.

M.S.H.S.A.A. ELIGIBILITY STANDARDS

1. You must be a creditable school citizen.
2. You cannot be 19 years old before July 1 preceding opening of school.
3. You cannot have graduated from a four-year high school.
4. You cannot have attended eight semesters of high school.
5. You cannot have competed in four seasons of a particular sport.
6. You must have attended school the first 11 days of the semester that you are participating in.
7. You cannot have played under a false number
8. You cannot commit an unsportsmanlike act.
9. Students serving school suspension are not eligible to practice or compete in school activities.
10. You must be enrolled in courses offering 3.0 units of credit.
11. You must have earned 3.0 units of credit the preceding semester. Summer school credits may apply to state eligibility standards provided the course is necessary for graduation or promotion and it is placed on the school transcript. No more than 1 credit in summer school shall be counted towards eligibility.
12. You must have satisfactorily passed a physical examination dated after February 1 immediately preceding the first day of the season for the sport in which you wish to participate. The examination report must specifically state that you "may participate in sports," and must be signed by the physician who conducted the examination.

FRANCIS HOWELL DISTRICT ELIGIBILITY STANDARDS

1. You must maintain a minimum 1.5 current G.P.A.
2. You must attend all practices, contests, and other performances unless excused by the coach.
3. You must not wear school equipment at any time except while participating in practice or a school contest.
4. Once you have made a team in a sport, you cannot go out for another sport until the first sport season is over.
5. You must not have any outstanding athletic fines.
6. You must attend school the entire day of a game and must attend school on Friday to play on Saturday.
7. Any student who falsifies the physical examination form or any other required participation form is subject to suspension and/or permanent removal from the team or group by the Activities Director and/or building Principal, and may be suspended or removed from additional activities depending upon the nature and magnitude of the offense.
8. You must be a creditable school citizen in accordance with the following standards:
 - a. Students who are serving out-of-school (or in-school) suspensions may not practice for or participate in school activities during the suspension. Multiple and/or serious violations of the Code of Student Conduct may result in long-term suspension and/or permanent removal from current and future school activities.
 - b. You must not use, possess, or distribute tobacco products while on school property or at school activities, whether on or away from District property.
 - c. You must not use, possess or distribute alcohol or controlled substances at any time, whether on or away from school property.
 - d. You must not be arrested for, charged with, or convicted of a felony or misdemeanor under either criminal or juvenile law, whether the offense occurs on or away from school property.

When a student is accused of an offense under either criminal or juvenile law, the charges may be dismissed or the student acquitted due to the high standard of proof required under criminal and juvenile proceedings: guilt beyond a reasonable doubt. However, the District reserves the right to make an independent determination regarding whether the student engaged in the misconduct alleged, and is required only to establish by a preponderance of the evidence (more likely than not) that the student engaged in such misconduct.

The District does not have the authority to excuse students from the eligibility requirements established by MSHSAA. Additionally, students are uniformly expected to comply with the eligibility requirements established by the District. Accordingly, the procedures below are provided for the sole purpose of preventing suspensions and/or removals based upon inaccurate or incomplete information. The procedures are not intended to provide standing with an opportunity to (1) avoid suspension or removals imposed for conduct they have actually committed, or (2) ask administrators and/or the Board for leniency when an appropriate consequence has been imposed for conduct that has actually occurred.

1. In most cases, a student should be advised of the reason for the suspension or removal from an activity, and provided with an opportunity to respond, prior to imposing the consequence.
2. When it is necessary in the judgement of the coach, sponsor, or administrator to suspend or remove a student from an activity prior to advising the student of the reason for such suspensions or removal, the student should be advised of the reason and given an opportunity to respond within a reasonably prompt time after the consequence has been imposed.
3. Students may appeal a suspension or removal imposed by a coach or sponsor to the Activities Director.
4. Students may appeal a suspension or removal imposed or affirmed by the Activities Director to the Building Principal.
5. Students may appeal a suspension or removal imposed or affirmed by the Building Principal to the Area Superintendent.
6. Students may request that the Board of Education hear an appeal from a suspension or removal affirmed by the Area Superintendent. However, the Board of Education is not required to hear such an appeal. If the Board declines to hear the appeal, the decision of the Area Superintendent shall be final.

I UNDERSTAND THAT PARTICIPATION IN SCHOOL ACTIVITIES IS A PRIVILEGE AND NOT A RIGHT.
 I UNDERSTAND THAT I AM REQUIRED TO COMPLY WITH ALL OF THE ABOVE-LISTED REQUIREMENTS TO BE ELIGIBLE FOR PARTICIPATION IN SCHOOL ACTIVITIES.
 I UNDERSTAND THAT VIOLATION OF ONE OR MORE OF THE ABOVE RULES MAY RESULT IN SUSPENSION AND/OR PERMANENT DISMISSAL FROM THE CURRENT TEAM OR ACTIVITY AND FROM ADDITIONAL SCHOOL ACTIVITIES, DEPENDING UPON THE NATURE, FREQUENCY, AND SEVERITY OF THE VIOLATION(S).

 Athlete's Signature Parent/Guardian Signature Date

PARENT PERMISSION

We hereby give our consent for the above student to represent his/her school in interscholastic activities. We also give our consent for him/her to accompany the team/group on trips and will not hold the school responsible in case of accident or injury whether it be enroute to or from another school or during practice or an interscholastic contest/event, and we hereby agree to hold the school district of which this school is a part, its employees, agents, representatives, coaches and volunteers harmless from any and all liability, activities, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child in any activities related to the interscholastic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities.

INSURANCE

The MSHSAA by-laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic athletic insurance coverage. PLEASE INDICATE IN THE SPACES BELOW THE APPROPRIATE INFORMATION.

- () I do not wish to purchase insurance. I have insurance to cover the student.
- () I wish to purchase insurance. I will get an application from the Activities Director and will not practice or compete until I have purchased coverage.

 Student Parent/Guardian Date

CONSENT FOR PARTICIPATION/RISK ACKNOWLEDGEMENT

My/our child wishes to participate in the sport of _____ for the Francis Howell School District sports/activities program. I/we realize that there are risks involved in my/our child's participation. I/we understand that the risk to my/our child includes a full range of injuries, from minor to severe, and that the result could be death, paralysis, or other serious, permanent disability. I/we agree to accept this risk as a condition of my/our child's participation.

 Date Signature/Relationship Signature/Relationship

**CONSENT TO TESTING OF URINE SAMPLES AND
AUTHORIZATION FOR RELEASE OF INFORMATION**

To: Francis Howell School District Board of Education, Athletic Director, Sponsors, Coaches, and Administrative Personnel

I hereby acknowledge that I have received a copy of the Francis Howell School District Random Drug Screening Policy. I further acknowledge that I have read said policy, that it has been explained to me, and that I fully understand the provisions of the program and agree to comply with the rules and regulations of the Francis Howell School District in this policy. I understand that this Consent will remain in effect until: (1) graduation; or (2) submission of an Activity Drop Form, effectively withdrawing from the drug testing program and revoking this Consent.

I hereby consent to have a sample of my urine collected and tested for the presence of certain drugs and substances in accordance with the provisions of the Francis Howell School District Random Drug Screening Policy and at other such times as urinalysis is required under the program. I authorize the testing lab to release a positive drug test result to the designated school district personnel, as per policy.

I further authorize you to make confidential release to the school principal, district superintendent and his/her designee, activities director, my parent(s)/legal guardian(s), and/or the drug counseling program of all the information and record, including test results, you may have relating to the screening or testing of my urine samples in accordance with the provision of the Francis Howell School District Random Drug Screening Policy which is applicable to extracurricular activities and on-campus parking permits of the Francis Howell School District. To the extent set forth in this document, I waive any privilege I have in connection with such information.

I understand that any urine samples will be sent to a laboratory designated by the Francis Howell School District for actual testing.

The Francis Howell School District Board of Education and its officers, administrators, employees, and agents are hereby released from responsibility for the release of such information and records as authorized by this form.

I certify that all information contained on this consent form is true and correct.

Printed Student Name Student Signature Date

We, the parent(s) or legal guardian(s) of the above student, join in the above statement for the minor student.

Printed Parent/Guardian Name Parent/Guardian Signature Date

Printed Parent/Guardian Name Parent/Guardian Signature Date

Student ID # _____

PRE-PARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart for their records).

Date of Exam:				
Name:			Date of Birth:	
Sex:	Age:	Grade:	School:	Sport(s):
Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking:				
Do you have any allergies: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please identify specific allergy below: <input type="checkbox"/> Medicines: <input type="checkbox"/> Pollens: <input type="checkbox"/> Food: <input type="checkbox"/> Stinging Insects:				

Explain "Yes" answers below. Circle questions you do not know the answer to.

GENERAL QUESTIONS		Yes	No	MEDICAL QUESTIONS		Yes	No
1.	Has a doctor ever denied or restricted your participation in sports for any reason?			26.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2.	Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other:			27.	Have you ever used an inhaler or taken asthma medicine?		
3.	Have you ever spent the night in the hospital?			28.	Is there anyone in your family who has asthma?		
4.	Have you ever had surgery?			29.	Has anyone in your family ever been missing a kidney, an eye, a testicle or a limb?		
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	30.	Do you have a bulge or hernia in the groin area?		
5.	Have you ever passed out or nearly passed out DURING or AFTER exercise?			31.	Do you have eczema or hives (mono) within the last month?		
6.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32.	Do you have any rashes, pressure sores, or other skin problems?		
7.	Does your heart ever race or skip beats (irregular beats) during exercise?			33.	Have you had a herpes or MRSA skin infection?		
8.	Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:			34.	Have you ever had a head injury or concussion?		
9.	Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35.	Have you ever had a hit or blow to the head that caused confusion, prolonged headaches, or memory problems?		
10.	Do you get lightheaded or feel more short of breath than expected during exercise?			36.	Do you have a history of seizure disorder?		
11.	Have you ever had an unexplained seizure?			37.	Do you have headaches with exercise?		
12.	Do you get more tired or short of breath more quickly than your friends during exercise?			38.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No	39.	Have you ever been unable to move your arms or legs after being hit or falling?		
13.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40.	Have you ever become ill while exercising in the heat?		
14.	Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41.	Do you get frequent muscle cramps when exercising?		
15.	Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42.	Do you or someone in your family have sickle cell trait or disease?		
16.	Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43.	Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS		Yes	No	44.	Have you had any eye injuries?		
17.	Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45.	Do you wear glasses or contact lenses?		
18.	Have you ever had any broken or fractured bones or dislocated joints?			46.	Do you wear protective eyewear, such as goggles or a face shield?		
19.	Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47.	Do you worry about your weight?		
20.	Have you ever had a stress fracture?			48.	Are you trying to or has anyone recommended that you gain or lose weight?		
21.	Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49.	Are you on a special diet or do you avoid certain types of foods?		
22.	Do you regularly use a brace, orthotics, or other assistive device?			50.	Have you ever had an eating disorder?		
23.	Do you have a bone, muscle, or joint injury that bothers you?			51.	Do you have any concerns that you would like to discuss with the doctor?		
24.	Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		Yes	No
25.	Do you have any history of juvenile arthritis or connective tissue disease?			52.	Have you ever had a menstrual period?		
				53.	How old were you when you had your first menstrual period?		
				54.	How many periods have you had in the last 12 months?		
Explain "Yes" answers here:							

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.		
Signature of Athlete:	Signature of Parent(s) or Guardian:	Date:

PRE-PARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name:		Date of Birth:	
Physician Reminders:			
1. Consider additional questions on more sensitive issues. <ul style="list-style-type: none"> • 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, 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 supplements? • 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 (Questions 5-14).			
EXAMINATION			
Height:	Weight:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP: / (/)	Pulse:	Vision: R 20/ L 20/	Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance <ul style="list-style-type: none"> • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span>height, hyperlaxity, myopia, MVP, aortic insufficiency) 			
Eyes/Ears/Nose/Throat <ul style="list-style-type: none"> • Pupils equal • Hearing 			
Lymph Nodes			
Heart* <ul style="list-style-type: none"> • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal pulse (PMI) 			
Pulses <ul style="list-style-type: none"> • Simultaneous femoral and radial pulses 			
Lungs			
Abdomen			
Genitourinary (males only)**			
Skin <ul style="list-style-type: none"> • HSV, lesions suggestive of MRSA, tinea corporis 			
Neurologic***			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> • Duck-walk, single leg hop 			
<small>* Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam; **Consider GU exam if in private setting. Having third party present is recommended. ***Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.</small>			
<input type="checkbox"/> Cleared for all sports without restriction.			
<input type="checkbox"/> Cleared for all sports without restriction with recommendations for further evaluation or treatment for:			
<input type="checkbox"/> Not Cleared <input type="checkbox"/> Pending further evaluation <input type="checkbox"/> For any sports <input type="checkbox"/> For certain sports (please list): Reason:			
Recommendations:			
<p>I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).</p>			
Name of Physician (type/print):		Date:	
Address:		Phone:	
Signature of Physician (MD/DO/ARNP/Chiropractor*):			

*NOTE: Please refer to the MSHSAA Sports Medicine Manual, Page 2.

PRE-PARTICIPATION PHYSICAL EVALUATION

Missouri State High School Activity Association (MSHSAA) Eligibility and Authorization Statement

STUDENT AGREEMENT (Regarding Conditions for Participation)

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them.

I have read, understand, and acknowledge receipt of the MSHSAA brochure entitled "How to Maintain and Protect Your High School Eligibility," which contains a summary of the eligibility rules of the MSHSAA. (I understand that a copy of the *MSHSAA Handbook* is on file with the principal and athletic administrator and that I may review it in its entirety, if I so choose. All MSHSAA by-laws and regulations from the *Handbook* are also posted on the MSHSAA website at www.mshsaa.org).

I understand that a MSHSAA member school must adhere to all rules and regulations that pertain to school-sponsored interscholastic athletics programs, and I acknowledge that local rules may be more stringent than MSHSAA rules.

I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I understand that if I drop a class, take course work through Post-Secondary Enrollment Option, Credit Flexibility, or other educational options, this action could affect compliance with MSHSAA economic standards and my eligibility.

I understand that participation in interscholastic athletics is a privilege and not a right. As a student athlete, I understand and accept the following responsibilities:

- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will respect the property of others.
- I will respect and obey the rules of my school and laws of my community, state, and country.
- I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state, and country.

I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete.

Signature of Athlete:

Date:

PARENT PERMISSION (Authorization for Treatment, Release of Medical Information, and Insurance Information)

Informed Consent: By its nature, participation in interscholastic athletics includes risk of serious bodily injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS, OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN MSHSAA- SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN/S SIGNATURE.**

I understand that in the case of injury or illness requiring transportation to a health care facility, a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be enroute to or from another school or during practice or an interscholastic contest; and we hereby agree to hold the school district of which this school is a part and the MSHSAA, their employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. We authorize the release of necessary medical information to the physician, athletic trainer, and/or school personnel related to such treatment/care. We understand that the school may not provide transportation to all events, and permit / do not permit(CIRCLE ONE) my child to drive his/her vehicle in such a case.

To enable the MSHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in the MSHSAA member school, I consent to the release of the MSHSAA any and all portions of school record files, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received, and attendance data.

We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I consent to the MSHSAA's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment and we certify that it is correct and complete.

The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage, which includes athletics. Our son/daughter is covered by basic health/accident insurance for the current school year as indicated below:

Name of Insurance Company:	Policy Number:
Signature of Parent(s) or Guardian:	Date:

PARENT AND STUDENT SIGNATURE (Concussion Materials)

We have received and read the MSHSAA materials on Concussion, which includes information on the definition of a concussion, symptoms of a concussion, what to do if you have a concussion, and how to prevent a concussion.

Signature of Athlete:	Date:
Signature of Parent(s) or Guardian:	Date:

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)	Address	Phone Number
Name of Contact	Relationship to Athlete	Phone Number
Name of Contact	Relationship to Athlete	Phone Number

Viking Camp

When: May 31st –June 3rd, June 4th, & June 6th-8th
Where: Francis Howell High School
Time: 5:00 – 9:00 p.m. June 4th 9am-noon
Cost: \$75 per athlete, checks payable to FH Football Boosters
Included: Drinks each day and Viking T-shirt / shorts

Registration

Name: _____

Address: _____

City & Zip: _____

Phone: _____

Alternate/Emergency Phone: _____

Grade Level 2011-2012: _____

T-shirt size (circle): S M L XL XXL XXXL

Shorts size (circle): S M L XL XXL XXXL

Shirts and shorts are adult sizes

Mizzou Camp – June 9th – 11th

(Bus will leave at 6 a.m. on June 9th)

Mizzou Camp registration fee is \$275, which includes the cost of transportation **to** Columbia and for the coaches to attend with the team. Do not send registrations directly to Mizzou. Because we have to register as a team, please make checks payable to FHFB. Checks will not be cashed until May 15. **Return transportation is not provided.** Parents should plan to be in Columbia to pick up their player or arrange transportation home with another family who will be attending the Saturday session. More information about camp will be provided closer to the date.

The Indemnification section **must** be signed; insurance information must be included.

Name _____

School Francis Howell High School

Age _____

Height _____

Weight _____

Grade _____ (Fall 2010)

Address _____

City _____

State MO **Zip** _____

High School Position:

Offense _____

Defense _____

Email _____

Emergency Phone Numbers
(for use if needed during camp)

Day _____

Evening _____

INDEMNIFICATION BY PARENTS OR GUARDIAN OF APPLICANT

The undersigned parent or guardian of _____, the applicant for and in further consideration of the Tiger Football Camp accepting said applicant, does hereby release and discharge the Curators of the University of Missouri and its representatives, employees, and agents from any and all debts, claims, demands, actions, damages, causes of action, judgements, or suits of any kinds which may arise or be occasioned as a result of the applicant's participation in the Tiger Football Camp, and hereby agree to have and indemnify and keep harmless the Curators of the University of Missouri, its representatives, employees, and agents against any and all liability, claims, judgements, or demands for damages arising as a result of any course instruction given the applicant by the Tiger Football Camp.

Signature of Parent or Guardian

Medical Treatment Authorization
I/We being the parents and/or legal guardians of the applicant authorize the Tiger Football Camp and its agents permission to request emergency treatment or care as necessary to insure the well-being of our dependent and claim that the registrant has had a physical examination deeming him to be fit for all physical endeavors.

Signature of Parent or Guardian

Are you or your dependents entitled to benefits under any employer, union, group plan, group, group Blue Cross, Blue Shield, Medicare, Medicaid or any other governmental program? Yes No

If yes, please complete the following:
Person carrying insurance coverage:

Employer or sponsoring organization:

Insurance Co: _____

Policy #: _____

Address: _____

City: _____ State: _____ Zip: _____

If no, parents and or legal guardians will be responsible for any underlying costs associated with medical costs incurred from a participant's injury.

Howell Viking Football Schedule

A calendar of events for the full season is available at www.fhsvikings.com – click on “Full Calendar”
All times are tentative, and subject to change

Daily Practice Schedule Before Games Start: August 8th – 12th

Monday – Friday

All Levels 2:30pm – 6pm

Saturday

All levels 7am – 10am

All levels 11am – 1pm

Daily Practice Schedule During Game Weeks: August 15th – November 27th

Monday

FR: Practice 2:30pm – 6pm (Unless A / B Game...see calendar)

JV: Practice 2:30pm – 6pm (Unless A / B Game...see calendar)

V: Post Game 2:30pm – 5pm

V: Lower Level Game Attendance

Tuesday

FR: Practice 2:30pm – 6pm (Unless A / B Game...see calendar)

JV: Practice 2:30pm – 6pm (Unless A / B Game...see calendar)

V: Practice 3pm – 6pm

Wednesday

FR: Practice 2:30pm – 6pm (Unless A / B Game...see calendar)

JV: Practice 2:30pm – 6pm (Unless A / B Game...see calendar)

V: Practice 3pm – 6pm

Thursday

FR: Practice 2:30pm – 6pm (Unless A / B Game...see calendar)

JV: Practice 2:30pm – 6pm (Unless A / B Game...see calendar)

V: Pre Game 3pm – 4:30pm

Friday

FR: OFF

JV: Pre Game Meal / Game

V: Pre Game Meal / Game

Saturday

FR: Pre Game 8am – 9am

JV: Pre Game 8am – 9am

V: Post Game Run / Lift 8am – 9:30am

JR VIKINGS GAME – 6th Graders @ 8am / 7th Graders @ 10am / 8th Graders @ noon

Important Notes

1. Players will be encouraged to attend the 8th grade game every Saturday
2. For Freshmen B games...All Freshmen will attend the game
3. The Weight Room is open Monday – Thursday during the season @ 6:30am.
 - a. V/JV will lift on Monday / Wednesday mornings
 - b. FR will lift on Tuesday / Thursday mornings

As of 3/25/11

CALLING ALL MOMS

Who:

Mothers of **The Francis Howell Viking Football Family**,

What:

Football practice

When:

Saturday, June 4, 2011 (Saturday after the first week of Viking Camp)
12:00pm.

Where:

Francis Howell High School

Why:

To give all the mothers a chance to understand what your son goes through during one of our practices.

What you need to wear:

- 1) Old clothes
- 2) Cleats or old tennis shoes
- 3) Anything your son requests (barring your permission)

What you need to bring:

- 1) Yourself

Details:

We will be splitting the moms up into position groups. You will be put with the same position coach that your son has, so any advice your son can give might come in handy. We will be running a version of one of our authentic VIKING practices, and you get to become the players.

Water will be provided throughout the practice

THANKS FOR ALL OF YOUR SUPPORT AND,
GO VIKINGS