

## **2010 FHHS Viking Football Contract Night** **Thursday, April 15, 6:30 p.m.**

Please plan to attend FHHS Viking Football Contract Night on Thursday, April 15 beginning at 6:30 p.m. in the FHHS Cafeteria. Contract Night is a mandatory event for all students planning to play Viking football in 2010. Players and their families are invited to meet the coaches and hear them speak about the upcoming season, and turn in their contract and other materials necessary to register for football. **Food is not being served this year.**

A calendar of events, including game schedules, practice times and other events, is already available and posted on the FHHS Vikings website at: [www.fhhsvikings.com](http://www.fhhsvikings.com). Click on the link for **Full Calendar**.

This packet contains various forms that must be completed for participation in Viking Football and is being provided in advance to make Contract Night run as smoothly as possible. Please complete it and bring it with you to Contract Night. Players with conflicts on Contract Night should return their materials and payments to Coach Koch.

Each player must have the following forms on file in order to play football: Player information sheet, Contract, Parent Activities Form, Drug Testing Consent Form and a current Physical.

**FHSD Activities Form:** This form is required and is your “permission slip” to play football.

**Drug Testing Consent Form:** This form is required only once in a student’s high school career. Incoming freshmen and new players should complete this form. Any questions regarding the drug testing program or form should be directed to the Activities Office at 636-851-4765 or to a member of the coaching staff on Contract Night.

**Physicals:** A copy of the physical form is included in this packet. Players who already have a new physical (after February 1, 2010) may turn them in on Contract Night. Physicals given after February 1, 2010 will be good for 2010 spring sports and for the 2010-2011 school year. Physical forms must be completely filled out -- including the back page -- and the doctor’s signature must be dated. These items are often overlooked. All players must have a physical in order to participate in either Viking camp or Mizzou camp. Returning players’ physicals are valid through June 30; therefore, new physicals are not required in order to attend either camp. All physicals for the 2010 season must be on file by July 1.

**Physicals Available on Contract Night:** Physicians from Kare Chiropractic will be present to perform sports physicals on Contract Night. The cost is \$25, with a portion of the proceeds being donated back to the football program. Please plan to write a separate check to Kare Chiropractic for your physical.

**Volunteers:** We will need family members to volunteer from time to time. Specifically, we need individuals to step up and help out with the following events:

- Golf tournament
- Mizzou Camp send-off
- Viking Camp
- Jr. Viking Camp
- Blue and Gold Game
- Team Meals
- Viking Wagon at home games

Signup sheets and additional information will be available at the Volunteer table.

**12tH Man Membership:** The 12tH Man Membership has changed somewhat from last year. Last year, each family was asked to contribute a \$50 membership fee. This year we are able to offer 12tH Man Membership cards for \$75 and that will entitle one person admission to all home games, which includes a total of 15 home games, 12tH Man t-shirt, a car sticker and buyout for concessions. This will entitle your family to not have to work concession stand for any game and to vote at all 12tH Man meetings.

Membership funds will allow us to pay a school organization to work concessions for all home games, with the football program keeping the profits.

**Fundraisers:** Several fundraisers will take place during the year, including:

- [12tH Man Golf Tournament](#) – Saturday, July 24 at Incline Village
- [Football Mania Sweepstakes](#)
- Schnucks and eScrip support Viking football by donating a percentage of purchases to the football program. Materials are available at Schnucks stores or on their website at [http://www.escrip.com/merchants/identity/schnucks/community\\_stl.jsp](http://www.escrip.com/merchants/identity/schnucks/community_stl.jsp)

More information about fundraisers will be given on Contract Night.

**Viking Football Camp:** Viking Football Camp is June 1-4 and June 7-9 from 5:00 p.m. to 9:00 p.m. and June 5<sup>th</sup> from 9:00am to noon. The cost is \$75 per player and includes a camp T-shirt, shorts and drinks each day. Players planning to attend should complete the registration form. **Note:** In prior years, a “speed camp” took place each evening prior to camp. At this time, no pre-camp activities are scheduled. Should this change, we’ll notify players via e-mail and posting at school.

**Mizzou Football Camp:** Mizzou Football Camp in Columbia is June 10-12 and is \$275 per player. The cost includes transportation **to** Columbia and coaches’ participation fees. Players planning to attend should complete the registration form, including the insurance section. Seniors, juniors and sophomores are encouraged to attend; freshmen are asked to get Coach’s approval prior to registration. Parents are invited and encouraged to attend the Friday evening session on June 11 and the Saturday morning session on June 12. **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.

\*\*\* Checks written for Viking camp and Mizzou camp will not be cashed until May 15. \*\*\*

**Golf Tournament Registration / Sponsorship:** The Second Annual golf tournament will be held on Saturday, July 24 at Incline Village. Registration is \$75 per person. Tee time is 1:00; check in starts at 12:00. Space is available for 136 golfers. More information about registration and sponsorship has been posted on [www.fhhsvikings.com](http://www.fhhsvikings.com) under “Events” and will be available at the 12tH Man table on Contract Night.

**Viking Merchandise:** Merchandise from the Viking Wagon will be available for purchase. Please plan to pay separately for your purchases.

**Payments:** Please plan to pay by either cash or check; checks are preferred. We have no way of accepting credit cards. You should be prepared to write multiple checks, as appropriate:

- Camp fees (checks not cashed until May 15)
- 12tH Man Membership
- Merchandise purchases
- Golf tournament registration or sponsorship
- Physical

For questions about Contract Night or any of the forms prior to April 15, please e-mail your class representative through the [12tH Man link](#) on the Viking football website: [www.fhhsvikings.com](http://www.fhhsvikings.com).

**We look forward to an outstanding 2010 football season!**

12tH Man

**CONTRACT NIGHT CHECKLIST**  
(To be completed at check-out table)

**Player Name** \_\_\_\_\_

**Player Information sheet** \_\_\_\_\_

**Contract** \_\_\_\_\_

**Parent Activities form** \_\_\_\_\_

**Drug Testing Consent Form** \_\_\_\_\_  
(only needed for Freshmen and new players)

**Physical** \_\_\_\_\_

**12th Man Membership**      \$75 per person      \$ \_\_\_\_\_

**Viking Camp Registration Form**    Attending: Yes      No      \$ \_\_\_\_\_

**Mizzou Camp Registration Form**    Attending: Yes      No      \$ \_\_\_\_\_

Total Payment Due    \$ \_\_\_\_\_

Cash or Checks payable to "FHFB"  
Check Number    \_\_\_\_\_  
\_\_\_\_\_

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# Football Player 2010-2011 Information Form

**Player Name:** \_\_\_\_\_

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

**Subdivision:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Alternate E-mail:** \_\_\_\_\_

**Grade in  
2010-2011 School Year**

9    10    11    12

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: \_\_\_\_\_ Phone: \_\_\_\_\_  
(If different from parents)

**Volunteer Opportunities:**

Please check the events you are able to help with.

|                                   |                               |
|-----------------------------------|-------------------------------|
| Team Meals _____                  | Golf Tournament (7/24) _____  |
| Viking Camp (6/1-6/9) _____       | Blue and Gold (8/21) _____    |
| Mizzou Camp send-off 6/10 _____   | Fundraisers _____             |
| Jr. Viking Camp (7/19-7/22) _____ | 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.

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Student Signature

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Student ID Number

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Parent Signature

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Date

## FRANCIS HOWELL SCHOOL DISTRICT ACTIVITIES

NAME \_\_\_\_\_ GR \_\_\_\_\_ STUDENT ID # \_\_\_\_\_

ADDRESS \_\_\_\_\_ PARENT/GUARDIAN: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMERGENCY PHONE CONTACT # \_\_\_\_\_

ACTIVITIES DESIRING TO PARTICIPATE IN: \_\_\_\_\_

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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

2/27/10

**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.

|                               |                            |               |
|-------------------------------|----------------------------|---------------|
| _____<br>Printed Student Name | _____<br>Student Signature | _____<br>Date |
|-------------------------------|----------------------------|---------------|

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

|                                       |                                    |               |
|---------------------------------------|------------------------------------|---------------|
| _____<br>Printed Parent/Guardian Name | _____<br>Parent/Guardian Signature | _____<br>Date |
|---------------------------------------|------------------------------------|---------------|

|                                       |                                    |               |
|---------------------------------------|------------------------------------|---------------|
| _____<br>Printed Parent/Guardian Name | _____<br>Parent/Guardian Signature | _____<br>Date |
|---------------------------------------|------------------------------------|---------------|

Student ID # \_\_\_\_\_

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**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 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 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.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent Permission and Authorization for Treatment:**

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, its 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 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.

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.

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.

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 with \_\_\_\_\_  
(Name of Insurance Company)

\_\_\_\_\_  
(Policy Number)

\_\_\_\_\_  
Date

Parents or Guardian's signature \_\_\_\_\_  
(All parents or guardians must sign)

\_\_\_\_\_  
Date \_\_\_\_\_

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# Preparticipation Sports Examination

## Medical History

Please answer the following questions by circling yes or no. If you answer yes, please explain at the bottom of the form and on back if necessary.

1. Have you ever had a serious medical problem requiring surgery, hospitalization or prolonged treatment by a doctor? Yes No
2. Do you take any medication of any type? Yes No
3. Have you ever had a severe allergic reaction to anything? Yes No
4. Have you ever had allergic problems such as hay fever, asthma or eczema? Yes No
5. Do you have difficult breathing or wheezing during or shortly after exercising? Yes No
6. Have you ever had a heart murmur, racing heart or irregular heart beat? Yes No
7. Have you ever been dizzy or passed out during exercise? Yes No
8. Has any family member ever had a heart attack or died suddenly before age 50? Yes No
9. Do you have chest pain or tire more easily than others your age when exercising? Yes No
10. Have you ever suffered heat related problems such as heat cramps, severe headache, dizziness or passing out? Yes No
11. Have you ever had a significant injury such as a sprain, fracture or dislocation to a bone or joint? Yes No
12. Have you ever had a concussion or been knocked unconscious? Yes No
13. Have you ever had a seizure? Yes No
14. Have you ever had burning pain, numbness or tingling in your arms or legs associated with any athletic or physical activity? Yes No
15. Is there any other medical or family history which might be important? Yes No
16. Have you ever been taken out of or kept from participating in a sports activity or practice for an injury or physical reason? Yes No
17. Have you ever required taping, padding or bracing before events or practice? Yes No
18. Do you have damage or absence of one of any paired organs (i.e., kidney, testicle, eye, etc.)? Yes No
19. Do you have any skin problems (rash, itching)? Yes No
20. In the last year, how much weight have you gained or lost? \_\_\_\_\_
21. What is the date of your last tetanus booster? \_\_\_\_\_
22. What is the date of your last MMR? \_\_\_\_\_
23. Do you or any members of your family have a history of sickle cell trait? Yes No  
Uncertain

### For Females Only:

24. What is the date of your last menstrual period? \_\_\_\_\_
25. In the last year have you gone for three months or more without a menstrual cycle? Yes No

## Physical

height \_\_\_\_\_ blood pressure \_\_\_\_\_ \*>140/85? \_\_\_\_\_  
weight \_\_\_\_\_ pulse \_\_\_\_\_  
vision R corrected \_\_\_\_\_ uncorrected \_\_\_\_\_  
L corrected \_\_\_\_\_ uncorrected \_\_\_\_\_  
glasses \_\_\_\_\_ contact lenses R \_\_\_\_\_ L \_\_\_\_\_ both \_\_\_\_\_  
general observations: \_\_\_\_\_  
Tanner maturity staging: \_\_\_\_\_  
HEENT: \_\_\_\_\_  
Neck: ROM \_\_\_\_\_ palpation \_\_\_\_\_ tenderness \_\_\_\_\_  
Chest: auscultation \_\_\_\_\_  
wheezing? \_\_\_\_\_ Rales? \_\_\_\_\_  
CV: heart murmur \_\_\_\_\_  
\* murmur increase with valsalva? \_\_\_\_\_  
\* murmur grade III or IV? \_\_\_\_\_  
\* murmur diastolic? \_\_\_\_\_

rhythm \_\_\_\_\_ click \_\_\_\_\_ rub \_\_\_\_\_  
pulses: carotid \_\_\_\_\_ radial \_\_\_\_\_ pedal (DP \_\_\_\_\_ PT \_\_\_\_\_)  
edema? \_\_\_\_\_ cyanosis? \_\_\_\_\_

Abdomen

\* enlarged liver? \_\_\_\_\_ \* enlarged spleen? \_\_\_\_\_  
hernia? \_\_\_\_\_ scars? \_\_\_\_\_

GU: male \_\_\_\_\_ testicles R \_\_\_\_\_ L \_\_\_\_\_  
female \_\_\_\_\_  
inguinal hernia? \_\_\_\_\_

Skin: gen \_\_\_\_\_  
rashes \_\_\_\_\_ impetigo \_\_\_\_\_ herpes s. \_\_\_\_\_

\*\*MS  
shoulder \_\_\_\_\_  
elbow \_\_\_\_\_  
wrist/hand \_\_\_\_\_  
back \_\_\_\_\_  
hip \_\_\_\_\_  
knee \_\_\_\_\_  
ankle \_\_\_\_\_  
feet \_\_\_\_\_  
other \_\_\_\_\_

identified problems: 1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

recommendations coach/trainer: \_\_\_\_\_  
\_\_\_\_\_

\* Marfan? >2 (tall \_\_\_\_\_ striae \_\_\_\_\_ hyperextensibility \_\_\_\_\_  
upper to lower body ratio <0.9 \_\_\_\_\_ lens dislocation \_\_\_\_\_)

\* requires additional evaluation

\*\* detailed exam if history of injury or problem

**The above named individual has been cleared for participation in the following sports:**

- \_\_\_\_\_ Contact collision (football, soccer, wrestling, etc.)
- \_\_\_\_\_ Limited contact impact (baseball, basketball, volleyball)
- \_\_\_\_\_ Noncontact strenuous (track, field, running, tennis, etc.)
- \_\_\_\_\_ Noncontact moderately strenuous (badminton, table tennis)
- \_\_\_\_\_ Noncontact nonstrenuous (golf, archery, riflery)

**Additional evaluation suggested:**

- \_\_\_\_\_ none
- \_\_\_\_\_ coach/trainer notification and clearance
- \_\_\_\_\_ physician
  - family physician \_\_\_\_\_
  - sports physician \_\_\_\_\_
  - orthopedic surgeon \_\_\_\_\_
  - other \_\_\_\_\_

Provider's/Physician's signature \_\_\_\_\_

Physician's Name \_\_\_\_\_ Date \_\_\_\_\_

(Physician's name [printed] must also appear if examination is given by an Advanced Nurse Practitioner or a Certified Physician's Assistant in written collaborative practice with a physician)

## Viking Camp

When: June 1-5; 7-9  
Where: Francis Howell High School Game Field  
Time: 5:00 – 9:00 p.m.  
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 2010-2011: \_\_\_\_\_

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 10-12

(Bus will leave at 6 a.m. on June 10)

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](http://www.fhsvikings.com) – click on “Full Calendar”  
*All times are tentative, and subject to change*

## Daily Practice Schedule Before Games Start: August 9 - 14

### Monday – Friday

All Levels 3pm – 6pm

### Saturday

All levels 7am – 10am

All levels 11am – 1pm

## Daily Practice Schedule During Game Weeks: August 16– November 28

### Monday

FR: Practice 3pm – 6pm (Unless A / B Game...see calendar)

JV: Practice 3pm – 6pm (Unless A / B Game...see calendar)

V: Post Game 2:30pm – 5pm

V: Lower Level Game Attendance

### Tuesday

FR: Practice 3pm – 6pm (Unless A / B Game...see calendar)

JV: Practice 3pm – 6pm (Unless A / B Game...see calendar)

V: Practice 3pm – 6pm

### Wednesday

FR: Practice 3pm – 6pm (Unless A / B Game...see calendar)

JV: Practice 3pm – 6pm (Unless A / B Game...see calendar)

V: Practice 3pm – 6pm

### Thursday

FR: Practice 3pm – 6pm (Unless A / B Game...see calendar)

JV: Practice 3pm – 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 – 6<sup>th</sup> Graders @ 8am / 7<sup>th</sup> Graders @ 10am / 8<sup>th</sup> Graders @ noon

## Important Notes

1. Players will be encouraged to attend the 8<sup>th</sup> 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 3/25/10*

# CALLING ALL MOMS

Who:

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

What:

Football practice

When:

Saturday, June 5, 2010 (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**



March 11, 2010

Dear FHHS Football Family,

I would like to pass along some information on a fun community event! This is especially close to me as it directly benefits the programs serving my son Brady and other children with visual impairments.

For those of you who don't know, Brady has been diagnosed with a rare eye disorder called Coloboma, which causes limited vision. Recently, MRI results have also revealed abnormalities of the brain due to partial agenesis of his corpus callosum. Needless to say, this information has been difficult to process and understand. Many doctors have given us a grim prognosis for Brady's future, but my wife Molly and I remain hopeful thanks to programs like Delta Gamma. We would like to support this amazing organization by participating in their annual Run for Sight.

The [2010 Run for Sight](#) takes place on Sunday, May 2nd. Races include a 5K run, 2-mile fun run/walk, and a kids run at St. Louis Union Station. Further information is attached. Molly and I are hoping to have over 200 people representing Brady, so we need your help. In addition to your event T-shirt, you will receive a "Team Brady" shirt from Molly and me to wear on race day. (There will be several other families in their children's t-shirts and I hear the competition is stiff)!

If you are interested in participating or know someone who is, please contact Molly at [mollyekoch@yahoo.com](mailto:mollyekoch@yahoo.com) or via phone at 636-578-0165. She will be collecting all of your checks for the center as well as ordering T-shirt sizes.

Life has certainly thrown us a bit of a curveball, but we are managing due to the overwhelming support from friends and family. In the difficult times though, it's comforting to know we are doing our part to help the programs serving Brady and children like him. I want to thank you all for thinking of my family, and we hope to see you May 2nd!

Sincerely,

Bryan Koch

The [2010 Run for Sight](#) brochure is attached, or can be downloaded at [http://www.fhsvikings.com/resources/RFS\\_2010\\_brochure.pdf](http://www.fhsvikings.com/resources/RFS_2010_brochure.pdf)

## **Volunteer Opportunities**

### **Viking Camp – June 1-5 and 8-9**

5-9 p.m. at FHHS

- June 1 – **3:30–5:30**, accept late registration forms and check players off roster when they arrive
- Remaining days – **4:15–5:30**, roster check
- All days – **8:00–9:30**, prepare Gatorade & clean up after
- June 5 – **9:00am–noon.**, organize & handout camp shorts & t-shirts to players

### **Mizzou Camp Breakfast – Thursday, June 10**

Bus leaves from FHHS student parking lot at 6:00 a.m.

- Breakfast ready by 5:30 a.m. for players & coaches to eat prior to boarding the bus

### **Jr. Viking Camp – July 19-22**

6-8 p.m. at FHHS

- July 19 – **5:00–6:30**, accept late registration forms and check roster when players arrive
- July 19 – **7:00–8:30 p.m.**, organize shirts and handout to players
- July 20, 21 & 22 – **5:15–6:30**, roster check
- All days – **7:00 – 8:30**, prepare Gatorade & clean up after

### **Blue & Gold Game – Saturday, August 21**

Team pictures and F/JV scrimmage

- Drink & snack sales, sell parking spots, Viking Wagon

### **Team Meals – all game days**

Varsity – Chair & workers each game

JV – Chair (also coordinate money from each player) & workers each game

FR – Chair (also coordinate money from each player) & workers each game



# 12th Man Francis Howell Football Booster Club

The 12th Man Booster Club is where parents, grandparents, extended family and friends strive to continue Francis Howell Football's athletic success by funding and working for the team in support of championship athletics. We support the team during the season and the off-season. The Football Team's continued success depends on both its student athletes and its boosters. **Because of the importance of parental involvement in the success of our teams, we cannot say enough about our belief that the 12th Man Booster Club is only as successful as it's members. Please join the Francis Howell 12th Man Booster Club and support the Football Team.**

➤ **What we do:**

The 12th Man Booster Club raises funds to support the team via our Golf Tournament and FootballMania sweepstakes. The Booster Club helps put on the Viking and Junior Viking camps. We raise money for better equipment. We help send our team off to the Mizzou Football Camp. We provide pre-game meals for the teams. We manage the Concession Stand during the football season. We sell Francis Howell Football Spirit Wear. We put on the season ending Football Banquet. We keep the parents and students informed via Newsletters and the Internet. We take on other tasks as needed for the team.

➤ **When we meet:**

The 12th Man Booster Club meets once a month in the Francis Howell cafeteria. Our schedule is:

|          |          |
|----------|----------|
| 04/08/10 | 09/09/10 |
| 05/13/10 | 10/14/10 |
| 06/10/10 | 11/11/10 |
| 07/08/10 | 12/09/10 |
| 08/12/10 |          |

➤ **How to keep informed:**

For the latest news on the Football Team, go to our internet site <http://www.fhsvikings.com>

For the latest updates on the 12th Man Booster Club or meeting minutes, go to <http://www.fhsvikings.com/12thman.html>

Follow Francis Howell Football on Twitter at [http://twitter.com/howell\\_football](http://twitter.com/howell_football)

**Please come out and participate and make this our best year ever.**

# Junior Viking Football Camp

**Who:** All 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade students interested in playing football  
**When:** Monday, July 19<sup>th</sup> – Thursday, July 22<sup>nd</sup>  
**Where:** FHHS  
**Time:** 6:00 – 8:00 pm  
**Cost:** \$50 for the 1<sup>st</sup> child / \$25 for each additional child, checks payable to FH Football Boosters  
**Attire:** Shorts, T-shirt, and football cleats

\*This is a non contact camp and no equipment will be provided

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## Registration Information

**\*\*Please register by: Friday, July 10, 2010**

**\*\*\*Please detach at dotted line, attach check and return to:**

**Francis Howell High School Activities Office**

**7001 S. Hwy 94**

**St. Charles, MO 63304**

**Attention: Bryan Koch**

**(Located in back of Francis Howell High School)**

Player Name: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Grade Level as of August 10 \_\_\_\_\_ Player DOB \_\_\_\_\_ Age \_\_\_\_\_

Camp T-shirt Size:

(Please check one. Note: included in camp cost, no additional charge)

Youth S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

Adult S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

**It's A Great Day to be a VIKING**