2021 FHHS Viking Football Contract Night
Wednesday, April 21, 5:00 p.m. (incoming freshmen & sophomores)
6:30 (juniors and seniors)

Please plan to attend FHHS Viking Football Contract Night on Wednesday, April 21st beginning at 5:00pm for 9th and 10th grades, or 6:30pm for 11th & 12th grades, in the FHHS Commons. Contract Night is a mandatory event for all students planning to play Viking football in 2021. Players and their families are invited to meet the coaches and hear them speak about the upcoming season, take the impact test, get their physical, turn in their contract and other materials necessary to register for football.

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. Click on the link for 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 appropriate forms and bring everything with you to Contract Night. Players with other sport conflicts on Contract Night should talk to Coach Chojnacki to arrange payments and return their completed paperwork.

Each player must have the following forms on file in order to play football: Player Information sheet, Player Contract, Parent Activities Form, Impact test, MSSHA Sports Physical. There are also various MANDATORY District information forms which will be available for completion at the Activities Website – AFTER June 1.

ON CONTRACT NIGHT:

Impact Testing Consent Form: (Incoming freshmen, 2021 – 2022 juniors and new players should complete this form.) This test is required every two years in a student's high school career. Players will be able to take the impact test at Contract Night.

Physicals: (Freshmen/Juniors and transfer students) A copy of the physical form is included in this packet. Players who already have a physical, marked good for 2 years, on file (after February 1, 2020) is good for the 2021 season. Physicals given after February 1, 2020 will be good for 2021 fall sports. Physical forms must be completely filled out – including the back page – and the doctor’s signature must be dated. These items are often overlooked. 2021 physicals must be on file by the first day of practice, August 9.

Physicals Available at Contract Night: There will be a group of physicians present to perform your sports physical at Contract Night. Physicals will be complimentary for all players that have completed registration and paid their fees for the 2021 football season.

12th Man Booster Club Membership: The 2021 Membership entitles your family to not have to work concession stand for any home game during the football season; right to vote at all 12th Man meetings, plus a 12th Man T-shirt and car window decal. Membership funds are used to pay another school organization to work the concession stand for all home games, with the football program keeping the profits from concession sales.

Viking Football Camp: Viking Football Camp is June 14th – June 18th & June 21st -23rd from 5pm to 9pm. Each camper will receive a Camp t-shirt and shorts as well as sports drinks at the end of each day. Players planning to attend should complete the registration form and turn it in at Contract Night. Attire for the camp includes cleats, shorts, practice jersey, helmet and shoulder pads. Girdle – optional. The cost is included in the one time season fee.

Rockwood Summit Team Camp will be held on June 24 and 25 for Sophomores through Seniors, and Freshmen will be included on the 25th. Please complete the registration form and turn in at Contract Night. The cost is included in the one time season fee.
**Payments:** Plan to pay by either check or cash; checks are preferred. Please include the *player’s name in the comments section*. Make checks payable to FHFB (Francis Howell Football Boosters).

**One fee of $200 per player includes:**
- Strength and Conditioning sessions throughout the summer
- Viking Camp – June 14 – 18 and 21 – 23. Camp shorts, t-shirt and daily sports drinks included
- Rockwood Summit team camp June 24 & 25
- Camp dates in July include July 14, 21, and 26th - 29th.
- Membership in the 12th Man Booster Club

***If you have more than 1 player in the same family, subsequent player(s) pay $125 each for season fees.***

**Volunteers:** We will need family members to volunteer from time to time. Specifically, we need individuals to help out with the following events:
- Mouse Races
- Viking Camp
- Jr. Viking Camp
- Blue and Gold Day
- Viking Team Store
- Banquet
- Team meals before each game

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

**Fundraisers:** Several fundraisers will take place during the year, including:
- Mouse Races, May 8, 2021
- Gold Cards – Begins June 9
- Concessions Stand and Viking Store

More information about fundraisers will be given on Contract Night.

**Mouse Races:** The Third Annual Mouse Races will be held on Saturday, May 8th at the New Melle Rec Center. Registration is $20 per person. More information about registration and sponsorship has been posted on www.fhhsvikings.com under 12th Man and will be available at the 12th Man table on Contract Night.

**Viking Merchandise:** Merchandise from the Viking Store will be available for purchase.

For questions about Contract Night or any of the forms prior to April 21st please e-mail your class representative, or one of the officers through the 12th Man link on the Viking football website: www.fhhsvikings.com.

We look forward to an outstanding 2021 football season!

12th Man
12th Man
CONTRACT NIGHT CHECKLIST
(To be turned in at check-in table)

Player Name

Player Information sheet

Contract

Viking Camp Registration Form

Rockwood Summit Registration Form

2021 Player Fees $ 200.00

Cash or Checks payable to “FHFB”
# Football Player 2021 - 2022 Information Form

## Grade in 2021-2022 School Year

<table>
<thead>
<tr>
<th>Grade</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

### Player Name

__________________________

### Address:

__________________________

### City & ZIP Code

__________________________

### Subdivision:

__________________________

### Home Phone:

__________________________

### Parent Email:

__________________________

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### Father’s Name:

__________________________

### Address

__________________________

(If different from above):

__________________________

### Phone:

__________________________

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### Mother’s Name:

__________________________

### Address

__________________________

(If different from above):

__________________________

### Phone:

__________________________

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## Volunteer Opportunities:

There will be several times throughout the season when we will need help from the parents. Several are listed below. We will have sign-up sheets at Contract Night. Please consider helping with one or more of these events.

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouse Races (5/8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viking Camp (6/14 - 6/23)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viking Store (home games)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jr. Viking Camp (7/26 – 7/29)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blue &amp; Gold Day (8/22)</td>
<td></td>
<td></td>
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<tr>
<td>Jamboree (8/20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Banquet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homecoming Festival (tba)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theme night football games</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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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 accountability by committing myself to the FHHS Viking core values, 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
Viking Football Camp Registration

When: June 14 - 18 and June 21 - 23
Where: FHHS Football Field
Time: 5:00 – 9:00 p.m.
Included: Sports drinks each day and Viking T-shirt/shorts (handed out at end of camp)

Registration

Name: ________________________________
Phone: ________________________________
Alternate/Emergency Phone: ________________________________
Grade Level 2021 - 2022: __________
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

***ADDITIONAL CAMP / PRACTICE JULY 14, 21, and 26th – 29th @ 6pm. SAME LOCATION THERE IS NO COST FOR THE JULY CAMP – IT IS INTENDED TO BE MANDATORY FOR ALL PLAYERS PLANNING ON PLAYING IN THE FALL
WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19, AND INDEMNITY/HOLD HARMLESS AGREEMENT AND MEDICAL AUTHORIZATION

In consideration of being allowed to participate in Flag Football/Camps sponsored by SJM Resources LLC, which is not affiliated with the Rockwood School District, the undersigned acknowledges, appreciates, certifies, that I being the parent or legal guardian agree to the following:

1. The participation of my child/ward includes possible exposure to and illness from infectious diseases, including but not limited to MRSA, Influenza, and Covid 19. While particular rules and discipline may reduce this risk, the risk of serious illness, injury, and possible death does exist.

2. If my child/ward has pre-existing health conditions, exposure to Covid-19, or any other infectious disease, may more likely cause serious illness, injury, or possible death.

3. SJM Resources LLC cannot insure that all other participants, including coaches and volunteers, are taking precautionary measures to mitigate risks to ensure the health and safety of other participants, coaches, and volunteers. Therefore participation in Flag Football/Camps involves risk of exposure to infectious disease/injuries.

4. MY CHILD/WARD KNOWINGLY AND FREELY ASSUMES ALL RISKS, both known and unknown EVEN IF ARISING FROM THE NEGLIGENCE OF OTHERS, and assumes full responsibility of their participation.

5. I certify that my child/ward has not recently tested positive for, and is not exhibiting symptoms of Covid-19, which include a cough, shortness of breath or difficulty breathing, loss of taste or smell, headache, chills, muscle or body aches, and or sore throat.

6. I certify that my child/ward has not been exposed recently to someone who has tested positive for, or exhibited the above referenced symptoms of Covid 19.

7. My child/ward willingly agrees to comply with the recommendations of all employees, coaches, and volunteers of SJM Resources LLC to ensure safe play. If however, they observe any unusual or significant hazard during their presence or participation, they will remove themselves from participation and report such hazard to the nearest employee, coach, or volunteer of SJM Resources LLC.

8. My child/ward and on behalf of their heirs, assigns, personal representative, and next of kin HEREBY RELEASE AND HOLD HARMLESS SJM RESOURCES LLC, and their officers, agents, employees, coaches, volunteers, other participants, and the Rockwood School District , (COLLECTIVELY THE “RELEASEES”) WITH RESPECT TO ANY AND ALL ILLNESS, INJURY, DISABILITY, POSSIBLE DEATH, or loss/damage to a person/property, EVEN IF ARISING FROM THE NEGLIGENCE OF THE “RELEASEES”.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENTS. I FULLY UNDERSTAND ITS TERMS AND HAVE EXPLAINED THE RISK OF PARTICIPATION TO MY CHILD/WARD AND THEIR ADHERING TO THE RULES AND REGULATIONS FOR PROTECTION AGAINST COMMUNICABLE DISEASES AND INJURIES. FURTHERMORE MY CHILD/WARD UNDERSTANDS AND ACCEPTS THE RISKS AND RESPONSIBILITIES OF PARTICIPATION, AS WELL AS I. ALSO I AUTHORIZE SJM RESOURCES LLC AND ITS EMPLOYEES AND AGENTS PERMISSION TO REQUEST EMERGENCY MEDICAL TREATMENT OR CARE AS NECESSARY, TO INSURE THE WELL-BEING OF MY CHILD/WARD. FURTHER, I CLAIM THAT MY CHILD/WARD IS FOUND PHYSICALLY FIT FOR ALL PHYSICAL ENDEAVORS, AND HAS HAD A VALID PHYSICAL, AS WELL AS BEING COVERED BY VALID MEDICAL INSURANCE. I HAVE ALSO 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. I DO AGREE AND CONSENT TO THE RELEASE PROVIDED ABOVE REGARDING MY CHILD/WARD. I ALSO AGREE TO RELEASE AND HOLD HARMLESS SJM RESOURCES LLC, AND THEIR OFFICERS, AGENTS, EMPLOYEES, COACHES, VOLUNTEERS, OTHER PARTICIPANTS, AND THE ROCKWOOD SCHOOL DISTRICT (“RELEASEES”) FROM ALL CLAIMS/LAWSUITS WITH RESPECT TO ANY AND ALL ILLNESS, INJURY, DISABILITY, POSSIBLE DEATH, OR LOSS/DAMAGE TO A PERSON/PROPERTY WHICH MAY BE SUSTAINED BY MY CHILD/WARD WHILE PARTICIPATING IN FLAG FOOTBALL/CAMPS; AND ANY FUTURE CLAIMS HEREAFTER PRESENTED BY MY CHILD/WARD OR MYSELF AS A RESULT OF SUCH ILLNESS, INJURY, DISABILITY, POSSIBLE DEATH, OR LOSS/DAMAGE TO A PERSON/PROPERTY EVEN IF ARISING FROM THE “RELEASEES” NEGLIGENCE.

NAME OF CHILD/WARD: ____________________________________________
(Please Print)

NAME OF PARENT/GUARDIAN: ______________________________________
(Please Print)

PARENT/GUARDIAN SIGNATURE: ____________________________________

DATE: ____________________
FRANCIS HOWELL SCHOOL DISTRICT

Consent for Cognitive Testing and Release of Information

I give my permission for (name of child) ________________________________

(Child’s date of birth) ________________________________

to have a baseline and, if necessary, a post-concussion ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) administered at Francis Howell High School. I understand that my child may need to be tested more than once, depending upon the results of the test, as compared to my child’s baseline test, which is on file at Francis Howell High School. I understand there is no charge for the testing.

Francis Howell High School may release the ImPACT results to my child’s primary care physician, neurologist, school athletic trainer, Dr. Brandon Larkin (District ImPACT Coordinator), or other treating physician, as indicated below.

I understand that general information about the test data may be provided to my child’s guidance counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

Name of parent or guardian: ______________________________________

Signature of parent or guardian: _________________________________

Date: ________________

PLEASE PRINT THE FOLLOWING INFORMATION:

Name of physician: _____________________________________________

Name of practice of group: _______________________________________

Phone number: ________________________________

Student’s home address: _______________________________________  

Parent or guardian phone numbers (please indicate preferred contact number & time if necessary):

______________________ (H)  ______________________ (W)  

______________________ (cell)
PRE-PARTICIPATION PHYSICAL EVALUATION

PHYSICAL EXAMINATION FORM – VALID FOR 2 YEARS

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, 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 (Questions 4-13 of History Form).

EXAMINATION
Height: ______ Weight: ______
BP: / / / / Pulse: __________ Vision: R 20/ __________ L 20/ __________ Corrected: □ Yes □ No

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
• Murmurs (auscultation standing, auscultation supine and +/- Valsalva maneuver)

Lungs

Abdomen

Skin
• Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant Staphylococcus aureus (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

* Consider electrocardiography (ECG), echocardiogram, referral to cardiology for abnormal cardiac history or examination findings, or a combination of those.

□ Cleared for all sports without restriction for two (2) years.
□ Cleared for all sports without restriction for two (2) years with recommendation for further evaluation or treatment for:

□ Cleared for all sports without restriction for less than two (2) years. Specify reasons and duration of approval below:

□ Not Cleared
□ Pending further evaluation □ For any sports □ For certain sports (please list):
Reason:

Recommendations/Comments:

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).

Name of healthcare professional (type/print): __________________________ Date of Issue: __________________________
Address: __________________________ Phone: __________________________
Signature of healthcare professional (MD/DO/ARNP/PA/Chiropractor): __________________________

This physical is valid for a 2-year period unless otherwise noted by the physician in the “Recommendations” field listed above.
MEDICAL HISTORY

Note: Complete and sign this form (with your parents if younger than 18) before your appointment. The physician should keep a copy of this form in the chart for their records.

Note: An injury or medical condition results in a separate medical release.

Name: __________________ Date of Birth: ____________

Date of examination: ____________________________

Sex assigned at birth (F, M or intersex): ________ How do you identify your gender? (F, M or other): ______

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 of your allergies (i.e., 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).

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Not at All</th>
<th>Several Days</th>
<th>Over Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling nervous, anxious or on edge:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Not being able to stop or control worrying:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Little interest or pleasure in doing things:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Feeling down, depressed or hopeless:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

A sum of ≥3 is considered positive on either subscale (questions 1 and 2, or questions 3 and 4) for screening purposes.
### Explain “Yes” answers at the end of this form. Circle questions if you don’t know the answer.

<table>
<thead>
<tr>
<th>GENERAL QUESTIONS</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you have any concerns that you would like to discuss with your provider?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Has a provider ever denied or restricted your participation in sports for any reason?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Do you have any ongoing medical issues or recent illness?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL QUESTIONS</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>17. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <em>Staphylococcus aureus</em> (MRSA)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>20. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>22. Have you ever become ill while exercising in the heat?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>23. Do you, or does someone in your family, have sickle cell trait or disease?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>24. Have you ever had, or do you have, any problems with your eyes or vision?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>25. Do you worry about your weight?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>26. Are you trying to, or has anyone recommended, that you gain or lose weight?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>27. Are you on a special diet or do you avoid certain types of foods or food groups?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>28. Have you ever had an eating disorder?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEMALES ONLY</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. Have you ever had a menstrual period?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>30. How old were you when you had your first menstrual period?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>31. When was your most recent menstrual period?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>32. How many periods have you had in the past 12 months?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BONE AND JOINT QUESTIONS</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or game?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>15. Do you have a bone, muscle, ligament or joint injury that bothers you?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**IF “YES,” EXPLAIN ANSWERS HERE**

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I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

**Signature of Athlete:**

**Signature of Parent(s) or Guardian:**

**Date:**