

# FOOTBALL CHECKLIST/BASIC INFO

## 7<sup>TH</sup> & 8<sup>TH</sup> GRADE

### FALL 2024

1. We have a 7<sup>th</sup> and an 8<sup>th</sup> grade team at MSC. There are no cuts for either team. Everyone who comes out will make their grade level team.
2. Turn in a completed sports physical examination form (*in this packet and completed by a physician*) to MS-C main office before the first practice or to the coaches at the first practice. An athlete cannot participate until it is turned in. The physical form must be signed by a doctor on or after April 15, 2024 for it to be valid.
3. Students who struggle with low academics or citizenship during the school year potentially face not being able to play in games or may be removed from the team.
  - In order to **join** the team, all athletes must be eligible based on the 4th Quarter Report Card grades and citizenship:
    - MHSAA Academic Eligibility (passed 4/6 classes)
    - MS-C Positive Citizenship Attained
  - Students that do not maintain eligibility during the season may be suspended from participating from practice and games.
  - Team members' that are suspended from any class (removed from a class) are not allowed to participate in practice or game on that day. This may also affect participation at future games
4. All practices are held in the rear of MS-C by the baseball diamond. Athletes **MUST** be picked up no later than 10 minutes after practices ends. The 7<sup>th</sup> and 8<sup>th</sup> grade teams will practice together on the same field. Athletic apparel must be worn during the first week of practice (shorts, t-shirt, gym attire). We are only allowed 15 practices before our first game, which includes a scrimmage.
5. During August practices, a full season schedule will be handed out. Sometimes there are changes that happen to the school calendar over the summer.
6. Equipment:
  - A mouth guard **must** be purchased
  - Rubber/molded plastic cleats **must** be purchased. Metal cleats are **not** allowed.
  - It is **recommended** to purchase your own built in girdle (hip, tailbone, thigh pads all in one \$30-\$50) but I do have them available.
  - All other equipment will be provided but will be returned at end of season (helmet, shoulder pads, jerseys, pants, practice jerseys, etc).
  - Locker rooms and lockers will be provided that students will also be able to use for Physical Education classes.
  - All football equipment will be handed out following the MHSAA guidelines.
7. Practice times: PLEASE SEE THE CALENDAR IN THIS PACKET. PLEASE NOTE August 21,2025.

Questions:

Please contact the Athletic Director, Evan Chalk: [chalkev@lc-ps.org](mailto:chalkev@lc-ps.org)

## August 24-25 MSC Football Calendar 7th & 8th Grade

Head Coaches: Sam Marino, Robert Lee (leero@lc-ps.org)  
 Assistant Coaches: Evan Chalk (chalk@lc-ps.org), Josh Gulecki (gulecjo@lc-ps.org)

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
			Equipment collection anytime 2:30-4:30. Pick up and go. Door #10	Practice 3:30-5:30	NO PRACTICE	
25	26	27	28	29	30	31
	NO PRACTICE 1/2 DAY OF SCHOOL	Practice 3:04-5:00 pm	Practice 3:30-5:30	Practice 3:30-5:30	NO PRACTICE NO SCHOOL	

**August 21** – athletes **MUST** come to get all equipment and a locker. This can be done anytime from 2:30-4:30. Please do not drop off your child and leave, this will only take about 10 minutes. There is no actual practice this day. Physicals can also be turned in this day. We are doing it this way so it does not interfere with the flow of our practices.

## September 24-25 MSC Football Calendar 7th & 8th Grade

Head Coaches: Sam Marino, Robert Lee (leero@lc-ps.org)

Assistant Coaches: Evan Chalk (chalkv@lc-ps.org), Josh Gulecki (gulecjo@lc-ps.org)

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 NO PRACTICE NO SCHOOL	3 Practice 3:04-5:00 pm	4 Practice 3:30-5:30	5 Practice 3:04-5:00 pm	6 Practice 3:04-5:00 pm	7
8	9 Practice 3:04-5:00 pm	10 <b>Scrimmage</b> Home vs. AB South 4-5:15	11 Practice 3:30-5:30	12 Practice 3:04-5:00 pm	13 Practice 3:04-5:00 pm	14
15	16 Practice 3:04-5:00 pm	17 <b>Game Away</b> @ Iroquois	18 NO PRACTICE	19 Practice 3:04-5:00 pm	20 Practice 3:04-5:00 pm	21
22	23 Practice 3:04-5:00 pm	24 <b>Home Game vs. LC</b> North	25 NO PRACTICE NO SCHOOL FOR STUDENTS	26 Practice 3:04-5:00 pm	27 Practice 3:04-5:00 pm	28
29	30 Practice 3:04-5:00 pm					



PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE



Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are FOUR (4) signatures on this page (4) to be completed by student, parent/guardian and/or 18-year-old

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Student Name: LAST FIRST MIDDLE INITIAL
Student Address: STREET CITY ZIP
Sex: M F Age: Date of Birth: Place of Birth (City/State):
School: Circle Grade: 6 7 8 9 10 11 12
Parent/Guardian Name:
Phone (home): (work): (cell):
Parent/Guardian Name:
Phone (home): (work): (cell):
Email Address: Parent/Guardian/18-Year-Old:

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

(1) Signature of STUDENT: Date:

(2) Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: YES NO

If YES, Family Insurance Co: Insurance ID #:

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

(3) Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

MEDICAL TREATMENT CONSENT COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, an 18-year-old, or the parent or guardian of, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

(4) Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:



**MEDICAL HISTORY: Completed by Parent or Guardian of 13-Year-Old**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

GENERAL INFORMATION	
Has a doctor ever denied or restricted your participation in sports for any reason?	
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 <input type="checkbox"/> Other:	
Have you ever spent the night in the hospital or have you ever had surgery?	
Do you have any concerns that you would like to discuss with a doctor?	
HEART AND BLOOD PRESSURE	
Have you ever passed out or nearly passed out DURING or AFTER exercise?	
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	
Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	
Has a doctor ever told you that you have any heart problems? Check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:	
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)	
Do you get lightheaded or feel more short of breath than expected during exercise?	
Do you have a history of seizure disorder or had an unexplained seizure? Fainting?	
Do you get more tired or short of breath more quickly than your friends during exercise?	
FAMILY HISTORY OF HEART PROBLEMS	
Has anyone in your family had a pacemaker or implanted defibrillator before age 35?	
Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	
Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	
BONE AND JOINT PROBLEMS	
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?	
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?	
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches? Do you regularly use a brace, orthotics or other assistive device?	
Do you have a bone, muscle or joint injury that bothers you?	
Do any of your joints become painful, swollen, feel warm or look red?	
Do you have any history of juvenile arthritis or connective tissue disease?	
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?	

ALLERGIEN/ALLERGIES	
Do you cough, wheeze or have difficulty breathing during or after exercise?	
Have you ever used an inhaler or taken asthma medicine?	
Is there anyone in your family who has asthma?	
Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?	
Do you have groin pain or a painful bulge or hernia in the groin area?	
Have you had infectious mononucleosis (mono) within the last month?	
Do you have any rashes, pressure sores or other skin problems?	
Have you had a herpes or MRSA skin infection?	
Do you have headaches or get frequent muscle cramps when exercising?	
Have you ever become ill while exercising in the heat?	
Do you or someone in your family have sickle cell trait or disease?	
Have you had any problems with your eyes or vision or any eye injuries?	
Do you wear glasses or contact lenses?	
Do you wear protective eyewear such as goggles or a face shield?	
Immunization History: Are you missing any recommended vaccines?	
Do you have any allergies?	
Have you ever had a head injury or concussion?	
Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?	
Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?	
Have you ever had an eating disorder?	
Do you worry about your weight?	
Are you trying to or has anyone recommended that you gain or lose weight?	
Are you on a special diet or do you avoid certain types of foods?	
MENSTRUATION (FEMALE ONLY)	
Have you ever had a menstrual period?	
If "YES", When was your most recent menstrual period?	
How old were you when you had your first menstrual period?	
How many periods have you had in the last 12 months?	
<b>CURRENT YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR</b>	

Please explain any "YES" answers: \_\_\_\_\_

**PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT**

EXAMINATION: Height: \_\_\_\_\_ Weight: \_\_\_\_\_  Male  Female BP: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_ Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected:  Y  N

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back		
Lymph nodes			Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Elbow/Forearm		
Pulses: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitourinary (males only)			Leg/Ankle		
Skin: HSV: Lesions suggestive of MRSA, tinea corporis			Foot/Toes		
Neurologic			Functional Duck Walk		

RECOMMENDATIONS: \_\_\_\_\_

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities except: \_\_\_\_\_

**EXAMINER** Name of Examiner (print/type): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Examiner: \_\_\_\_\_ (Check One):  MD  DO  PA  NP

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

**EMERGENCY INFORMATION COMPLETED BY PARENT or GUARDIAN of 13-YEAR-OLD**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 IN EMERGENCY (1): \_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_  
 IN EMERGENCY (2): \_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_  
 Drug Reactions: \_\_\_\_\_ Current Medications: \_\_\_\_\_  
 Allergies: \_\_\_\_\_