

FOUR PROGRAMS ONE FAMILY JVINFORMATION 2024 SEASON

INCLUDES:

Summer Training Schedule GAME Schedule Noteworthy Events MHSAA Physical Form FamilyID Information Sheet Recruiting Information Scrimmage/Picture Day Schedule Custom Mouthguard Information Team Camp Form Game Socks Order Form Away Game Meal Order Form Yard Sign Order Form





ORDER ONLINE!

Men's, Women's and Youth sizes!!! Great styles and colors to choose from.



For up-to-date program information and schedules, visit the Official Almont Football website, also on Facebook, Instagram & X.

WWW.ALMONTFOOTBALL.COM Almont Raiders-Football | @AlmontRaidersFB AlmontRaidersFB | TEXT @almontfb to 81010

MANDATORY PROGRAM TEAM MINICAMP

V/JV-7on7 JV-7on7

June 2024

Tuesday Wednesday Thursday Sunday Monday Friday Saturday 1 2 3 4 5 6 7 8 LASY DAY OF SCHOOL 9 10 12 13 14 15 11 SUMMER BREAK - GREAT TIME FOR FAMILY VACATION 7:00 pm Program 10-11 am 10-11 am Meet & Greet 5-6:30 pm COACH FORTI COACH FORTI COACH LOOMIS 7-9 pm 7-9 pm 7-9 pm BURCHI BURCHI BURCHI 16 17 18 20 19 21 22 **SUMMER BREAK** — GREAT TIME FOR FAMILY VACATION 10-11 am 10-11 am 5-6:30 pm COACH FORTI COACH FORTI COACH LOOMIS 7-9 pm 7-9 pm 7-9 pm BURĊHI BURĊHI BURCHI 23 24 25 26 27 28 29 SUMMER BREAK - GREAT TIME FOR FAMILY VACATION 10-11 am 10-11 am COACH FORTI COACH FORTI 5-6:30 pm COACH LOOMIS 7-9 pm 7-9 pm 7-9 pm BURCHI BURCHI BURCHI 30 **DEAD WEEK**

SCHEDULE SUBJECT TO CHANGE - REVISED 06/07/2024

July	/ 202	24				M MINICAMP V/JV-7on7 JV-7on7
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
SUMMER	BREAK — GREA	AT TIME FOR FAI	MILY VACATION-	WEIGHT ROOM	SCHEDULE TBD	
7	8	9	10	11	12	13
	8:30-10:30am TRAINING	8:30-10:30am TRAINING	8:30-10:30am TRAINING	8:30-10:30am TRAINING	8:30-10:30am TRAINING	
	10:30am-Noon 7on7 Practice	10:30am-Noon 7on7 Practice		10:30am-Noon TEAM Practice		
		6:00pm 7on7 @PHN				
14	15	16	17	18	19	20
	8:30-10:30am TRAINING	8:30-10:30am TRAINING	8:30-10:30am TRAINING	8:30-10:30am TRAINING	8:30-10:30am TRAINING	
	10:30am-Noon 7on7 Practice	5:30pm 7on7 @Romeo	5:30pm 7on7 @Romeo	10:30am-Noon TEAM Practice		
21	22	23	24	25	26	27
	8:30-10:30am TRAINING	8:30-10:30am TRAINING	8:30-10:30am TRAINING	8:30-10:30am TRAINING	8:30-10:30am TRAINING	
	10:30-11:30am 7on7 Practice	6:00pm 7on7 @Almont	6:00pm 7on7 @Brandon	10:30am-Noon TEAM Practice		
28	29	30	31			
	8:00-11:30am TEAM CAMP	8:00-11:30am TEAM CAMP	8:00-11:30am TEAM CAMP	8:30-10:30am TRAIN/TESTING	8:30-10:30am TRAIN/TEAM CHALLENGE	
	V-TEAM ACTIVITY-TBD	V-TEAM ACTIVITY-TBD	V-TEAM ACTIVITY-TBD		CHALLENGE	

MANDATORY PROGRAM

MANDATORY

PROGRAM

TEAM MINICAMP V/JV-7on7

JV-7on7

August 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			,	1	2	3
				8:30-10:30am TRAIN/TESTING	8:30-10:30am TRAIN/TEAM CHALLENAGE	
4	5	6	7	8	9	10
MHSAA DC	WN TIME —	GREAT TIME FC	OR FAMILY VACA	TION		
						DUE DATE TO BE REGISTERED IN <u>Family ID &</u> <u>HAVE PHYSICAI</u> <u>ON FILE!</u>
11	12	13	14	15	16	17
6:00pm EQUIPMENT HANDOUT <u>Must be</u>	7:30a-12:30p PRACTICE	7:30a-12:30p PRACTICE	7:30a-12:30p PRACTICE	7:30a-12:30p PRACTICE	7:30a-12:30p PRACTICE	7:30a-NOON PICTURES/ SCRIMMAGE/ PARENT MEETINC
registered in Family ID & have physical on file! Dated after 4/15/24						MANDATORY
18	19	20	21	22	23	24
	7:30a-12:30p PRACTICE	7:30a-12:30p PRACTICE	7:30a-12:30p PRACTICE	8:00a-3:00p SCRIMMAGE @Millington JV (10am)- VAR (noon)	TIME TBD PRACTICE	
				5:00-9:00pm FUNDRAISER MANDATORY		
25	26	27	28	29	30	31
	PRACTICE	TIMES TBD B	ASED ON SC		S	
			6:00pm JV GAME @ HOME	7:00pm VARSITY GAME @ MARYSVILLE		

MANDATORY

PROGRAM

TEAM MINICAMP

V/JV-7on7

JV-7on7

September 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 LABOR DAY	3	4	5	6	7
	7:00p-9:00p VAR PRACTICE	AFTERSCHOOL	PRACTICE TIMES			
	TBD JV PRACTICE			6:00pm JV GAME @ HOME	7:00pm VARSITY GAME @ Imlay City	
8	9	10	11	12	13	14
	AFTERSCHOOL	PRACTICE TIMES				
				6:00pm JV GAME @ Yale	7:00pm VARSITY GAME @ HOME	
15	16	17	18	19	20	21
		PRACTICE TIMES	5 CONTINUE			
				6:00pm JV GAME @ Algonac	7:00pm VARSITY GAME @ HOME	
22	23	24	25	26	27	28
	AFTERSCHOOL	PRACTICE TIMES				
				6:00pm JV GAME @ HOME	7:00pm VARSITY GAME @ Cros-Lex	
29	30					



1977, 1996, 1998, 2006, 2007, 2008, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022 & 2023 MHSAA Playoff Qualifiers 2006, 2007, 2008, 2010, 2014, 2018, 2019 & 2023 Blue Water Area Conference (BWAC) Champions 2008, 2011, 2014, 2019 & 2023 MHSAA Division 5 District Champions 2011, 2014, 2019 & 2023 MHSAA Division 5 Regional Champions 2011, 2014, 2019 & 2023 MHSAA Division 5 State Semifinals Champions 2019 MHSAA Division 5 State Championship Finalist 2023 MHSAA Division 6 State Championship Finalist

JV GAME SCHEDULE

Date	Event	Туре	Start Time	Location	
Wed Aug 28	MARYSVILLE HIGH SCHOOL	SG	6:00 PM	MARYSVILLE HIGH SCHOOL	Away
Thu Sep 5	IMLAY CITY HIGH SCHOOL	SG	6:00 PM	Almont Jr Sr High School	Home
Thu Sep 12	YALE SENIOR HIGH SCHOOL	SG	6:00 PM	YALE SENIOR HIGH SCHOOL	Away
Thu Sep 19	ALGONAC HIGH SCHOOL	SG	6:00 PM	ALGONAC HIGH SCHOOL	Away
Thu Sep 26	CROSWELL-LEXINGTON HIGH SCHOOL	SG	6:00 PM	Almont Jr Sr High School	Home
Thu Oct 3	ARMADA AREA HIGH SCHOOL	SG	6:00 PM	Almont Jr Sr High School	Home
Thu Oct 10	RICHMOND COMMUNITY HIGH SCHOOL	SG	6:00 PM	RICHMOND COMMUNITY HIGH SCHOOL	Away
Thu Oct 17	NORTH BRANCH HIGH SCHOOL	SG	6:00 PM	NORTH BRANCH HIGH SCHOOL	Away
Thu Oct 24	NOTRE DAME PREPARATORY	SG	6:00 PM	Almont High School	Home

ATHLETIC/DEAN OF STUDENTS SECRETARY Debbie Lemon DLEMON@ALMONTSCHOOLS.ORG (810) 798-8595



FOUR PROGRAMS AV ONE FAMILY

NOTEWORTHY EVENTS

SPORT PHYSICAL

Get New Physical **Before August 5th** (Recommended by July 8th, *Must be dated after April 15th, 2024)

WEIGHT ROOM

Check summer schedule for times.

SUMMER TRAINING

Summer Training begins July 8th

EQUIPMENT HANDOUT

MANDATORY — August 4th, 6:00pm Must be registered in Family ID & have physical on file!

PICTURE DAY/SCRIMMAGE

MANDATORY — August 17th Picture Day/Program Scrimmage/Parent Meeting

RAIDER CARD FUNDRAISING NIGHT MANDATORY — August 22nd, 5:00-9:00pm

For up-to-date program information and schedules, visit the Official Almont Football website, also on Facebook, Instagram & X.



MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old



Student Name:

Date of Birth:

nichigan high school athletic association Doctor:	Doc	tor's	s Phone: Date of Exam:		
- GENERAL QUESTIONS	Y	Ν	- MEDICAL QUESTIONS	Y	N
Has a doctor ever denied or restricted your participation in sports for any reason?			Do you cough, wheeze or have difficulty breathing during or after exercise?		
Do you have any ongoing medical conditions? If so, please identify below:			Have you ever used an inhaler or taken asthma medicine?		
🗆 Asthma 🛛 Anemia 🗖 Diabetes 🖓 Infections 🖓 Other:			Is there anyone in your family who has asthma?		
Have you ever spent the night in the hospital or have you ever had surgery?			Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?		
- HEART HEALTH QUESTIONS ABOUT YOU	Y	Ν	Do you have groin pain or a painful bulge or hernia in the groin area?		
Have you ever passed out or nearly passed out DURING or AFTER exercise?			Have you had infectious mononucleosis (mono) within the last month?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			Do you have any rashes, pressure sores or other skin problems?		
Does your heart ever race or skip beats (irregular beats) during exercise?			Have you had a herpes or MRSA skin infection?		
Has a doctor ever told you that you have any heart problems? Check all that apply:			Do you have headaches or get frequent muscle cramps when exercising?		
□ High blood pressure □ Heart murmur □ Heart infection □ High cholesterol			Have you ever become ill while exercising in the heat?		
Cawasaki disease Conter:			Do you or someone in your family have sickle cell trait or disease?		
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)			Have you had any problems with your eyes or vision or any eye injuries?		
Do you get lightheaded or feel more short of breath than expected during exercise?			Do you wear glasses or contact lenses?		Γ
Do you have a history of seizure disorder or had an unexplained seizure?			Do you wear protective eyewear such as goggles or a face shield?		
Do you get more tired or short of breath more quickly than your friends during exercise?			Immunization History: Are you missing any recommended vaccines?		
- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Y	Ν	Do you have any allergies?		
Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?			Have you ever had a head injury or concussion?		
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?			Do you have any concerns that you would like to discuss with a doctor?		
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)?			Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?		
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?			Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?		
- BONE AND JOINT QUESTIONS	Y	Ν	Have you ever had an eating disorder?		
lave you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?			Do you worry about your weight?		Γ
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?			Are you trying to or has anyone recommended that you gain or lose weight?		Γ
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?			Are you on a special diet or do you avoid certain types of foods?		Γ
Do you regularly use a brace, orthotics or other assistive device?			- FEMALES ONLY (Optional)	Y	Γ
Do you have a bone, muscle or joint injury that bothers you?			Have you ever had a menstrual period?		Γ
Do any of your joints become painful, swollen, feel warm or look red?			How old were you when you had your first menstrual period?		
Do you have any history of juvenile arthritis or connective tissue disease?			How many periods have you had in the last 12 months?		-
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL	OL YE	AF

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/	Correcte	ed: 🛛 Y 🛛	N
MEDICAL					NORMAL	ABNORMAL	MUSCULOSKELETAL		NORMAL	ABNORM	AL
Appearance: Marfan stigmata (kypho arm span > height, hyperlaxity, myop		pectus excavatum,	arachnodactyly,				Neck				
Eyes/Ears/Nose/Throat: Pu	pils Equal Heari	ng					Back				
Lymph nodes	· · ·	-					Shoulder/Arm				
Heart: Murmurs (auscultation standing	ng, supine, +/- Valsalva) Locat	on of point of maxir	nal impulse (PMI)			Elbow/Forearm				
Pulses: Simultaneous femoral and ra	idial pulses						Wrist/Hand/Fingers				
Lungs							Hip/Thigh				
Abdomen							Knee				
Genitourinary (males only)							Leg/Ankle				
Skin: HSV: Lesio	ons 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 NOT crossed out below. BASEBALL – BASKETBALL – BOWLING – COMPETITIVE CHEER – CROSS COUNTRY – FOOTBALL – GOLF – GYMNASTICS – ICE HOCKEY LACROSSE – SKIING – SOCCER – SOFTBALL – SWIMMING/DIVING – TENNIS – TRACK & FIELD – VOLLEYBALL – WRESTLING

Name of Examiner (print/typ	be):			Date:			
EXAMINER Signature of Examiner:			(Check One):	MD 🗆	DO	D PA	D NP
	- (DETACH HERE I	F NEEDED TO ACCOMPANY STUD	ENT-ATHLETE)				
EMERGENCY INF	ORMATION: C	OMPLETED BY PARENT or	GUARDIAN or 18	-YEAR-OI	_D		
Student:	Grade:	Doctor:		_ Phone: (_)		
IN EMERGENCY (1):		Home #: ()		_ Cell #: ())		
		Home #: ()		_ Cell #: ()		
Drug Reactions:		Current Medications:					
Allergies:						FOF	RM A: AUG-03-17

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:	FIRST							
Student Address:	СІТҮ					ZI		
Gender: Gender):					-	
School:								
Father/Guardian Name:								
Phone (home): (wo	ork): (cell	ell):						
Mother/Guardian Name:								
Phone (home): (wo	ork): (cell	ell):						
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 a 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.

Signature of STUDENT:	_Date:
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: D YES D 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 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	
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	



STEPS TO REGISTER YOUR ATHLETE ON FamilyID

This message is for families with children participating in sports at Almont Community Schools.

We are excited to announce that Almont Community Schools is now offering the convenience of online registration through FamilyID for our sports programs. Family ID is a secure registration platform that provides you with an easy, user-friendly way to register for our sport programs and helps us to be more administratively efficient and environmentally responsible.

When you register through FamilyID, the system keeps track of your information in your FamilyID profile. You enter your information only once for each family member for multiple uses and multiple programs. *Do not register / pay for your child until they have tried out and made a team.*

As in the past, students must have a completed hard copy of the MHSAA Physical Form. The completed physical form must be brought to the Athletic Office at the High School <u>before</u> tryouts. This form will remain on file in the athletic office until it expires. (See the top of the MHSAA physical form for more information on expiration).

Once your child has tried out and been accepted on a team, a parent / guardian, along with the student athlete can go to <u>www.almontschools.org</u> and click on Athletics, then on the next page click on FamilyID. Once you have reached the FamilyID site, you can register by clicking on "Register Now". Follow the "new family" or "returning family" steps below:

DIRECTIONS FOR NEW FAMILIES:

- 1. To find your program, click on the link above and select the registration form under the word *Programs*.
- 2. Next click on the green *Register Now* button and scroll, if necessary, to the *Create Account/Log In* green buttons. If this is your first time using FamilyID, click *Create Account*. Click *Log In*, if you already have a FamilyID account.
- 3. *Create* your secure FamilyID account by entering the account owner Frist and Last names (parent / guardian), E-mail address and password. Select *I Agree* to the FamilyID Terms of Service. Click *Create Account*.
- 4. You will receive an email with a link to activate your new account. (If you don't see the email, check your E-mail filters (span, junk, etc.)
- 5. Click on the link in your activation E-mail, which will log you in to FamilyID.com.
- 6. Once in the registration form, complete the information requested. All fields with a red* are required to have an answer.
- 7. Click the *Save & Continue* button when your form is complete.
- 8. Review your registration summary.
- 9. Click the green *Submit* button. After selecting "Submit", the registration will be complete. You will receive a completion email from FamilyID confirming your registration.

At any time, you may log in at <u>www.familyid.com</u> to update your information and to check your registration(s). To view a completed registration, select the "Registration" tab on the blue bar.

DIRECTIONS FOR RETURNING FAMILIES:

You may use the information you submitted in previous seasons to save time with future registrations. Please use the following steps.

- 1. Click on the Current Season registration form on your school's FamilyID Landing page.
- 2. Login using the e-mail address and password you created last season.
- 3. Choose the sport.
- 4. Click on "Add Participant Below or Click to Select" and pick your child's name.
- 5. Update health and demographic information, if necessary.
- 6. Sign-off on seasonal agreements.
- 7. Save and Submit.

SUPPORT: If you need assistance with registration, contact FamilyID at: support@familyid.com or call 888-800-5583 x1. Support is available 7 days per week and messages will be returned promptly.

ABOUT LEGACY FOOTBALL RECRUITING

At Legacy Football, we know how important it is to begin the recruiting process early and strategically for each individual player. We are committed to helping student-athletes achieve their goals and aspirations of playing football in college. Browse below our offerings for football recruiting and beyond.



The Legacy Football Organization offers dynamic and unique programming to support student athletes on and off the field. We focus on cultivating development and competition in order to assist families in reaching their individual and team goals. The Legacy Recruiting Department understands the recruiting process and the importance of educating and empowering coaches, parents and athletes. Our main focus with student athletes is to assist in building relationships, devise a comprehensive strategy and implement an overall recruiting game plan.



Zach Zimmerman

- Director of Legacy Football Recruiting (2021)
- Center Line High School College Adviser (2018-2021)
- Center Line High School Strength & Conditioning Coach (2016-2021)
- Center Line High School Assistant HC/Offensive Line Coach/Co-OC (2016-2021)
- Anchor Bay JV Football Offensive Line Coach (2015)
- Anchor Bay Freshmen Football Coach/Freshmen Basketball Coach (2014)
- Attended Siena Heights University on Athletic and Academic Scholarship (2013-2014)
- Anchor Bay High School Team Captain/All County/ All Metro East (2012-2013)

Contact: zzimmerman@legacycentermichigan.com

Dr. Jay Vanderest 106 S. Maín St. Almont, MI 48003 (810)798-3941

Custom Mouthguard Information 2024

The risk of serious injury to the mouth is inherent in all contact sports. Therefore, it is important for you, or your child to wear a mouthguard while participating in contact or collision sports. Coaches and trainers generally urge all participants in contact sports to wear a mouthguard when playing or practicing to reduce the degree of injury from traumatic blows to the head and/or mouth.

The wearing of a mouthguard of any kind cannot prevent all mouth injuries from occurring. **A properly fitted, custom fabricated mouthguard** can help prevent most mouth injuries as well as decrease the incidence of **concussion**.

Dr. J. Vanderest and staff will be available Friday, June 21st starting at 9:15_{am} to take impressions of the athlete's teeth so a mold can be made to fabricate the custom mouthguard. There will be a sign-up sheet available for the student athlete's who are interested. If you are unavailable on June 21st please contact our office by June 14th to make an appointment and guarantee delivery and current fees.

IF YOU CURRENTLY WEAR BRACES PLEASE CONTACT YOUR ORTHODONTIST FOR A PROPERLY FITTED MOUTHGUARD.

Custom mouthguard: Fee \$30.00 (To be paid at time of impression) Available in orange and black

The mouthguards are provided by Gary Zehnder from Brooklands Dental Lab.

If you have any questions and/or concerns, Dr. Vanderest may be reached at 810-798-3941.



ALMONT JUNIOR VARSITY FOOTBALL CAMP

* July 29 - July 31, 2024 - 8:00-11:30 AM *

Campers will learn the base Wing-T offense and 4-4 defense ran in the Almont Football program.

Investment: \$50

Deadline for pre-registration and t-shirts July 10

- **Camp Mission** The goal of the Almont Football Camps is to teach the game of football through stressing the fundamentals with enthusiasm and repetition.
- Camp Location Almont High School Football Complex 4701 Howland Rd., Almont, MI 48003
- Camp Staff Coach Leusby, Almont Football Coaching Staff & Almont Football Players
- **Camp Information** Each camper will receive a t-shirt at the end of camp. Each camper should wear cleats, shorts and a t-shirt and bring a water bottle each day.
- **Camp Registration Deadline for pre-registration and t-shirts is July 10.** Please continue to register up to and including day of your desired camp. If t-shirts are still available, you will be given one. Please contact Coach Leusby 586-405-2715 if the investment is difficult at this time, we will be able to work something out. This shouldn't be a reason for your son to not attend camp.

MAKE CHECKS PAYABLE TO: ALMONT FOOTBALL

Return or mail this form with payment to: Coach James Leusby, 14762 Rice Dr., Sterling Heights, MI 48313

		••••••
PLAYER'S NAME	AGE	GRADE (FALL 2024)
ADDRESS	CITY	ZIP
CONTACT NUMBER ()	PARENTS NAME(S)	
PARENT EMAIL		
T-Shirt size: YOUTH- YS YM YL	ADULT- SM M L XL	2X 3X

We do not hold Almont Community Schools or camp staff responsible for any injuries that may occur at Almont Football Youth Camps. If there is an emergency, please contact the number below.

PARENT SIGNATURE

______ EMERGENCY NUMBER (____) _____

FOUR PROGRAMS A ONE FAMILY





ADULT SIZE 8-12 (ONE SIZE FITS MOST)

DEADLINE TO ORDER: JULY 10 MAKE CHECKS PAYABLE TO: <u>ALMONT FOOTBALL</u>

NAME _____

QUANTITY _____ TOTAL \$ _____



ROZA'S PIZZA OF ALMONT IS OFFERING AWAY GAME MEALS TO PLAYERS





If interested, return this form with <u>SEPARATE PAYMENT MADE TO ROZA'S</u> to Coach Leusby with other forms and payments by July 10th.

Player Name: _

Circle: VARSITY - \$40

HAM & CHEESE

JV - \$40

] TURKEY & CHEESE

MS - \$32

] ITALIAN



Make checks payable to: <u>ROZA'S</u>





PLEASE ORDER DIRECTLY FROM THE PRINT SHOP IN IMLAY CITY @ 810-721-7500

Contact Name:						
Contact Phone Number:						
Name:	BIG HEAD					
Player #:						
PLEASE ORDER DIRECTLY FROM	FOOTBALL					
THE PRINT SHOP IN IMLAY CITY						