

ALMONT FOOTBALL

FOUR PROGRAMS  ONE FAMILY

2020 SEASON VARSITY INFORMATION

INCLUDES:

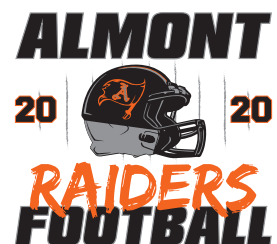
Cover Letter from Coach Leusby
Covid-19 Guidelines from MHSAA
Summer Schedule
Physical Questionnaire
FamilyID Information Sheet
Scrimmage/Picnic/Picture Day Schedule
Team Camp Form
Custom Mouthguard Information
Game Socks Order Form
Season DVD set Pre-Order Form
Program Book Ad Order Forms



ORDER ONLINE TODAY!

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

SEE ADDITIONAL FLYER



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

WWW.ALMONTFOOTBALL.COM

 Almont Raiders-Football |  @AlmontRaidersFB

 TEXT @almontfb to 81010

ALMONT FOOTBALL

Parents and Players,

Thank you for attending tonight's football program meet and greet. Tonight is all about getting the ball rolling on the 2020 season. Although we have so much uncertainty due to the Covid-19 pandemic, as a program we are planning on preparing as everything will be a go in the fall. If you have any program questions that you didn't get answered tonight, please contact Coach Leusby at almontfootballprogram@gmail.com or text/call 586-405-2715.

Due to the Covid- 19 restrictions we will not have our traditional parent meeting gathering due to maintaining social distancing. Instead, please read through this cover letter and your team packet for information about the upcoming season. The coaches are all here this evening to help answer any football questions you may have.

We are adhering to the MHSAA guidelines concerning Covid-19. We are required to take temperatures of players and ask them symptom related questions before practice (see attached form). These questions will be done through a QR Code system for an online survey. These answers will be stored daily in our records. Our schedules reflect this extra time required so we are not taking away from our on-field practices and training. MHSAA also is allowing players to use their 2019 school year sports physical for the 2020 season as long as it's dated after 4/15/2019. **YOU MUST FILL OUT THE ATTACHED QUESTIONNAIRE for 2020.** If you do not have a physical dated after April 15, 2019, you must get a new physical.

Please take note of any due dates/deadlines on the forms included in this packet. Here are a few of the important items:

- FamilyID completed before August 8 (see instruction letter for help). Players that do not have FamilyID done will be last to get their equipment on August 9.
- Camp forms mailed or turned in by July 16. (must be in my hand on July 16th)
- Physical questionnaire/or new physical due before August 8.
- Fan Gear Website will renew and stay open until July 31st (we can only post the store for 2 weeks at a time)
- Aug 20th Raider Card Blitz Night (Mandatory for all HS Players)
- Summer Workout Protocol

We are glad to be getting back into football mode, although the situation we are facing changes daily the strength of our program has always been to take adversity head on. We will adapt and overcome and be a better program because of it.

Coach Leusby

COVID-19 ASSUMPTION OF RESPONSIBILITY

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments have recommended various protective measures including wearing face masks where possible, frequent handwashing, use of hand sanitizer and social distancing. The Almont Community Schools have put in place preventative measures directed by the state government to reduce the spread of COVID-19; however, the Almont Community Schools cannot guarantee that your student-athlete will not become infected with COVID-19 while involved in extra circular activities. If a child contracts COVID-19 the child can have serious medical complications which could result in death and if a child is infected they can spread the COVID-19 virus to others which can result in other people, including family members, having serious medical complications which can result in death.

By signing this agreement, the undersigned parents of _____
(print students name)

request that our child be permitted to participate in the following sports programs at the Almont Community Schools:

(print the name of all sports that the student will participate in during 2020-2021)

The decision to have our child participate in the listed sports programs is our decision and our decision alone. We agree to and assume all risk of infection of the COVID-19 virus by our child arising out of our child participating in the listed sports programs and agree to indemnify and hold harmless the Almont Community Schools, its employees and Board members from any and all liability including claims for personal injury, sickness or death due to COVID-19 arising out of or relating to our child's participation in the listed sports programs.

Signatures of Parents or Legal Guardian

Date



MHSAA Return To Play Phases for Football

The return to football will be broken up into 3 Phases. Here is a quick outline of what each phase will look like for our program.

Phase 1: Cleared already- OUTDOORS ONLY

- At home conditioning and Individual workouts through PLT4M
- Students can not use the same equipment or ball without it being cleaned in between contact (no passing between two athletes)

Phase 2: June 15th (OUTDOORS ONLY) -***We are here!***

- Low risk practices and workouts allowed outside
- 7 on 7 vs air only (must maintain 6ft social distancing requirements)
- Helmets only. Balls can be shared among athletes but must be cleaned after use
- Weight room/indoor facilities closed until state gives us permission to open

Phase 3: Dates TBD

- Moderate risk practices and competitions allowed (7 vs 7 football)
- High Risk competition allowed when state regulations allow (Full Practice/Games)



Summer Workout

When on Campus

- When students are arriving at workouts, they must wait six feet apart.
- All coaches and students will be screened for signs/symptoms of COVID-19 prior to a workout. Screening includes a daily symptom questionnaire by QR Code. ***(Please download a QR Reader prior to July 8th)*** Coaches will take the player's temperature during daily attendance. *(if a player doesn't have a phone a written questionnaire will be provided each day)*
- Any person with positive symptoms reported will not be allowed to take part in workouts and should contact his or her primary care provider or other appropriate health-care professional.
- Any person who has had a fever or cold symptoms in the previous 24 hours should not be allowed to take part in workouts and should contact his or her primary care provider or other appropriate health-care professional.
- Hand sanitizer will be available, students, coaches, will be encouraged to use it often.
- Individuals should wash their hands for a minimum of 20 seconds with warm water and soap before touching any surfaces or participating in workouts.
- Locker rooms will not be available during this phase. Individuals should arrive dressed and prepared. Personal belongings should be kept in a car or kept 6 feet away from others.
- Face coverings should be worn if a player is not participating in aerobic or physical activity. Program will provide players with a "Raider gaiter", it will be made of cotton and not considered medical grade.
- **All students must bring their own water bottle. Water bottles must not be shared.**
- **When the weight room opens every player MUST have his own towel**
- Hydration stations (Water Trough/Horse.) will not be utilized. Make sure to bring enough water to last the entire practice.
- Workouts will be planned with a minimum distance of 6 feet between each individual at all times during social distancing restrictions
- There should be no shared athletic towels, clothing or shoes between students.
- Students and coaches will wash hands or use hand sanitizer after they have touched something another person recently touched.
- No spitting or snot rockets
- When students are leaving summer workouts they must adhere by the social distance requirements
- Students should shower and wash their workout clothing immediately upon returning to home

****It is important that we do our part as a program to lessen the spread of Covid-19, our season depends on it!!**

ALMONT FOOTBALL

2020 Important Dates for Almont High School Football (dates subject to change)
Coach Leusby 586-405-2715

Date	Time	Program	Description
April 24		New V players & Sophomores	New Player Jersey Deposit Due \$100
JUNE 16	PARENT/PLAYER/COACH MEET AND GREET @ 7:30-8:30 PM, FOOTBALL FIELD		
JUNE 11-JULY 7	SUMMER STARTS - GREAT TIME FOR FAMILY VACATION (WEIGHT ROOM WILL BE OPEN... CHECK SCHEDULE)		
JUNE 28-JULY 7	MHSAA SUMMER DEAD PERIOD - GREAT TIME FOR FAMILY VACATION		
July 8-31	**Monday-Friday – 8:15-10:45 am**	V/JV	**SUMMER TRAINING**
July 8, 9, 14, 20	10:45-11:30 am	V/JV	7on7 Skill Work
July 16, 23	10:45-11:30 am	V/JV	0-Lineman Work
July 15	6:00-9:00 pm (4:45-depart Almont HS)	V	7on7 @ Brandon HS
July 17	10:00 am-1:00 pm (9:15-depart Almont HS)	V	Lineman Challenge @ Stoney Creek HS
July TBA	TBA	V/JV	7on7 @ Romeo
July 21	6:00 pm	V	7on7 @ Port Huron North HS
July 28	6:00 pm	V	7on7 @ Almont HS
July 27-29	8:00am-NOON	JV	TEAM CAMP @ Almont HS
July 27-29	8:00am-NOON w/ Team Activities in PM	V	TEAM CAMP @ Almont HS
July 30	8:00am-NOON	V/JV	Lifting or Day 4 of camp
July 31	8:00am-NOON	V/JV	Lifting @ Almont HS/Testing (40s/shuttle)
AUGUST 1-8	MHSAA PRE-SEASON DOWN TIME - GREAT TIME FOR FAMILY VACATION		
August 9	6:00 pm	V/JV	Team Meeting/Equipment Handout/Team Building Activity
August 10-14, 17	7:30 am-12:30 pm	V/JV	Practice @ Almont HS
August 15	7:30 am-12:00 pm	V/JV	Pictures/Parent Pre-Season Meeting/Scrimmage/Luncheon
August 18-19	3:00-7:00 pm	V/JV	Practice @ Almont HS
August 20	8:00 am-3:00 pm – 11:00 am start time	V/JV	Scrimmage @ Clawson HS
August 20	5:00-9:00 pm	V/JV	Program Wide Fundraising (MANDATORY V/JV)
August 21	10:00 am-12:30 pm	V/JV	Practice @ Almont HS
August 24-26	TBA	V	School Starts/School Practice Times Start
August 24-26	3:15-6:15 pm	JV	Game Week Practice
August 27	6:00 pm	JV	Game One @ St. Mary's Catholic Central
August 28	7:00 pm	V	Season Opener v. St. Mary's Catholic Central
August 28	3:15-6:00 pm	JV	Practice
August 31-September 1	3:15-6:15 pm	JV	Practice
August 31-September 2	TBA	V	Practice
September 2 (Wednesday)	6:00 pm	JV	Game Two @ Yale
September 3 (Thursday)	7:00 pm	V	Game Two v. Yale
September 4	TBA	JV	Practice
September 4	9:00-11:00 am	V	Practice
September 7	TBA	JV	Labor Day Practice
September 7	6:00-9:30 pm	V	Labor Day Practice

June 2020

PROGRAM

O-Lineman

7on7

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
		7:30-8:30 Program Meet & Greet				
21	22	23	24	25	26	27
SUMMER BREAK — GREAT TIME FOR FAMILY VACATION-WEIGHT ROOM SCHEDULE TBD						
28	29	30				
SUMMER BREAK — GREAT TIME FOR FAMILY VACATION-WEIGHT ROOM SCHEDULE TBD						

July 2020

PROGRAM

O-Lineman

7on7

Sun Mon Tue Wed Thu Fri Sat

			1	2	3	4
SUMMER BREAK — GREAT TIME FOR FAMILY VACATION-WEIGHT ROOM SCHEDULE TBD						
5	6	7	8	9	10	11
			8:15-10:45am TRAINING	8:15-10:45am TRAINING	8:15-10:45am TRAINING	
			10:45-11:30am 7on7 PRACTICE	10:45-11:30am 7on7 PRACTICE		
12	13	14	15	16	17	18
	8:15-10:45am TRAINING	8:15-10:45am TRAINING	8:15-10:45am TRAINING	8:15-10:45am TRAINING	8:15-10:45am TRAINING	
		10:45-11:30am 7on7 PRACTICE	4:45-9pm 7on7 @Brandon	10:45-11:30am O-LINE WORK	9:15am-1pm Lineman @ Stoney Creek	
19	20	21	22	23	24	25
	8:15-10:45am TRAINING	8:15-10:45am TRAINING	8:15-10:45am TRAINING	8:15-10:45am TRAINING	8:15-10:45am TRAINING	
	10:45-11:30am 7on7 PRACTICE	4:45-9pm 7on7@Port Huron		10:45-11:30am O-LINE WORK		
26	27	28	29	30	31	
	8:00am-Noon TEAM CAMP	8:00am-Noon TEAM CAMP	8:00am-Noon TEAM CAMP	8:15-10:45am TRAINING	8:15-10:45am TRAINING	
	VARSITY AFTERNOON ACTIVITY AFTER CAMP					
		6:00-9pm 7on7 @ Almont				

August 2020

PROGRAM

O-Lineman

7on7

Sun Mon Tue Wed Thu Fri Sat

						1
2	3	4	5	6	7	8
MHSAA DOWN TIME — GREAT TIME FOR FAMILY VACATION						
						DUE DATE TO BE REGISTERED IN Family ID
9	10	11	12	13	14	15
6:00pm EQUIPMENT HANDOUT **MUST BE REGISTERED IN FamilyID**	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 MEETING
16	17	18	19	20	21	22
	7:30a-12:30p PRACTICE	3:00-7:00pm PRACTICE	3:00-7:00pm PRACTICE	8:00am-3:00pm SCRIMMAGE @ CLAWSON 5:00-9:00pm FUNDRAISER MANDATORY	10:00a-12:30pm PRACTICE	
23	24	25	26	27	28	29
	SCHOOL STARTS — PRACTICE TIMES TO BE DETERMINED					
				6:00pm JV GAME	7:00pm VARSITY GAME	
30	31					
	SCHOOL STARTS — PRACTICE TIMES TO BE DETERMINED					

September 2020

PROGRAM

O-Lineman

7on7

Sun Mon Tue Wed Thu Fri Sat

		1	2	3	4	5
	SCHOOL STARTS — PRACTICE TIMES TO BE DETERMINED					
			6:00pm JV GAME	7:00pm VARSITY GAME	9-11:00am VAR-PRACTICE	
6	7	8	9	10	11	12
	6:30-9:30pm VAR-PRACTICE					
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

2020-21 MHSAA SPORTS HEALTH QUESTIONNAIRE



Date ____/____/____

Name _____

Age _____

Birth Date ____/____/____

Grade _____ School _____ Sport(s) _____

Address _____

Phone _____ Date of Last Sports Qualifying Physical Exam ____/____/____

Check Yes or No for each question.

Since your last complete Sports Qualifying Physical Exam with your physician, **HAVE YOU HAD ANY OF THE FOLLOWING?**

	YES	NO
1. Has a doctor ever restricted or denied your participation in sports for any reason without clearing you to return to sports?	___	___
2. Do you have a heart condition or has a doctor ever told you that you had an abnormal heart test (e.g., ECG, echocardiogram)?	___	___
3. In the last year, have you ever passed out or nearly passed out during or after exercise?	___	___
4. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise?	___	___
5. In the last year, did your heart race, flutter in your chest or skip beats (irregular beats) during exercise?	___	___
6. In the last year, did you get light-headed or feel more short of breath than expected during exercise?	___	___
7. In the last year, have you had an unexplained seizure?	___	___
8. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason?	___	___
9. In the last year, has any family member or relative died of heart problems or had an unexpected or unexplained sudden death <u>before age 35</u> (including an unexplained drowning or an unexplained car accident)?	___	___
10. In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning?	___	___
11. In the last year, has anyone in your immediate family been diagnosed with a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	___	___
12. In the last year, has anyone in your immediate family <u>before age 35</u> had a heart problem, pacemaker, or implanted defibrillator?	___	___
13. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems?	___	___
14. In the last year, has a doctor restricted or denied your participation in sport due to a serious injury or medical condition without clearing you to return to sports?	___	___

Parents or Legal Guardians: Please note below any health concerns, medications, or allergies that may be important for the coaches and/or athletic director to know (attach additional notes if space below does not allow for complete comments). Schools may require a student to have a valid physical exam at their discretion.

I do not know of any existing physical or additional health reasons that would preclude participation in sports.
I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities.

Parent or Guardian or 18-Year-Old Signature _____

Student Signature _____

Date _____

FOR ATHLETIC DIRECTOR USE: A YES answer to any of the above questions requires a physical exam from a MD, DO, NP, PA prior to participation.

___ INFORMATION IS COMPLETE

___ STUDENT REQUIRES FOLLOW-UP

Reference: Preparticipation Physical Evaluation (Fifth Edition): AAFP, AAP, ACSM, AMSSM, AOSSM, AOASM; AAP, 2019

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

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18 YEAR OLD

Student: _____ Grade: _____ Doctor: _____ Phone: (____) _____

IN EMERGENCY (1): _____ Home #: (____) _____ Cell #: (____) _____

IN EMERGENCY (2): _____ Home #: (____) _____ Cell #: (____) _____

Drug Reactions: _____ Current Medications: _____

Allergies: _____



MHSAA SPORTS HEALTH QUESTIONNAIRE - 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

Student Name: _____
last first middle initial

Student Address: _____
street city zip

Gender: ___ M ___ F Age: ___ Date of Birth: _____ Place of Birth (City/State): _____

School: _____ Grade: _____

Father/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Mother/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 health 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: _____

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 **before** 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 www.almontschools.org 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 First 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 (spam, 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 www.familyid.com 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.

2020 SEASON PICTURE DAY, SUMMER SCRIMMAGE & PICNIC

Saturday, August 15

- 7:30** JV Players arrive, dressed and ready
- 7:45** JV Team & Individual Pictures
- 8:00** Varsity Players arrive, dressed and ready
- 8:30** Varsity Team & Individual Pictures
- 9:00** Official Program Headshots JV&V (inside)
- 9:30-10:00** Team warm-ups
- 10:00-11:00** Scrimmage
- 11:00** Parent Meeting
Family Picnic IF GUIDELINES ALLOW

This event will be held **RAIN OR SHINE!**
The parent meeting and picnic will be in the
high school cafeteria, IF GUIDELINES ALLOW

ALMONT FOOTBALL

1977, 1996, 1998, 2006, 2007, 2008, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018 & 2019 MHSAA Playoff Qualifiers

2006, 2007, 2008, 2010, 2014, 2018 & 2019 Blue Water Area Conference (BWAC) Champions

2008, 2011, 2014 & 2019 MHSAA Division 5 District Champions

2011, 2014 & 2019 MHSAA Division 5 Regional Champions

2011, 2014 & 2019 MHSAA Division 5 State Semifinals Champions

2019 MHSAA Division 5 State Championship Finalist

Deadline for
pre-registration
and t-shirts
July 17

2020 SUMMER FOOTBALL CAMPS

FR/JV Camp

* July 27-29 - 8:00-11:30 AM *

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

Investment: \$40

Varsity Technique Camp

* July 27-29 - 8:00-11:30 AM *

With Team Activity Schedule to follow.

Investment: \$100

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 & Former 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 17.** 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 the reason for your son not attending camp.

MAKE CHECKS PAYABLE TO: ALMONT FOOTBALL

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

PLAYER'S NAME _____ AGE _____ GRADE('20-'21) _____

ADDRESS _____ CITY _____ ZIP _____

CONTACT NUMBER (____) _____ PARENTS NAME(S) _____

PARENT EMAIL _____

Shirt size: YOUTH- 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  ONE FAMILY

THE LANDING ZONE PAINTBALL FIELD

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT (“AGREEMENT”)

This document affects your legal rights. Please read it before signing it.

I, the below named person being eighteen or older in age, or the legal guardian of the person named below who is under 18, in consideration of the facilities, services, equipment and activities offered by The Landing Zone Paintball Field, its owners, partners, successors, assigns, employees, and agents (Releasees) I hereby acknowledge, agree, promise and covenant on behalf of myself, my heirs, assigns, personal representatives and estate as follows:

ACKNOWLEDGMENT OF RISKS: I UNDERSTAND AND ACKNOWLEDGE that participation in the activities and use of the premises, facilities, equipment and services offered by Releasees bear certain **known risks and unanticipated risks** which could result in INJURY, DEATH, ILLNESS OR DISEASE, PHYSICAL OR MENTAL, OR DAMAGE to myself, to the minor identified below, or my property. **I understand and acknowledge those risks** may result in personal claims against Releasees, or claims against me by spectators or other third parties. These risks include but in no way are limited to the following:

(1) The risks involved in use of the premises, facilities, equipment and services offered by Releasees; (1) the acts, omissions or negligence in any degree of Releasees; (3) latent or apparent defects or conditions in equipment, property or the facilities provided by Releasees or their agents or employees; (4) my own physical condition, or my own acts or omissions; (5) rescue, first aid, emergency treatment or services rendered or failed to be rendered by Releasees, or their agents or employees.

I UNDERSTAND AND ACKNOWLEDGE that the above list is not complete or exhaustive, and that other risks, known or unknown, identified or unidentified, **anticipated or unanticipated** may also result in injury, death, illness, disease, or damage **to myself , the minor identified below, or to my property.**

ACCEPTANCE OF RISK AND RESPONSIBILITY: I VOLUNTARILY AGREE, COVENANT AND PROMISE TO ACCEPT AND ASSUME ALL RESPONSIBILITIES, AND RISK FOR INJURY, DEATH, ILLNESS OR DISEASE OR DAMAGE to myself, the minor identified below, or to my property arising from my use of the premises, facilities, equipment and services offered by Releasees.

RELEASE: I, FOR MYSELF AND THE MINOR IDENTIFIED BELOW, VOLUNTARILY RELEASE AND FOREVER DISCHARGE AND COVENANT NOT TO SUE Releasees and their agents or employees, and all other persons or entities affiliated therewith, from any and all liability, claims, demands, actions or rights or action, which are related to, arise out of, or are in any way connected with my use of the premises, facilities, equipment and services offered by Releasees, **including, but specifically not limited to any and all negligence or fault of Releasees and their agents or employees, whether involved in an activity or not.** I FURTHER AGREE, PROMISE AND COVENANT, ON BEHALF OF MYSELF AND THE MINOR IDENTIFIED BELOW, TO HOLD HARMLESS AND TO INDEMNIFY Releasees and their agents or employees, and all other persons or entities **from all defense costs, including attorney's fees, or from any other costs incurred in connection with claims for bodily injury, wrongful death or property damage brought by me or on my behalf.** I release Landing Zone Paintball, LLC to use any pictures and/or video footage portraying me at their facility to be used for promotional and/or commercial use.

I FURTHER ACKNOWLEDGE that I am in the best position to determine my physical ability or the physical ability of the minor identified below to participate in the activities contemplated in this agreement, and acknowledge that I am in good physical and mental health, and not suffering from any condition, disease or disablement which would or could potentially affect participation in the activity.

My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms.

Printed name of Participant	Date
-----------------------------	------

Signature of Participant	Address
--------------------------	---------

Email Address	City	State	Zip
---------------	------	-------	-----

Signature of Parent or Guardian of Minor Participant (Under 18 years of age)
--

Emergency Phone Number	Participant's Date of Birth
------------------------	-----------------------------

*Dr. Jay Vanderest
Dr. Lois Meek
106 S. Main St.
Almont, MI 48003
(810)798-3941*

Custom Mouthguard Information 2020

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, July 24th starting at 9:00_{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 July 24th please contact our office by July 10th 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 FOOTBALL

Exact styles may vary slightly

\$15



DEADLINE TO ORDER: JULY 17
MAKE CHECKS PAYABLE TO: ALMONT FOOTBALL

NAME _____

SOCKS

QUANTITY _____

TOTAL \$ _____

CIRCLE SIZE: ADULT SIZE 8-12

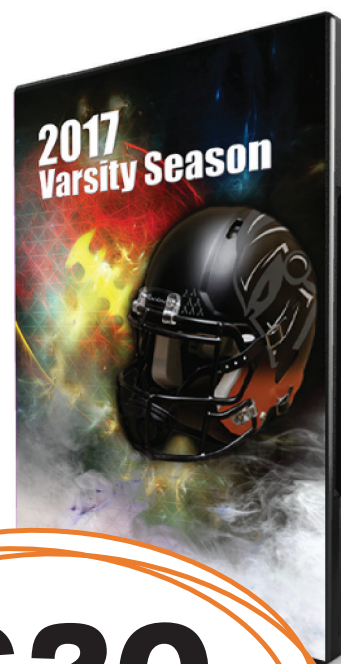
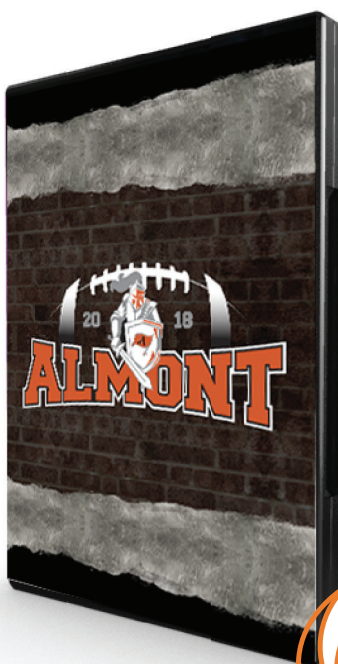
XL-ADULT SIZE 13-14

FOUR PROGRAMS  ONE FAMILY

ALMONT FOOTBALL

2020 VARSITY SEASON DVDs FOR SALE

PLACE ORDERS BY AUGUST 26, 2020



\$20

****DISCLAIMER:** The volunteer video staff will do their best to record all nine regular season games. They are not responsible for incomplete games or missing game plays on the DVD set.

MAKE CHECKS PAYABLE TO: ALMONT FOOTBALL

Return this form with payment to Coach Leusby by August 26, 2020.

☐ **YES! I want to purchase the 2020 Varsity Season on DVD.**

NAME _____

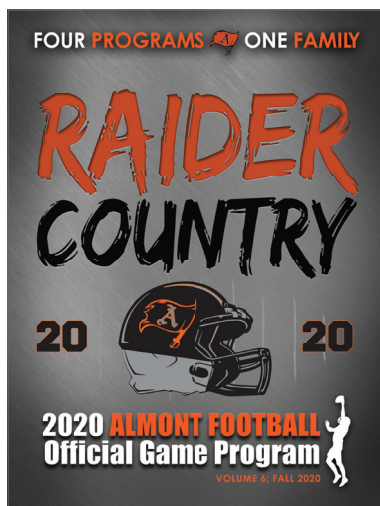
CONTACT NUMBER (____) _____ NUMBER OF COPIES _____

ALMONT FOOTBALL

2020 ALMONT FOOTBALL OFFICIAL GAME PROGRAM

PERSONAL AD

Thank you for supporting your football player, cheerleader, dancer or band member in the Annual Raider Country Game Program.



Your Name _____

Contact Number _____

Ad text _____

Ad Size _____

Deadline for
ad placement is
August 17

CONTACT INFORMATION

Andrea Kruse
(810) 614-8035
kruse.andrea@icloud.com

Email artwork to kruse.andrea@icloud.com
If needed, artwork can be designed for you.
Make checks payable to "Almont Football"

AD SPECS

1/8 page ad – \$10
1/4 page ad – \$25
1/2 page ad – \$50

1/8 page ad – 3.675 x 2.375
1/4 page ad – 3.675 x 4.875
1/2 page ad – 7.5 x 5

1/8 page ad	1/4 page ad
1/8 page ad	
1/2 page ad	

CIRCLE ONE

Football - V JV MS Y

Cheer - V JV MS Y

Dance

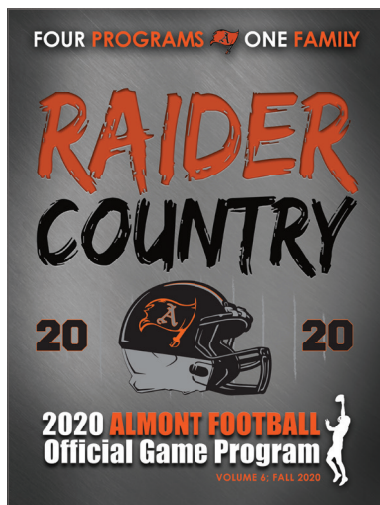
Band

ALMONT FOOTBALL

2020 ALMONT FOOTBALL OFFICIAL GAME PROGRAM

BUSINESS AD

Thank you for supporting the Annual Raider Country Game Program.



Business Name _____

Contact Name _____

Contact Number _____

Ad Details _____

Ad Size _____

Deadline for
ad placement is
August 17

CONTACT INFORMATION

Andrea Kruse

(810) 614-8035

kruse.andrea@icloud.com

Email artwork to kruse.andrea@icloud.com

If needed, artwork can be designed for you.

Make checks payable to "Almont Football"

AD SPECS

1/8 page ad – \$25

1/4 page ad – \$50

1/2 page ad – \$75

Full page ad – \$175

Call for availability on Cover ads

Inside Front Cover ad – \$275

Inside Back Cover ad – \$275

Back Cover ad – \$325

Full page ad	1/8 page ad	1/4 page ad
	1/8 page ad	
	1/2 page ad	