

ALMONT FOOTBALL

FOUR PROGRAMS  ONE FAMILY

JV INFORMATION 2025 SEASON

INCLUDES:

Summer Training Schedule
GAME Schedule
Noteworthy Events
FamilyID Information Sheet
Custom Mouthguard Information
COLLEGE PROSPECT CAMP INFO
Team Camp Form
MHSAA Physical Form
Game Socks Order Form
Away Game Meal 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

June 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
7 PM PROGRAM MEET & GREET	SUMMER BREAK — GREAT TIME FOR FAMILY VACATION					
	WEIGHT ROOM OPEN 10-11 AM	WEIGHT ROOM OPEN 10-11 AM 4-5 PM	WEIGHT ROOM OPEN 10-11 AM	WEIGHT ROOM OPEN 11 AM-12 PM 4-5 PM		
15	16	17	18	19	20	21
SUMMER BREAK — GREAT TIME FOR FAMILY VACATION						
	WEIGHT ROOM OPEN 10-11 AM	WEIGHT ROOM OPEN 11 AM-12 PM 4-5 PM	WEIGHT ROOM OPEN 10-11 AM	WEIGHT ROOM OPEN 11 AM-12 PM 4-5 PM		
22	23	24	25	26	27	28
SUMMER BREAK — GREAT TIME FOR FAMILY VACATION						
	WEIGHT ROOM OPEN 10-11 AM	WEIGHT ROOM OPEN 11 AM-12 PM 4-5 PM	WEIGHT ROOM OPEN 10-11 AM	WEIGHT ROOM OPEN 11 AM-12 PM 4-5 PM		
29	30					
MHSAA DEAD WEEK — GREAT TIME FOR FAMILY VACATION						

July 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
MHSAA DEAD WEEK — GREAT TIME FOR FAMILY VACATION						
6	7	8	9	10	11	12
	8:30-10:30 TRAINING	8:30-10:30 TRAINING	8:30-10:30 TRAINING	8:30-10:30 TRAINING	8:30-10:30 TRAINING	
	10:30-NOON 7on7 PRACTICE	10:30-NOON 7on7 PRACTICE	6:00 pm VAR 7on7 @ BRANDON	10:30-NOON TEAM MINI CAMP		
13	14	15	16	17	18	19
	8:30-10:30 TRAINING	8:30-10:30 TRAINING	8:30-10:30 TRAINING	8:30-10:30 TRAINING	8:30-10:30 TRAINING	
	10:30-NOON 7on7 PRACTICE	5:30 pm VAR 7on7 @ ROMEO		10:30-NOON TEAM MINI CAMP		
20	21	22	23	24	25	26
	8:30-10:30 TRAINING	8:30-10:30 TRAINING	8:30-10:30 TRAINING	8:30-10:30 TRAINING	8:30-10:30 TRAINING	
	10:30-NOON 7on7 PRACTICE		6:00 pm 7on7 v. ST CLAIR @ ALMONT JV & VAR	10:30-NOON TEAM MINI CAMP		
27	28	29	30	31		
	8:30-11:30 CAMP	8:30-11:30 CAMP	8:30-11:30 CAMP	8:30-10:30 TESTING	8:30-10:30 TESTING	
	NOON-? VAR ACTIVITY	6:00 pm 7on7 v. LN @ ALMONT JV & VAR	NOON-? VAR ACTIVITY			

*AS OF 06/02/2025

August 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 8:30-10:30 TESTING	2
3	4	5	6	7	8	9
MHSAA DOWN WEEK — GREAT TIME FOR FAMILY VACATION						
						DUE DATE FAMILY ID AND PHYSICALS
10	11	12	13	14	15	16
6:00 PM EQUIPMENT HANDOUT - MUST HAVE PHYSICAL	7:30-12:30 PRACTICE	7:30-12:30 PRACTICE	7:30-12:30 PRACTICE	7:30-12:30 PRACTICE	7:30-12:30 PRACTICE	7:30-NOON PICTURES/ SCRIMMAGE/ PARENT MEETING MANDATORY
17	18	19	20	21	22	23
	7:30-12:30 PRACTICE	7:30-12:30 PRACTICE	TBD TEACHER PD	SCRIMMAGE @ MILLINGTON JV-4:00 PM VAR-6:00 PM	TBD PRACTICE	
			5:00-9:00 PM FUNDRAISER MANDATORY			
24	25	26	27	28	29	30
	PRACTICE TIMES TBD — BASED ON SCHOOL HOURS					
31	SEPT 1ST 7-9PM V - PRACTICE TBD JV - PRACTICE					

*AS OF 06/02/2025

ALMONT FOOTBALL

1977, 1996, 1998, 2006, 2007, 2008, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023 & 2024 MHSAA Playoff Qualifiers
 2006, 2007, 2008, 2010, 2014, 2018, 2019, 2023 & 2024 Blue Water Area Conference (BWAC) Champions
 2008, 2011, 2014 & 2019 MHSAA Division 5 District Champions; 2023 MHSAA Division 6 District Champions
 2011, 2014 & 2019 MHSAA Division 5 Regional Champions; 2023 MHSAA Division 6 Regional Champions
 2011 & 2014 MHSAA Division 5 State Semi-Finalists; 2019 MHSAA Division 5 State Semi-Finals Champions; 2023 MHSAA Division 6 State Semi-Finals Champions
 2019 MHSAA Division 5 State Championship Finalist
 2023 MHSAA Division 6 State Championship Finalist

JV GAME SCHEDULE

Date	Event	Type	Start Time	Location	Depart
Thu Aug 28	MARYSVILLE HIGH SCHOOL	SG	4:30 PM	Almont High School	Home
Thu Sep 4	IMLAY CITY HIGH SCHOOL	SG	6:00 PM	IMLAY CITY HIGH SCHOOL	Away
Thu Sep 11	YALE SENIOR HIGH SCHOOL	SG	6:00 PM	Almont Jr Sr High School	Home
Thu Sep 18	ALGONAC HIGH SCHOOL	SG	6:00 PM	Almont Jr Sr High School	Home
Thu Sep 25	CROSWELL-LEXINGTON HIGH SCHOOL	SG	6:00 PM	CROSWELL-LEXINGTON HIGH SCHOOL	Away
Thu Oct 2	ARMADA AREA HIGH SCHOOL	SG	6:00 PM	ARMADA AREA HIGH SCHOOL	Away
Thu Oct 9	RICHMOND COMMUNITY HIGH SCHOOL	SG	6:00 PM	Almont Jr Sr High School	Home
Thu Oct 16	NORTH BRANCH HIGH SCHOOL	SG	6:00 PM	Almont Jr Sr High School	Home
Thu Oct 23	Detroit Osborne	SG	4:30 PM	Detroit Osborne	Away

ATHLETIC DIRECTOR/DEAN OF STUDENTS

Zach Zimmerman

✉ ZZIMMERMAN@ALMONTSCHOOLS.ORG

☎ (810) 673-9203

ATHLETIC/DEAN OF STUDENTS SECRETARY

Debbie Lemon

✉ DLEMON@ALMONTSCHOOLS.ORG

☎ (810) 798-9201

REVISED 03/13/2025

ALMONT FOOTBALL

FOUR PROGRAMS  ONE FAMILY

NOTEWORTHY EVENTS

SPORT PHYSICAL

Get New Physical **Before August 10th**
(Recommended by July 7th, *Must be dated after April 15th, 2025)

WEIGHT ROOM

Check summer schedule for times.

SUMMER TRAINING

Summer Training begins **July 7th**

EQUIPMENT HANDOUT

MANDATORY — August 10th, 6:00pm

Must be registered in Family ID & have physical on file!

PICTURE DAY/SCRIMMAGE

MANDATORY — August 16th

Picture Day/Program Scrimmage/Parent Meeting

RAIDER CARD FUNDRAISING NIGHT

MANDATORY — August 20th, 5:00-9:00pm

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

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.

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

Custom Mouthguard Information 2025

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 27th 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 27th please contact our office by June 20th 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 \$40.00 (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.

2025 Prospect Camps



Cost: \$42.10
Dates: June 2, 4, 9, 11, & 16.



Cost: \$65
Dates: May 17; June 8, 19, 26; July 10



Cost: \$74
Dates: June 8 & 15



Cost: \$132.50
Dates: May 31 & June 1
National Showcase



Cost: \$65
Dates: June 4 & 13



Cost: \$40
Dates: May 17; June 23; July 11;
June 16 @ Northview HS



Cost: \$65
Dates: June 4 & 13



Cost: \$41.25
Dates: June 18 & 25



Cost: \$50
Dates: April 27, May 17, June 8 & 15



Cost: \$44
Dates: June 13 & 21



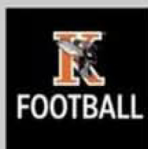
Cost: \$50
Dates: May 22, June 5 & 19 @ FSU
June 11 @ Rockford



Cost: \$55
Dates: July 9 & 13



Cost: \$60
Dates: June 22 & 26
July 11



Cost: \$45
Dates: May 18



Cost: \$60
Date: June 8 @ Walled Lake HS
June 25 @ MTU



Cost: \$35
Dates: June 17



Cost: \$50
Dates: May 18; June 16 & 22
July 20

FOR A LIST OF MORE CAMPS SCAN HERE



Cost: \$50
Dates: May 18 & June 25





ALMONT **JUNIOR VARSITY** FOOTBALL CAMP

**** July 28 - 30, 2025 - 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 11**

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 11.** 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 2025) _____
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 (____) _____



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

Student Name: _____ Date of Birth: _____

Doctor: _____ Doctor's Phone: _____ Date of Exam: _____

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

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

EXAMINATION: Height: _____ Weight: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female BP: _____ / _____ Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> 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 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

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 or 18-YEAR-OLD

<input type="checkbox"/>	Student: _____	Grade: _____	Doctor: _____	Phone: (____) _____
<input type="checkbox"/>	IN EMERGENCY (1): _____	Home #: (____) _____	Cell #: (____) _____	
<input type="checkbox"/>	IN EMERGENCY (2): _____	Home #: (____) _____	Cell #: (____) _____	
<input type="checkbox"/>	Drug Reactions: _____	Current Medications: _____		
<input type="checkbox"/>	Allergies: _____			



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  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

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

School: _____ Circle Grade: **6 7 8 9 10 11 12**

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.

 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: ☐ 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.

 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.

 Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ Date: _____

ALMONT FOOTBALL

Exact styles may vary slightly

\$15

each
pair



ADULT SIZE 8-12 (ONE SIZE FITS MOST)

DEADLINE TO ORDER: JULY 11

MAKE CHECKS PAYABLE TO: ALMONT FOOTBALL

NAME _____

QUANTITY _____ TOTAL \$ _____

FOUR PROGRAMS  ONE FAMILY

ROZA'S PIZZA of ALMONT

IS OFFERING AWAY GAME MEALS TO PLAYERS



**We Are Proud
Sponsors of
Almont Athletics!**

**EACH \$10 MEAL
INCLUDES:
SUB, CHIPS, WATER
& A COOKIE**

If interested, return this form with SEPARATE PAYMENT MADE TO ROZA'S
to Coach Leusby with other forms and payments by July 11th.

Player Name: _____

Circle: **VARSITY - \$40**

JV - \$40

MS - \$30

☐ HAM & CHEESE

☐ TURKEY & CHEESE

☐ ITALIAN

**DUE
July 11**

Make checks payable to: ROZA'S