

# ALMONT FOOTBALL

FOUR PROGRAMS  ONE FAMILY

## MS INFORMATION 2025 SEASON

### INCLUDES:

Information from Coach Loomis  
REMIND Team Schedule  
Information for MS Team  
GAME Schedule  
FamilyID Information Sheet  
Custom Mouthguard Information  
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

# ALMONT MIDDLE SCHOOL FOOTBALL INFO SHEET

**COACHES:** Head Coach: Chris Loomis (C: 586-215-0783 E: [cloomis@combine.com](mailto:cloomis@combine.com))

**Assistant Coaches:** Anthony Medley - Brandon Gable - Kenny Stott - Jack Bowers

**TEAM MOM:** **TBD** – Remind Admin, Event Coordinator, Executive Administrator. If she asks, please comply.

**PROGRAM GOALS/FOCUS:** HAVE FUN WHILE DEVELOPING AS A CITIZEN, STUDENT & PLAYER.

## REQUIREMENT CHECKLIST BY DATE:

- \_\_\_ **FAMILY ID:** Register your player for MS Football on FamilyID as soon as possible.
- \_\_\_ **REMIND:** Join 2025 AMS Football REMIND as soon as possible (*See REMIND instruction sheet within the packet*).
- \_\_\_ **CAMP REGISTRATION:** Submit MS Football Camp Registration Form and \$\$ to Coach Leusby by **July 9-ish**.
- \_\_\_ **PAY TO PAY REGISTERTION FEE:** Pay \$100 Registration Fee by no later than Equipment Handout on **August 11**.
- \_\_\_ **SOCK ORDER:** Submit Sock Order Form (\$3) by no later than **August 11**.
- \_\_\_ **FUNDRAISER:** Submit Fundraiser Form and \$\$ by no later than **August 11**.
- \_\_\_ **MHSAA SPORTS PHYSICAL:** Upload COMPLETED Player Physical Form (*dated after April 15, 2025*) to FamilyID by no later than **August 18**.

**SCHEDULE:** REVIEW KEY DATE CALENDAR PROVIDED IN THIS PACKET. **ALL DATES/TIMES ARE SUBJECT TO CHANGE**, BUT THIS SHOULD GIVE YOU A GOOD IDEA OF THE SCHEDULE FOR THE ENTIRE SEASON.

**ATTENDANCE:** Summer Sessions: Generally, within the 6-8pm Time Window. Most will be broken into position groups (i.e. 6-7/7-8) others will be with entire team 6-8pm. NOTE: These are absolutely VOLUNTARY sessions. Attendance is NOT required to be a member of this team. HOWEVER, we only have 12 official practices before our first game. So, these summer sessions will be used to teach and rep key fundamental techniques AND to install schemes and systems. BENEFIT: Participation will count towards order for equipment handout. Meaning, the more a player participates, the closer to the front of the line he is when equipment is handed out on August 11.

**WATER, WATER, WATER:** Even over Gatorade. **Any form of energy drink** (Monster, Red Bull, etc.) are not healthy options for young athletes and **will not be allowed in the locker room or on the field**.

**EQUIPMENT HANDOUT ON AUGUST 11:** Players will be assigned a locker in the MS locker room where they will keep their football equipment during the season. For this, the following will be needed:

- 1) All players will need to bring **sanitary wipes & disinfectant spray** to keep in their locker.
- 2) They will bring in their own **combination lock (no keys!)**.
- 3) Game jersey, practice jersey and pants will all be taken home AT LEAST ONCE PER WEEK for washing.

**PROVIDED EQUIPMENT:** Helmet, chin strap, shoulder pads, 1 reversible game jersey, 1 practice jersey and pair of pants. This equipment will have to be cleaned and returned at the end of the season. **ADDITIONAL REQUIRED EQUIPMENT:** Orange Socks (\$3, Team Order), Mouthguards, Athletic Supporter w/ Cup, Cleats.

**THANK YOU FOR YOUR TIME AND SUPPORT. OUR ENTIRE COACHING STAFF IS LOOKING FORWARD TO WORKING WITH YOUR ATHLETES TO BE THE BEST CITIZENS, STUDENTS & PLAYERS THEY CAN BE.**



# Sign up for important updates from Chris Loomis.

Get information for **2025 AMS Football** right on your phone—not on handouts.

Pick a way to receive messages for **2025 AMS Football**:

**A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

[rmd.at/2025amsfb](https://rmd.at/2025amsfb)

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.

The image shows a smartphone screen with the Remind app interface. At the top, there's a header with the Remind logo and the URL 'rmd.at/2025amsfb'. Below this, the title 'Join 2025 AMS Football' is displayed. There are two input fields: 'Full Name' with a placeholder 'First and Last Name', and 'Phone Number or Email Address' with a placeholder '(555) 555-5555'.

**B** If you don't have a smartphone, get text notifications.

Text the message **@2025amsfb** to the number **81010**.

If you're having trouble with **81010**, try texting **@2025amsfb** to **(415) 749-9889**.

*\* Standard text message rates apply.*

The image shows a smartphone screen with a text message conversation. The 'To' field is filled with '81010'. The 'Message' field contains '@2025amsfb'.

Don't have a mobile phone? Go to [rmd.at/2025amsfb](https://rmd.at/2025amsfb) on a desktop computer to sign up for email notifications.

TENTATIVE 2025 ALMONT MS FOOTBALL CALENDAR

JUNE

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
PROGRAM MEETING			PLAYER TESTING & EVALUATION			
15	16	17	18	19	20	21
		TEAM DAY 1 Session 1 (5:45-7p) Session 2 (6:45-8p)	TEAM DAY 2 Session 1 (5:45-7p) Session 2 (6:45-8p)			
22	23	24	25	26	27	28
		TEAM DAY 3 Session 1 (5:45-7p) Session 2 (6:45-8p)	TEAM DAY 4 Session 1 (5:45-7p) Session 2 (6:45-8p)			
29	30					
MHSAA Down Period	MHSAA Down Period					

JULY

S	M	T	W	T	F	S
		1	2	3	4	5
		MHSAA Down Period	MHSAA Down Period	MHSAA Down Period	MHSAA Down Period	MHSAA Down Period
6	7	8	9	10	11	12
		TEAM DAY 5 Session 1 (5:45-7p) Session 2 (6:45-8p)	CONFLICT	TEAM DAY 6 FULL TEAM (6-8p)		
13	14	15	16	17	18	19
	TEAM DAY 7 Session 1 (5:45-7p) Session 2 (6:45-8p)	CONFLICT	TEAM DAY 8 Session 1 (5:45-7p) Session 2 (6:45-8p)			
20	21	22	23	24	25	26
		TEAM DAY 9 Session 1 (5:45-7p) Session 2 (6:45-8p)	CONFLICT	TEAM DAY 10 Session 1 (5:45-7p) Session 2 (6:45-8p)		
27	28	29	30	31		
	TEAM DAY 11 MS FR CAMP (6-8p)	TEAM DAY 12 MS FR CAMP (6-8p)	TEAM DAY 13 MS FR CAMP (6-8p)	TEAM DAY 14 MS FR CAMP (6-8p)		

AUGUST

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
MHSAA Down Period	MHSAA Down Period	MHSAA Down Period	MHSAA Down Period	MHSAA Down Period	MHSAA Down Period	MHSAA Down Period
10	11	12	13	14	15	16
	Equipment Handout, Lockerroom Setup, Parent Mtg. (5-7:15p)	Small Groups (Total Scheduled) 6-8p	Small Groups (Total Scheduled) 6-8p	Small Groups (Total Scheduled) 6-8p	Small Groups (Total Scheduled) 6-8p	
17	18	19	20	21	22	23
	FIRST MS FOOTBALL PRACTICE 6:00-8:00	TEAM PICTURES 3PM PRACTICE follows to 8:00p	PRACTICE 6:00-8:00p	PRACTICE 6:00-8:00p	PRACTICE 6:00-8:00p	
24	25	26	27	28	29	30
	PRACTICE 5:30-7:30p	PRACTICE 5:30-7:30p	PRACTICE 5:30-7:30p	PRACTICE 3:00-5:00p	NO PRACTICE EMPTY LABOR DAY!	
31						

SEPTEMBER

S	M	T	W	T	F	S
	1	2	3	4	5	6
	PRACTICE 6:00-8:00p	PRACTICE 5:30-7:30p	PRACTICE 5:30-7:30p	GAME DAY @ INLAY CITY	PRACTICE 4:00-6:00p	
7	8	9	10	11	12	13
	PRACTICE 5:30-7:30p	PRACTICE 5:30-7:30p	PRACTICE 5:30-7:30p	GAME DAY vs YALE	FILM & CONDITION 3:00-4:30p	
14	15	16	17	18	19	20
	PRACTICE 5:30-7:30p	PRACTICE 5:30-7:30p	PRACTICE 5:30-7:30p	GAME DAY vs ALGONAC	FILM & CONDITION 3:00-4:30p	
21	22	23	24	25	26	27
	PRACTICE 5:30-7:30p	PRACTICE 5:30-7:30p	PRACTICE 5:30-7:30p	GAME DAY @ GROS-LEX	FILM & CONDITION 3:00-4:30p	
28	29	30				
	PRACTICE 5:30-7:30p	PRACTICE 5:30-7:30p				

OCTOBER

S	M	T	W	T	F	S
			1	2	3	4
			PRACTICE 5:30-7:30p	GAME DAY @ ARRIADA	FILM & CONDITION 3:00-4:30p	
5	6	7	8	9	10	11
	PRACTICE 5:30-7:30p	PRACTICE 5:30-7:30p	PRACTICE 5:30-7:30p	GAME DAY vs RICHMOND	FILM & CONDITION 3:00-4:30p	
12	13	14	15	16	17	18
	PRACTICE 5:30-7:30p	PRACTICE 5:30-7:30p	PRACTICE 5:30-7:30p	GAME DAY vs NORTH BRANCH	FILM & CONDITION 3:00-4:30p	
19	20	21	22	23	24	25
26	27	28	29	30	31	

# June 2025

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
<b>7 PM</b> PROGRAM MEET & GREET	<b>SUMMER BREAK — GREAT TIME FOR FAMILY VACATION</b>					
	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
<b>SUMMER BREAK — GREAT TIME FOR FAMILY VACATION</b>						
	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
<b>SUMMER BREAK — GREAT TIME FOR FAMILY VACATION</b>						
	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					
<b>MHSAA DEAD WEEK — GREAT TIME FOR FAMILY VACATION</b>						

# 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

## MS GAME SCHEDULE

Date	Event	Type	Start Time	Location	Depart
Thu Sep 11	YALE JUNIOR HIGH SCHOOL	SG	4:30 PM	Almont High School (Almont High School)	Home
Thu Sep 18	ALGONQUIN MIDDLE SCHOOL	SG	4:30 PM	Almont High School (Almont High School)	Home
Thu Sep 25	Croswell-Lexington Middle School	SG	4:30 PM	Croswell-Lexington Middle School	Away
Thu Oct 2	Armada Middle School	SG	4:30 PM	Armada Middle School	Away
Thu Oct 9	RICHMOND MIDDLE SCHOOL	SG	4:30 PM	Almont High School (Almont High School)	Home
Thu Oct 16	North Branch Middle School	SG	4:30 PM	Almont High School (Almont High School)	Home
Thu Oct 23	IMLAY CITY MIDDLE SCHOOL	SG	4:30 PM	IMLAY CITY MIDDLE SCHOOL	Away

ATHLETIC DIRECTOR/DEAN OF STUDENTS

Zach Zimmerman

✉ [ZZIMMERMAN@ALMONTSCHOOLS.ORG](mailto:ZZIMMERMAN@ALMONTSCHOOLS.ORG)

☎ (810) 673-9203

ATHLETIC/DEAN OF STUDENTS SECRETARY

Debbie Lemon

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☎ (810) 798-9201

REVISED 03/13/2025

## **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](http://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](http://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](mailto: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 20<sup>th</sup> 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.





# ALMONT MIDDLE SCHOOL FOOTBALL CAMP

**\* JULY 28 - July 31, 2025 - 6:00-8:00 PM \***

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

**Investment: \$40**

**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/daughter 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 2XL**

**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
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?		
- HEART HEALTH QUESTIONS ABOUT YOU	Y	N
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 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?		
Do you get more tired or short of breath more quickly than your friends during exercise?		
- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Y	N
Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?		
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?		
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)?		
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?		
- BONE AND JOINT QUESTIONS	Y	N
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)?		

- MEDICAL QUESTIONS	Y	N
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?		
Do you have any concerns that you would like to discuss with a doctor?		
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?		
- FEMALES ONLY (Optional)	Y	N
Have you ever had a menstrual period?		
How old were you when you had your first menstrual period?		
How many periods have you had in the last 12 months?		
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: \_\_\_\_\_ ☐ 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 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

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

IN EMERGENCY (1): \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

IN EMERGENCY (2): \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_


Drug Reactions: \_\_\_\_\_ Current Medications: \_\_\_\_\_

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 \$ \_\_\_\_\_

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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**

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