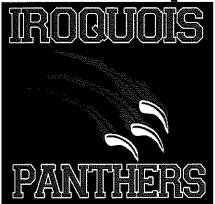
# 2024 Iroquois 7th & 8th Grade Football



8th Grade Head Coach Vitale- 586-723-3807 jvitale@cvs.k12.mi.us

8th Grade Assistant Steve Daniels 586-723-3226 sdaniels@cvs.k12.mi.us

7th Grade Head Coach Jeremy Thoel— 586-723-3755 jthoel02@cvs.k12.mi.us

7th Grade Assistant Coach Andrew Brosnihan abrosnihan@wcskids.net

#### **Important Dates and Information:**

(Dates and times are subject to change)

Wednesday August 21st - 8th Grade EQUIPMENT DAY (3:30-4:30 PM)

- ALL PAPER WORK DUE (Current Physical, Athletic Code of Conduct, Transportation Form)
- Lockers given

Thursday August 22nd - 7th Grade EQUIPMENT DAY (3:00-4:30 PM)

- ALL PAPER WORK DUE (Current Physical, Athletic Code of Conduct, Transportation Form)
- Lockers given

Thursday August 22nd - MAKEUP EQUIPEMNT DAY (4:30-5:00 PM)

#### First Day of Practice

Friday, August 23rd - (3:00-4:30 PM)

- Helmets & Shorts (formed mouth guard, cleats) bring water bottle(s)

PRACTICE & GAME Schedule is located on School Website and distributed in our packet.

Summer Weightlifting is here also!! Schedule attached to the packet. It is NOT mandatory but it will help you get stronger and be in better shape when practice starts

#### Work Hard Over the Summer!!!

You should arrive to practice in top shape. Make yourself better, train harder, run longer, do more pushups, do more sit-ups. Work on your agility and footwork. Be prepared for a great season and learning experience!!!

"The price of success is hard work, dedication to the job at hand, and the determination that whether we win or lose, we have applied the best of ourselves to the task at hand."

Vince Lombardi

# IROQUOIS PANTHER PARENT MEETING FOR THE 2024 SEASON

# Monday, June 10<sup>th</sup> @ 6 PM In the Gymnasium

Meeting should last approximately 30 minutes.
15-minute general presentation and 15-minute breakout with grade level teams. Lots of inform. This is an important meeting. There will be a sign in sheet. If you have any questions, please email Mr. Vitale (<u>jvitale@cvs.k12.mi.us</u>) or contact via phone (586-723-3807). Hope to see you there! GO PANTHERS!!!!

# CODE OF CONDUCT ACKNOWLEDGEMENT FORM FOR STUDENT ATHLETES AND PARENTS TO BE COMPLETED ONE TIME PER ATHLETIC CAREER

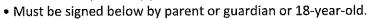
	Complete Legal	Name of S	Student:									
	Date of Birth:		<u> </u>	School:	[] Chippev [] Dakota	va Valley High Sch	High Scl ool [] l	nool [] A roquois	lgonqui Middle S	n Middle chool	School	[] Wyandot Middle School a Middle School
	Athlete's Gradua	ition Year	- (circle)	2021 202	22 2023	2024	2025	2026	2027	2028	2029	2030
	HAS THIS STUDENT ATTENDED A HIGH SCHOOL OR MIDDLE SCHOOL OTHER THAN THE ONE LISTED ABOVE?   Yes No IF YES, Name of School and School Year that student attended:  School:  School Year:											
	THE POSSIBILITY THAT THE ABOVI DISTRICT AND PARTICIPATION, PERSONNEL MAY ADVANCE TO SUC CIRCUMSTANCES TO USE A PHOTO	THAT SE E STUDEN THE MICH MEDICAL  BE UNAB CH EMERG AND TO A OGRAPH O THAT I F	RIOUS INT WILL ENGAN HEREATMENT CONTROL  SENCY CONT	JURY MAY BE EXPECTE IGH SCHOO ENT ON AN CONTACT N ARE, INCLU RESPONSIB RECORDIN AD THIS EN	RESULT FED TO ADH OL ATHLE EMERGENC E FOR MY DING HOSP ILITY FOR TO G OF MY C	ROM PA ERE FIR TIC ASS CY BASIS CONSEI PITAL CA THE EXPI	RTICIPA MLY TO OCIATIO MAY BI NT FOR I RE, AS N ENSES O R DISTR	TING IN ALL ES' N. I RE E NECES EMERGE MAY BE I F SUCH ICT NEW	ATHLET TABLISH ECOGNIZ SSARY A ENCY ME DEEMED CARE. I /S OR W	FIC ACTI TED ATH TE THA' AND FUR EDICAL ( NECES AUTHOR /EB PAG	VITIES. I LETIC P T AS A ITHER R CARE. I SARY UN RIZE CHII E PUBLI	ETICS AND UNDERSTAND I FURTHER UNDERSTAND OLICIES OF THE SCHOOL RESULT OF ATHLETIC ECOGNIZE THAT SCHOOL DO HEREBY CONSENT IN IDER THE THEN EXISTING PPEWA VALLEY SCHOOLS CATIONS. MY SIGNATURE VE-NAMED STUDENT AND
	SIGNATURE OF P.	ARENT/GU	ARDIAN:								Date:	
ŕ	AS AN ATHLETE, I UNDERSTAND THAT I AM EXPECTED TO ADHERE FIRMLY TO ALL ESTABLISHED ATHLETIC POLICIES OF CHIPPEWA VALLEY HIGH SCHOOL, CHIPPEWA VALLEY SCHOOL DISTRICT, AND THE MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION SUCH AS THOSE STATED IN THIS DOCUMENT. MY SIGNATURE ACKNOWLEDGES THAT I HAVE READ THE ENTIRE ATHLETIC CODE OF CONDUCT, UNDERSTAND THAT IT IS IN EFFECT 365 DAYS A YEAR, ALL DAY, EVERYDAY, AND EVERYWHERE, AND I AGREE TO ABIDE BY ALL OF THE STATED POLICIES, PROCEDURES, AND CODES OF THE ATHLETIC DEPARTMENT. I ALSO UNDERSTAND THAT THERE ARE ADDITIONAL POLICIES I MUST ADHERE TO WHICH ARE NOT CONTAINED IN THIS DOCUMENT.											
	SIGNATURE OF A	THLETE: _									Date:	
,	18	<b>ЛРАСТ</b> 1	rest a	CKNOWL	.EDGEM	ENT FO	OR STL	DENT	ATHL	ETES A	AND P	ARENTS
	Chippewa Valley team physicians take an ImPACT programs across	/ Schools //athletic t Test. Iml s the cour ng practic	are imp rainers i PACT is atry to s	lementing a n evaluatin a compute uccessfully	n innovat g and trea rized exam diagnose	ive prog ting hea utilized and ma	ram for d injurie I in man nage co	our studes (e.g., y profes ncussic	dent-ath concus ssional, ons. If a	iletes. I sion). S collegia in athlet	his pro Student Ite, and e is beli	gram will assist our Athletes are required to high school sports eved to have suffered a ad injury and when the
	suspected, the a	ithlete wil valuate th alth profe	l be requ e injury. ssionals	uired to re- The inform to determi	ake the te nation gat ne when r	st. Both hered ca eturn-to	the pre in also t play is	season se share	and pos ed with	st-injury your fan	test da nily doct	If a concussion is ta is given to a local tor. The test data will ured athlete. If an injury
	tested more that	n once, de	pending	g upon the	results of	the test,	as com	pared to	my chi	ild's bas	seline te	my child may need to be st, which will be on file. I charges incurred by
	Printed Name of	Parent o	r Guardi	an:						.=		
	Signature of Par	rent or Gu	ardian:								Date: _	
	Cell Number: _	-	Me		Email /	Address	;					



# MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

### **MEDICAL HISTORY**

• To be completed by parent or guardian or 18-year-old.





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

LAST				FIRST	M	11	SEX GRADE	DATE OF BIRTH	AG	E
STUDENT'S NAME:	CCT					CIT	<u> </u>			ZIP
NUMBER AND STR STUDENT'S ADDRESS:	ee i					GH!	1			LII
NAME OF FATHER OR GUARDIAN			WORK PHONE	NAME OF MOTHER OR GUA	ARDIAN			WORK	PHONE	
FAMILY DOCTOR			OFFICE PHONE	STUDENT'S HOME PHONE						
INC	ПΕΙΑ	NIC	E STATEME	NT AND MED	CAI		STORY			
				NT AND MEDI						
Our Son/Daughter will comply with the sp									ossible	
Family Insurance Co:						Contra	et #:			
Signatures of Student:			& P:	arent/Guardian or 18 Year	r Old:				4	
CENERAL QUESTIONS	YES	NO		ART HEALTH QUESTIONS	YES	NO [		CAL QUESTIONS	YES	NO
Has a Doctor ever denied or restricted your participation in	120	1	Does anyone in your fam					ncerns that you would like to		
Sports for any reason?	ļ	ļ	right ventricular cardiomy Has any family member o	yopathy, long QT syndrome?			discuss with a doctor		<b> </b>	
Do you have any ongoing medical conditions? If so, please				ected or unexplained sudden		İ		out or are you missing an organ?  A kidney An eye Your spicen		
Identify by Circling: Asthma Anemia Diabetes Infections Other:			death before age 50 (inclu car accident or sudden in	iding drowning, unexplained				Any other organ?		
Have you ever spent the night in the hospital?		<u> </u>		ily have catecholaminergic			Have you ever had	an eating disorder?		
Have you ever had surgery?				achycardia, short QT syndrome?	anno.		Do you worry abou			
HEART HEALTH QUESTIONS ABOUT YOU  Have you ever passed out or nearly passed out DURING	YES	NO		DINT QUESTIONS  ary to a bone, muscle, ligament	YES	NO		a head injury or concussion? a hit or blow to the head that caused	$\vdash \vdash \vdash$	
or after exercise?			or tendon that caused you	to miss a practice or a game?			confusion, prolonge	d headache, or memory problems?		
Have you ever had discomfort, pain, tightness or pressure in your chest during exercise?			Have you ever had any bi dislocated joints?	roken or fractured bones or			,	numbness, tingling, or weakness in fer being hit or falling?		
Do you get lightheaded or feel more short of breath than		<del> </del>	Have you ever had an inj	ury that required x-rays, MRJ,			Have you ever beer	unable to move your arms or legs		
expected during exercise?  Do you get more tired or short of breath more quickly than		-		py, a brace or cast or crutches? that you have neck instability or			after being hit or fa	ling? has anyone recommended that you	<b></b> -	
your friends during exercise?				own syndrome or dwarfism)?			gain or lose weight	· · · · · · · · · · · · · · · · · · ·		
Has a doctor ever ordered a test for your heart?			Have you ever had an x-r	ay for neck instability or own syndrome or dwarfism)?			Are you on a special types of foods?	l diet or do you avoid certain		
For example: ECG/EKG, echocardiogram  Have you ever had an unexplained seizure or do you have	-	1-		ace, orthotics, or other assistive				tive eyewear, such as goggles, or a		<b></b>
a history of seizure disorder?		ļ	device?	161 11 Pot			face shield?	in your family have sickle cell trait		
Does your heart ever race or skip beats (irregular beat) during exercise?			or look red?	ome painful, swollen, feel warm			or disease?	in your faintly have sickle con date		
Has a doctor ever told you that you have high blood			Do you have any history	-				roblems with your eyes or vision		
pressure?  Has a doctor ever told you that you have high cholesterol?		<b>_</b>	connective tissue disease' Have you ever had a stres				or had any eye inju Do you wear glasse	s or contact lenses?		
Has a doctor over told you that you have Kawasaki disease?			<u> </u>	or joint injury bothering you?			-	herpes or MRSA skin infection?		
Has a doctor ever told you that you have other heart problems?			IMMUNIZ	ATION HISTORY	YES.	NO	Have you had infect the last month?	tious mononucleosis (mono) within		
Has a doctor ever told you that you have a heart infection?		<del> </del>	Are you missing any reco	mmended vaccines (Tdap, Flu,			Do you have any ra	shes, pressure sores, or other skin		
Has a doctor ever told you that you have a heart murmur?			MCV4, HPV, Varicella,	MMR) AL QUESTIONS	YES	NO	problems?  Do You Have Any	Aliergies?	<u> </u>	
YOUR FAMILY'S HEART HEALTH QUESTIONS	YES	NO		while exercising in the heat?	3.235			TEMALES ONLY	YES	NO
Does anyone in your family have a heart problem,				r have difficulty breathing			Have you ever had	a menstrual period?		
Pacemaker, or implanted defibrillator?  Does anyone in your family have hypertrophic	-		during or after exercise?  Do you have headaches of	r get frequent muscle cramps			How old were you	when you had your first		
cardiomyopathy, Marfan syndrome, Brugada syndrome?		<u> </u>	When exercising?				menstrual period?	have you had in the last		<u> </u>
Anyone in your family had unexplained fainting?  Anyone in your family had unexplained seizures?	<del> </del>	<u> </u>	Do you have pain, a pair Is there any one in your f	iful bulge or hernia in the groin?			twelve (12) months	have you had in the last ?	•	ĺ
Anyone in your family had unexplained near drowning?				haler or taken asthma medicine?						
I hereby state that, to the I	hact (	of m	v knowledge in	ny answers to the	ahov	e an	estions are	complete and corre	ct.	
•									4	4
Signature:			S	ignature of:				Date:	<u> </u>	,
Of Student			F	Parent/Guardian						
< [	DETAC	CH HE	RE IF NEEDED T	O ACCOMPANY STU	DENT	ATH	LETE >			
<b>EMERGENCY INFOR</b>	ΜΔ	ΓΙΩ	N – To Be Co	ompleted by P	aren	it o	r Guardia	n or 18 Year Old	Î	
EIVIERGEINCT INFOR	IVIA		N TO DE C							
Student's Name:								Grade:		
IN EMERGENCY 1)				Phone #:			Се	ll #:		
CONTACT or 2)				Phone #:			Ce	ell #:		
Family Doctor:							Phor	e:		
Allergies:								M. HARMAN T.		····
Drug Reactions:								<u> </u>		
Current Medications:			·							



# MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC. **PHYSICAL EXAM & CLEARANCE & CONSENT FORMS**

• To be completed by parent or guardian or 18-year-old.

• Must be signed in **three** places on this page by parent or guardian or 18-year-old.



A CURRENT-YEAR PHYSICAL IS ONE GIVEN	ON OR AF	TER APRIL 15 UF	HE PREVIOUS	S SCHOOL YEAR				
PLEASE PRINT								
Last STUDENT'S COMPLETE LEGAL NAME:	!	First		Middle				
STUDENT'S Month Day Year DATE OF BIRTH:	PLACE OF BIRTH:	City		State				
CIRCLE GRADE: 7 8 9 10 11 12 SCHOOL:	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
PHYSICAL EXAMINA	& MOITA	MEDICAL CL	EARANCE					
To be completed by the examining MD, DO, PA or NP & Returned I				Check Appropriate Column				
EXAMINATION: (Circle Correct Response As Necessary) Height: Weight:	Male/Female	BP: / Puise:	Vision: R 20/	L 20/ Corrected: Yes No				
MEDICAL	NORMAL	ABNORMAL FINDINGS	MUSCULOSKELETAL	NORMAL ABNORMAL FINDINGS				
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly,			Neck					
arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)  Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back Shoulder/Arm					
Lymph Nodes			Elbow/Forearm					
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (	PMI)		Wrist/Hand/Fingers					
Pulses: Simultaneous femoral and radial pulses  Lungs:			Hip/Thigh Knee					
Abdomen			Leg/Ankle					
Genitourinary (Males Only)			Foot/Toes Functional: Duck Walk					
Skin: HSV, lesions suggestive of MRSA, tinea corporis Neurologie:			Puncaonar: Duck walk					
RECOMMENDATIONS:  I certify that I have examined the above student and recommend  BASEBALL - BASKETBALL - BOWLING - COMPETICE HOCKEY - LACROSSE - SKIING - SOCCER - SOFTBA  A CURRENT-YEAR PHYSICAL IS ONE GIVEN  SIGNATURE OF  EXAMINER:  PRINTED NAME  OF EXAMINER:	TTIVE CHEER - :	CROSS COUNTRY - FOOTI G - TENNIS - TRACK & F	BALL - GOLF - GYN IELD - VOLLEYBAL F <b>HE PREVIOU</b>	MNASTICS L - WRESTLING				
STUDEN	TPART	CIPATION						
This application to participate in athletics is voluntary on my part and the infinegotiable certificate for merchandise in any amount, nor any emblematic avevents, nor have I ever competed under an assumed name. After I have represent after my school season has been completed. I understand that I am expendight School Athletic Association, such as those previously mentioned above Signature of STUDENT:	ormation submitt vard or merchand esented my schoo ected to adhere fi	ed is truthful to the best of ise worth more than twenty of in any sport, I will not co rmly to all established athle	y-five dollars (\$25.00 mpete in any outside etic policies of my so	for participating in athletic     athletic contest in this sport     chool district and the Michigan				
PARENT OR GUARDI	AN OR 1	8 -YEAR-OLD	CONSEN'	Τ				
I hereby give my consent for the above student to engage in interscholastic a HIPAA for the purpose of determining eligibility for interscholastic athletics activities. Hc/She has my permission to accompany the team as a member of	; and I understan	d the possibility that seriou	A of information oth s injury may result t	erwise protected by FERPA and from participating in athletic				
I further understand that my son or daughter will be expected to adhere firml Association.	y to all establishe	ed athletic policies of the so	chool district and the	Michigan High School Athletic				
Signature of PARENT OR GUARDIAN OR 18 YEAR-OLI	0		Date					
		STUDENT ATHLETE	>					
MEDICAL TREATMENT CONSENT – To I				an or 18-Year-Old				
I,, an 18 year- that as a result of athletic participation, medical treatment on an may be unable to contact me for my consent for emergency med hospital care, as may be deemed necessary under the then-existing	emergency bas ical care. I do	sis may be necessary, a hereby consent in adv	and further recogn ance to such eme	nize that school personnel rgency care, including				
SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD			DATE					

# CHIPPEWA VALLEY MIDDLE SCHOOL TRANSPORTATION TO ATHLETIC EVENTS OFF-CAMPUS ACTIVITY

Revised 11/17/2021

I agree to provide transportation services from away contests for my son/daughter for the following Iroquois athletic team: **Football, Basketball, Volleyball** or **Track** (circle one) during the 2024 - 2025 school year.

I hereby give my child permission to participate in the above-named activity and do hereby relieve the Chippewa Valley School System of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the *Student and Athletic Code of Conduct*.

All students must travel from certain away contests by <u>previously arranged transportation</u>. This form must be completed and in the possession of the coach prior to the first contest. Football \*transportation is two ways (to and from school). Basketball, Volleyball, and track is only one-way transportation and you must pick up your child at the opponent's school.

Athlete's Full	ll Name:	
Parent/Guard	dian Name:	
-		
Home #:	4,444	_
Cell #:		_
Work #:		_
Parent/Guard	dian Signature:	

	Sat					4
	_	∞	15	22	29	2024
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		<b>L</b>	4	72	28	
ĭ	n Lyn				1:30am	
· ·	7	9	13	20	27 Lift 10-11:30am	
,	Wed					
		w	12	19	26	
			chool		аш	
{	Line		11 Last Day of School		25 Lift 10-11:30am	
<b>.</b>		4	11 Last	18	25 Lift	
	u		rent next er		0am	
	Mon		10 Football Parent Meeting for next Year/summer 6:00pm		24 Lift 10-11:30am	
		m	10 Foo Mea Yea 6:06	17	24 Lift	
	u					
	Sun					_
		8	6	16	23	30

<u></u>
- Coach Vitale (723-3807)
Vitale (
Coach V
mer Weightlifting – (
Il Summer
Football
Iroquois Footbal

Sat						24
	9	13	20	27		2024
Fri						
	v	12	19	26		
Тһи	4	11 Lift 10-11:30am	18 Lift 10-11:30am	25 Lift 10-11:30am		
Wed	3 NO LIFTING	10	17	24	31	
Тие		9 Lift 10-11:30am	16 Lift 10-11:30am	23 Liff 10-11:30am	30 Lift 10-11:30am	
Mon	1 DEAD WEEK	8 Liff 10-11:30am	15 Lift 10-11:30am	22 Lift 10-11:30am	29 Lift 10-11:30am	
Sun		7	14	21	28	

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,	(IVITA)	are Unitario esta	
	odiiois Football Summer Weightliffing - Coach Vitale	in income Summer	
,	all Summer Weigh	Carr Summer Welfer	
	Trodinois Footba	and a graphore	

Sat	3	10	17	24	31	9094
Fri	7	6	16	23	30	
Тһи	1 Lift 10-11:30am	8 Lift 10-11:30am	15 Lift 10-11:30am	22 EQUIPMENT DAY 7 <sup>TH</sup> GRADE 3-4:30PM MAKEUP 4:30-5:00	29	
Wed		7	14	21 EQUIPMENT DAY 8 <sup>TH</sup> GRADE 3-4:30PM	28	
Tue		6 Lift 10-11:30am	13 Lift 10-11:30am	20	27	
Mon	*	5 Lift 10-11:30am	12 Lift 10-11:30am	19	26	
Sun		4	11	18	25	



# <u>Iroquois Middle School</u> 2024 Iroquois Football Schedule



Entelay Tuesday Wednesday Thursday Monday 19 20 21 22 23 AUGUST Sign up & Equipment Sign up & Equipment **PRACTICE** 8th 3:30-4:30pm 7th 3:30-4:30pm 3-4:30pm 26 27 28 29 **PRACTICE PRACTICE PRACTICE PRACTICE** 3-5pm 3-5pm 3-5pm 12-2pm 2 5 PLAYERS COME BACK 4 NO PRACTICE **PRACTICE PRACTICE PRACTICE PRACTICE** LABOR DAY 3-5pm 3-5pm 3-5pm 3-5pm 9 10 11 12 13 **PRACTICE PRACTICE PRACTICE** SCRIMMAGE @ IROQ PRACTICE **VS LCN** 3-4:30pm 3-5pm 3-5pm 3-5pm 20 16 17 18 19 **PRACTICE** GAME 1 **PRACTICE PRACTICE PRACTICE VS LCC** 3-5pm 3-4:30pm 3-5pm 3-5pm 23 24 25 26 27 GAME 2 **PRACTICE PRACTICE PRACTICE PRACTICE** AT ROMEO 3-4:30pm 3-4:30pm 3-5pm 3-5pm 30 **Practice** 3-5pm 3 2 GAME 3 **PRACTICE PRACTICE PRACTICE** AT SHELBY 3-4:30pm 3-5pm 3-4:30pm 11 7 Conferences Conferences 10 MEROIJO **PRACTICE PRACTICE GAME 4 PRACTICE PRACTICE VS MALOW** 3-4:30pm 3-4:30pm 11-1pm 3-5pm 14 16 17 18 15 **PRACTICE PRACTICE** GAME 5 **PRACTICE PRACTICE VS ABN** 3-4:30pm 3-5pm 3-4:30 PM 3-5pm 21 22 23 24 25 **PRACTICE GAME 6** PIZZA PARTY 3-4:30pm AT SENECA 3-4pm 7th grade games begin at 3:30pm SCRIMMAGE: 7th & 8th grade at Iroquois vs LCN



# 2024 Football Schedule



<u>Day</u>	<u>Date</u>	<u>Opponent</u>	<u>Home/Away</u>
Tuesday	9/10/2024	Scrimmage vs LCN - 7th & 8th	Home
Tuesday	9/17/2024	Lanse Creuse Central Lancers	Home
Tuesday	9/24/2024	Romeo Bulldogs	Away
Tuesday	10/1/2024	Shelby Jr. High Wildcats	Away
Tuesday	10/8/2024	Malow Jr. High Mustangs	Home
Tuesday	10/15/2024	Anchor Bay North Sailors	Home
Tuesday	10/22/2024	Seneca Jaguars	Away

Games: 7th Grade plays first at 3:30, 8th grade follows (approx 4:45)

