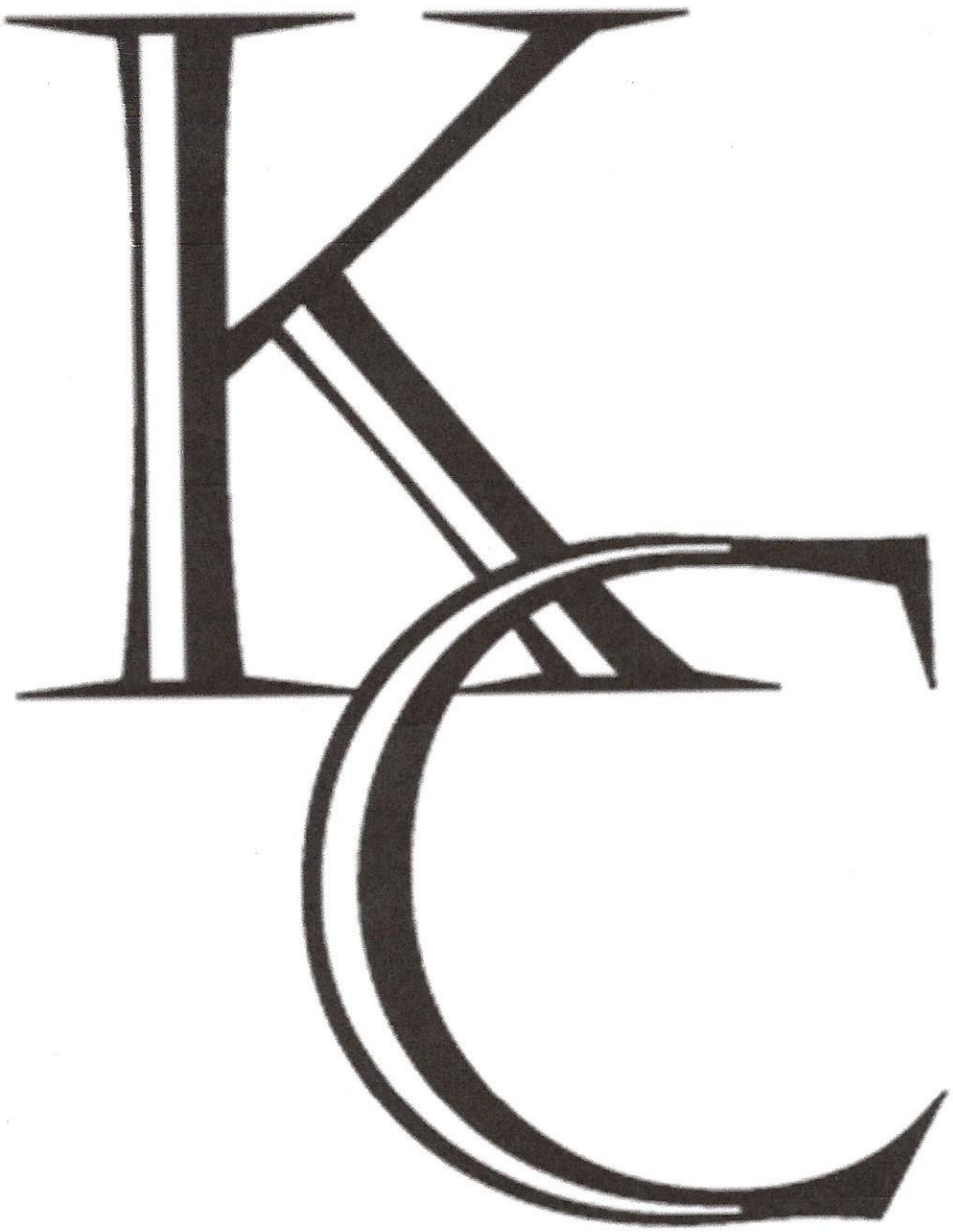

Kalamazoo Central High School

Summer and Fall Athletic Information

June – August 2023

Contents

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Football Summer and Fall Tryout Activities

Volleyball Summer and Fall Tryout Activities

Cheer Summer and Fall Tryout Activities

Boys Soccer Summer and Fall Tryout Activities

All other KC Summer Activities

All other KC Fall Tryout Activities

Planeths.com Online Athletic Registration Help Guide

KALAMAZOO CENTRAL VARSITY COACHING STAFF 2023-24

	SPORT	VARSITY HEAD COACH	EMAIL
FALL	CHEER, SIDELINE/FOOTBALL	DR. DEVETA GARDNER	KCGiantCheer@gmail.com
	CROSS COUNTRY, MEN'S	JONATHAN LANGWORTHY	Jonathan_langworthy@yahoo.com
	CROSS COUNTRY, WOMEN'S	REX HAFER	haferrj@kalamazoopublicschools.net
	FOOTBALL	MIKE STANGER	stangermj@kalamazoopublicschools.net
	GOLF, WOMEN'S	SCOTT SPADA	spadasj@kalamazoopublicschools.net
		KEN KUBIAK	kubiakkj@kalamazoopublicschools.net
	SOCCER, MEN'S	SAMIR SANDHU	sandhusd@kalamazoopublicschools.net
	SWIMMING & DIVING, WOMEN'S	JIM CENTER	james.center@wmich.edu
	TENNIS, MEN'S	KALEB PRITCHARD	kalebpritchard1@gmail.com
	VOLLEYBALL	LAUREN LOVETT	kalamazoocentralvolleyball@gmail.com
WINTER	BASKETBALL, MEN'S	RAMSEY NICHOLS	NicholsRD@kalamazoopublicschools.net
	BASKETBALL, WOMEN'S	JASON PLUNKETT	plunkettjd@kalamazoopublicschools.net
	BOWLING: CO-ED CLUB TEAM	KRYS BRIGGS	krysbriggs@gmail.com
	CHEER, COMPETITIVE	DR. DEVETA GARDNER	KcCompetitiveCheer@gmail.com
	HOCKEY (KALAMAZOO UNITED)	ALAN FELMEDEN	alanfelmeden@gmail.com
	SKIING, DOWNHILL: CO-ED CLUB TEAM	STEVEN TODD	coachsteveku@gmail.com
	SWIMMING & DIVING, MEN'S	JIM CENTER	james.center@wmich.edu
	WRESTLING	MATT MACQUILLAN	macquillanmt@kalamazoopublicschools.net
SPRING	BASEBALL	SCOTT SPADA	spadasj@kalamazoopublicschools.net
	GOLF, MEN'S	KEN KUBIAK	kubiakkj@kalamazoopublicschools.net
	LACROSSE: MEN'S TEAM, CLUB TEAM	DJ HUGHES	hughesdajzon@gmail.com
	WOMEN'S TEAM, CLUB TEAM	LINDSEY SEALS	HillLin7@gmail.com
	SOCCER, WOMEN'S	SAMIR SANDHU	sandhusd@kalamazoopublicschools.net
	SOFTBALL	TYRUS RATLIFF	ratlifftk@kalamazoopublicschools.net
	TENNIS, WOMEN'S	JENNIFER RUDLAFF	rudlaffjl@kalamazoopublicschools.net
	TRACK & FIELD	TYLER GERMAIN	germaints@kalamazoopublicschools.net

ADMINISTRATION	DYLAN PATTERSON, ATHLETIC DIRECTOR	pattersondj@kalamazoopublicschools.net
	KEVIN MOORE, ASSISTANT ATHLETIC DIRECTOR	moorekm@kalamazoopublicschools.net
	BRANDY STIVER, ASSISTANT ATHLETIC DIRECTOR	stiverbl@kalamazoopublicschools.net
	JORDAN SLOCUM, ADMINISTRATIVE ASSISTANT	slocumjj@kalamazoopublicschools.net
	LIZZY SMITH, CERTIFIED ATHLETIC TRAINER	smithlc@kalamazoopublicschools.net

9th Grade Football

Weight Room workouts will begin Monday June 12th and run through Wednesday July 26th. We will lift weights on Monday, Wednesday and Friday from 10-11:30am.
There will be NO weight room the week of July 3th through July 7th.

There will be a Kalamazoo Central Football Camp from July 17th through July 28th from 5-7pm at Kalamazoo Central High School. Due to construction it will be on the game field at Thomas Stadium.

The first football regular season football practice will be on Monday August 7th. Our 9th grade will practice from 5-8:30 pm.

Kalamazoo Central football players **MUST** have a **current physical** in order to practice on August 7th. The physical must be from after April 15, 2023. Players do **not** need a physical to lift weights or attend the FB camp in July.

Kalamazoo Central football players **MUST** have **registration completed** by August 8th in order to practice. Families can register on Planet High School https://www.planeths.com/

If you have any questions feel free to contact Coach Stanger stangermj@kalamazoopublicschools.net or Coach Gordon gordonjo@kalamazoopublicschools.net

Mike Stanger
Varsity Head Football Coach

KC Football 2023 JUNE

WR=Weight room
PL=Passing League
LC=Linemen Challenge

SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
4	5 Weight room Testing 2:30-4:00 Squat, Clean, DL, Bench 40, Shuttle	6 Weight room Testing 2:30-4:00 Squat, Clean, DL, Bench 40, Shuttle	7 Weight room Testing 2:30-4:00 Squat, Clean, DL, Bench 40, Shuttle	8 No Weight Room	9 Last Day of School No Weight Room	10
11 Western Michigan 7 on 7	12 WR 10-12 WR 6-7:30	13	14 WR 10-12 WR 6-7:30	15	16 WR 10-12 WR 6-7:30	17
18	19 WR 10-12 WR 6-7:30	20	21 WR 10-12 WR 6-7:30	22 Passing League @ Dowagiac 6pm leave KC @ 4:15	23 WR 10-12 WR 6-7:30	24
25	26 WR 10-12 WR 6-7:30	27	28 WR 10-12 WR 6-7:30	29	30 WR 10-12 WR 6-7:30	

KC Football 2023 JULY

WR=Weight room
SC=Summer Camp
LC=Linemen Challenge

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3 Dead Week No Activities	4 Dead Week No Activities	5 Dead Week No Activities	6 Dead Week No Activities	7 Dead Week No Activities	8
9	10 WR 10-12 WR 6-7:30	11 PL @ South Haven 12pm leave KC @ 10:45	12 LC leave KC @ 6am WR 10-12 WR 6-7:30	13	14 WR 10-12 WR 6-7:30	15
16	17 WR 10-12 WR 4-5:30 SC 5-7 pm	18 PL @ South Haven 12pm leave KC @ 10:45 SC 5-7 pm	19 WR 10-12 WR 4-5:30 SC 5-7 pm	20 LC leave KC @ 2:30 SC 5-7 pm	21 WR 10-12 WR 4-5:30 SC 5-7 pm	22
23	24 WR 10-12 WR 4-5:30 SC 5-7 pm	25 SC 5-7 pm VAR. Equipment 7-8:30	26 WR 10-12 WR 4-5:30 SC 5-7 pm JV Equipment 7-8:30	27 9th Equipment 7-8:30	28 WR 10-12 WR 4-5:30 SC 5-7 pm	29
30	31 Dead week No Activities					

Kalamazoo Central Volleyball Summer Schedule

Welcome to summer training for the 2023 KCHS volleyball season! Please make sure to read through the information in this packet carefully to ensure you are prepared for the coming season! These events are optional and do not reflect on team making decisions. We offer them to you as an opportunity to work on your skills and physically prepare for tryouts

All events will be held in the main KC gymnasium/weight room

Conditioning/Open Gym

Physical conditioning including weight lifting and plyometric activities to improve speed, agility and strength. Volleyball drills and games to review technique and team building.

WMU Spike Off

The WMU Spike off is a summer tournament our juniors and seniors participate in each year. Because of the cost of the camp, we only take as many athletes as are needed for the team to ensure playing time. Coach Lovett will reach out regarding sign-ups for this.

Scrimmages

Varsity scrimmages are open to Juniors and Seniors (others by coach invite). JV scrimmages are open to Sophomores (freshmen by coach invite). Times will be provided closer to the date of the scrimmage

Team Camp

Team camp is an opportunity for current KCHS athletes and incoming freshmen to get some technique training in prior to tryouts. This is also a fund raiser for our team. The proceeds go towards new uniforms, equipment and other team needs. You will find a registration form for camp in this packet with detailed information.

Physicals

ALL ATHELTES ARE REQUIRED TO HAVE A CURRENT PHYSCIAL ON FILE WITH THE PLANET HS PORTAL IN ORDER TO TRYOUT IN AUGUST. The physical must be dated after April 15th, 2023. *For those that use insurances that only allow one physical per year: an MHSAA physical form can be completed by your doctor's office without an appointment. Please have the physician sign with the date they completed the form based on the student's most recent physical. Request form from Coach Lovett if needed.*

Online Portal

ON THE FIRST DAY OF TRYOUTS YOU WILL BE REQUIRED TO HAVE A COMPLETED ONLINE PORTAL WITH PLANT HS TO PARTICIPATE IN TRYOUTS. This includes:

1. A current physical, *dated after April 15, 2023* uploaded to the portal.
2. A $50 health and wellness fee paid through the portal. This provides assistance for your daughter in case of injury and is good for any sport throughout the school year. It will be reimbursed by the athletic office if you are not selected for a team.
3. Participation consents singed through the portal by both the athlete and parent/guardian.

Tryouts

Tryouts will be August 7, 8, and 9 from 6:00-8:00pm. It is very important to be at all three days of tryouts. This allows the coaching staff to get a full view of your skills and abilities and gives you the greatest chance to put your best foot forward.

If you have any questions or concerns, please contact Coach Lovett via email at kalamazoocentralvolleyball@gmail.com, or by phone at 269-267-8225.

June 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5 Conditioning/ Open Gym 4-6	6	7 Conditioning/ Open Gym 4-6	8	9	10
11	12 Conditioning/ Open Gym 4-6	13	14 Conditioning/ Open Gym 4-6	15	16	17
18 Father's Day	19 Conditioning/ Open Gym 4-6	20	21 Conditioning/ Open Gym 4-6	22	23	24
25	26 Conditioning/ Open Gym 4-6	27 *Varsity scrimmage at Harper Creek*	28 Conditioning/ Open Gym 4-6	29	30	

July 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	**3** **Dead Week**	**4**	**5**	**6**	**7**	8
9	**10** Conditioning/ Open Gym 4-6 *Varsity scrimmage at Three Rivers*	**11**	**12** Conditioning/ Open Gym 4-6	**13**	**14**	15 WMU Team Camp
16 WMU Team Camp	**17** Conditioning/ Open Gym 4-6	**18**	**19** Conditioning/ Open Gym 4-6 *JV scrimmage at Galesburg*	**20**	**21**	22
23	**24** Team Camp 6:00-8:00pm	**25** Team Camp 6:00-8:00pm	**26** Team Camp 6:00-8:00pm	**27** Team Camp 6:00-8:00pm	**28** Team Camp 6:00-8:00pm	29
30	**31** Dead Week					

August 2023

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 Dead Week	2	3	4	5
6	7 Tryouts 6-8pm	8 Tryouts 6-8pm	9 Tryouts 6-8pm	10 Practices start!	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

KCHS Volleyball Team Camp

Team Camp will run from July 24th – July 28th from 6:00-8:00pm in the main gym. **Camp will cost $25.** This is open to all current KC students and incoming freshmen. This camp will instruct on basic volleyball skills and techniques, as well as game strategy and play. Athletes will be coached by the KC coaching staff. It is a great time to work on important skills before tryouts, as well as bond with other KCVB athletes.

Proceeds from camp will be used to purchase new uniforms, equipment and other KCVB necessities for the season.

Please email the information below to Coach Lovett by July 19th to register. Payment will be accepted the first day of camp.

Coach Lovett at kalamazoocentralvolleyball@gmail.com

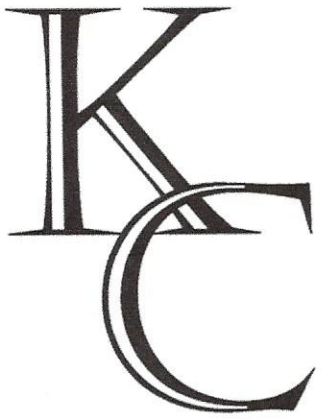
KCHS Team Camp

Athlete Name:_____ Grade (Fall '23): _____

Emergency Contact: _____ Phone: _____

Relationship:_____

Camp Cost: $25 – Cash or Check (Please make checks payable to Kalamazoo Central Volleyball)



Kalamazoo Central Cheer

JUNE 2023

IDENTITY

SUN	MON	TUE	WED	THU	FRI	SAT
Www.planeths.com				1 KC Graduation 7pm	2 Cheer Clinic 3:30-7pm	3 Cheer Tryouts 9-noon
4	5 Milwood 8th Grade Promotion	6 Parent Meeting 6pm **$60 deposit**	7 Practice 3:30-5 Hillside 8th Grade Promotion	8 Practice 3:30-5 Maple Street 8th Grade Promotion	9 Linden Grove 8th Grade Promotion	10 Car Wash 8:30-noon Taco Bell
11	12	13 Practice 6-7:30pm	14	15 Practice 6-7:30pm	16	17
18	19	20 Practice 6-7:30pm	21	22 Practice 6-7:30pm	23	24
25	26	27 Practice 6-7:30pm	28	29 Practice 6-7:30pm **$100 due**	30	

POP CORN FUNDRAISER

JULY 2023

GOAL SETTING

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8 Car Wash 8:30-noon Taco Bell
9	10	11 Practice 6-8pm	12	13 Practice 6-8pm Clothes Deposit $75	14	15
16	17	18 Practice 6-8pm	19	20 Practice 6-8pm	21 Team Bonding	22
23	24	25 Practice 6-8pm	26	27 Practice 6-8pm	28	29
30	31					

MHSAA DOWN WEEK

AUGUST 2023

ALL ABOUT HEART

SUN	MON	TUE	WED	THU	FRI	SAT
	Www.planeths.com	1 Physicals and Insurance due	2	3 Practice 6-8pm **Issue attire**	4	5
6	7 Official Practice Begins **Team Camp @ Mattawan**	8	9 No Practice	10 STUNT CAMP@ Paw Paw	11	12
13	14 Team Pictures	15 Practice 6-8pm	16 Practice 6-8pm	17 Practice 6-8pm	18	19 Team Bonding
20	21	22 Practice 6-8pm	23 Practice 6-7:30pm	24 **Varsity Home vs Loy Norrix**	25	26
27	28	29 Practice 6-8pm	30 **JV Home vs Sturgis**	31		

Maroon Giants Mens Soccer

If you or someone you know is interested in trying out for Kalamazoo Central High Schools mens soccer team please share this information.

Important Dates:

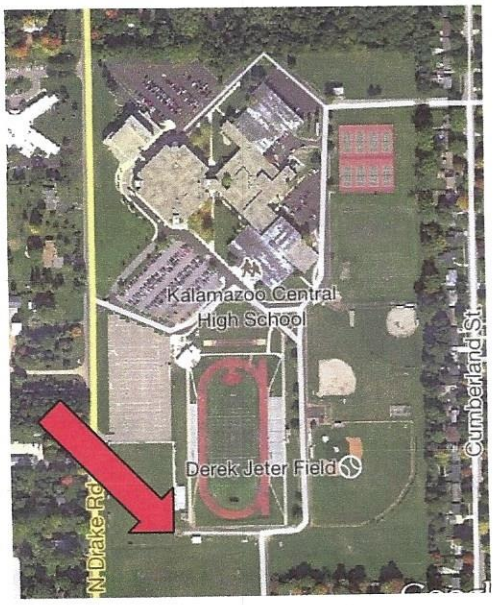
Pre-Season Conditioning: Every Monday, Wednesday, Friday starting the last week of June from 9-11 A.M. After July 10, times will change to 10-12 on the same days.

Tryouts: August 7-9

(MUST HAVE PHYSICAL AND BE REGISTERED ON PLANETHS)

Location:

All events occur at practice field behind soccer and football stadium on the south side of campus



Contact:

Head Coach: sandhusd@kalamazoopublicschools.net

Other KC Sports – Summer Workouts

Boys Basketball: Mondays & Wednesdays 1:30-4:00 PM, 3-6 PM Tuesdays & Thursdays at Linden Grove

Girls Basketball: Tuesdays & Thursdays 1:30-3:00 PM at Linden Grove

Soccer: Starting July 10, 10 AM-12 PM on Monday, Wednesday, Friday at KCHS

Boys Tennis: Tuesdays & Thursdays, 7-9 PM at Loy Norrix courts

Golf: Monday mornings starting June 12 at Grand Prairie 9-11 AM (no 4th of July week)

Fall Season Officially Begins Monday, August 7
YOU MUST HAVE PLANETHS INFO COMPLETED BY THEN TO TRYOUT!

Football: Varsity/JV 3-8:30 PM, Freshmen 5-8:30 PM at KCHS

Volleyball: 6-8 PM at KCHS Gym

Tennis: 7-9 PM at KCHS Courts

Girls Swimming/Diving: 3-5:30 PM at KCHS Pool

Boys Soccer: 10 AM-12 PM at KCHS Field

Girls Golf: Morning at Grand Prairie Golf Course

Sideline Cheer: Team Camp at Mattawan TBD

Cross County: TBA

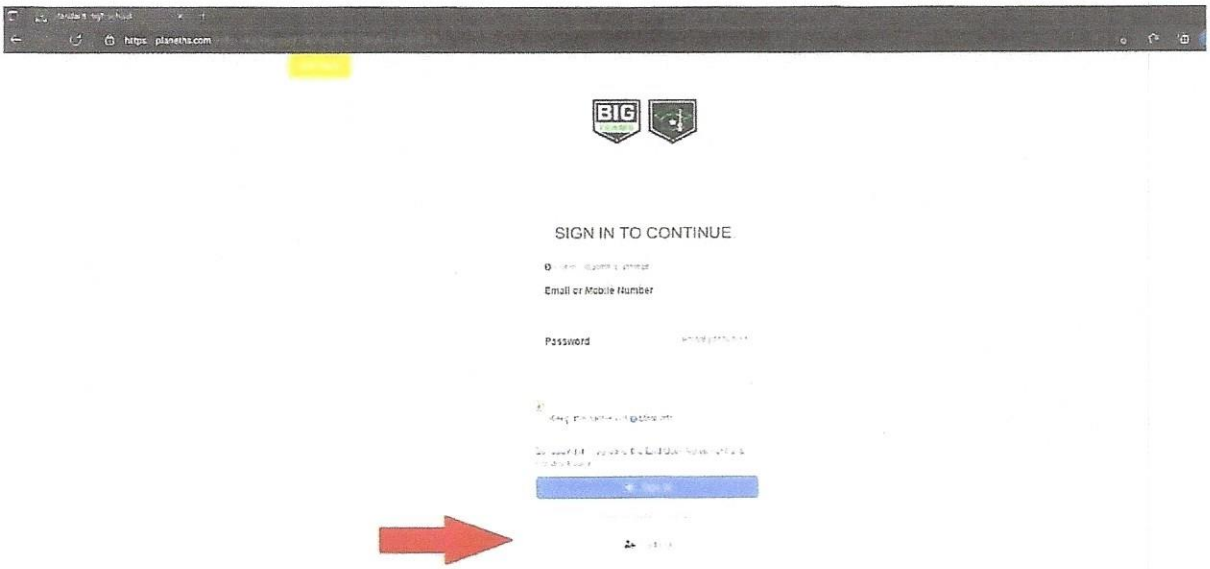
Planeths.com

Athletic Registration

Help Guide

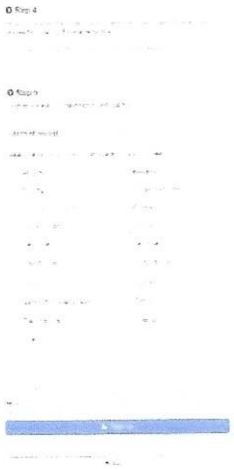
To be able to participate in sports at Kalamazoo Central, students and a parent/guardian must submit a valid physical, content forms, and pay the $50 health and wellness fee via PlanetHS.com. Once these items are completed, the student is able to try out for sports during the school year (provided they are academically eligible. You can not have failed multiple classes in the previous trimester)

TO SIGN UP, VISIT PLANETHS.COM AND CLICK THE SIGN UP BUTTON

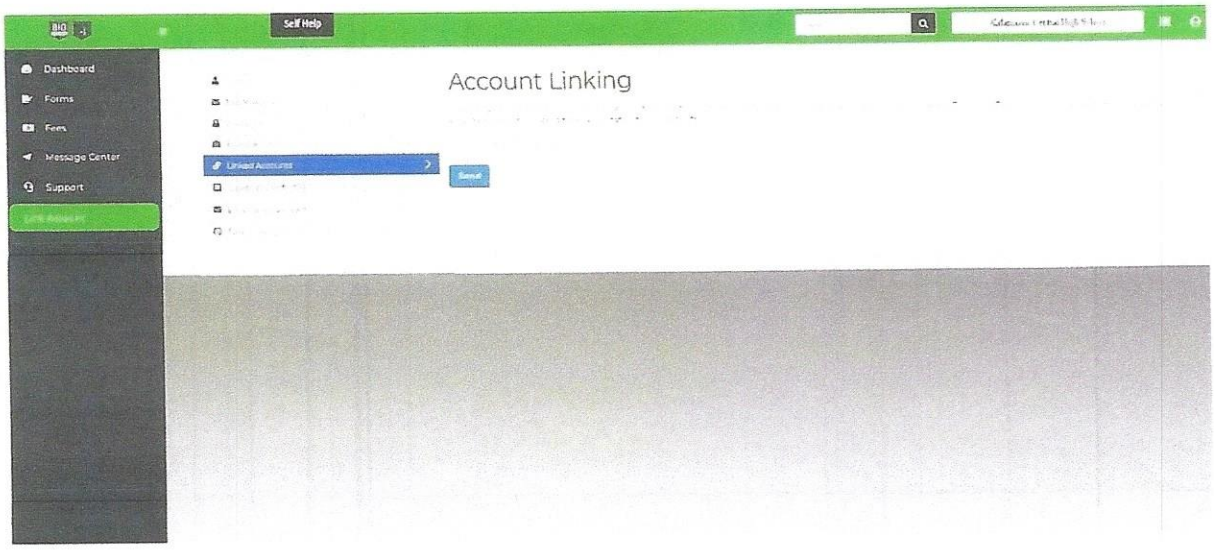


Fill out the information on the next page with your information

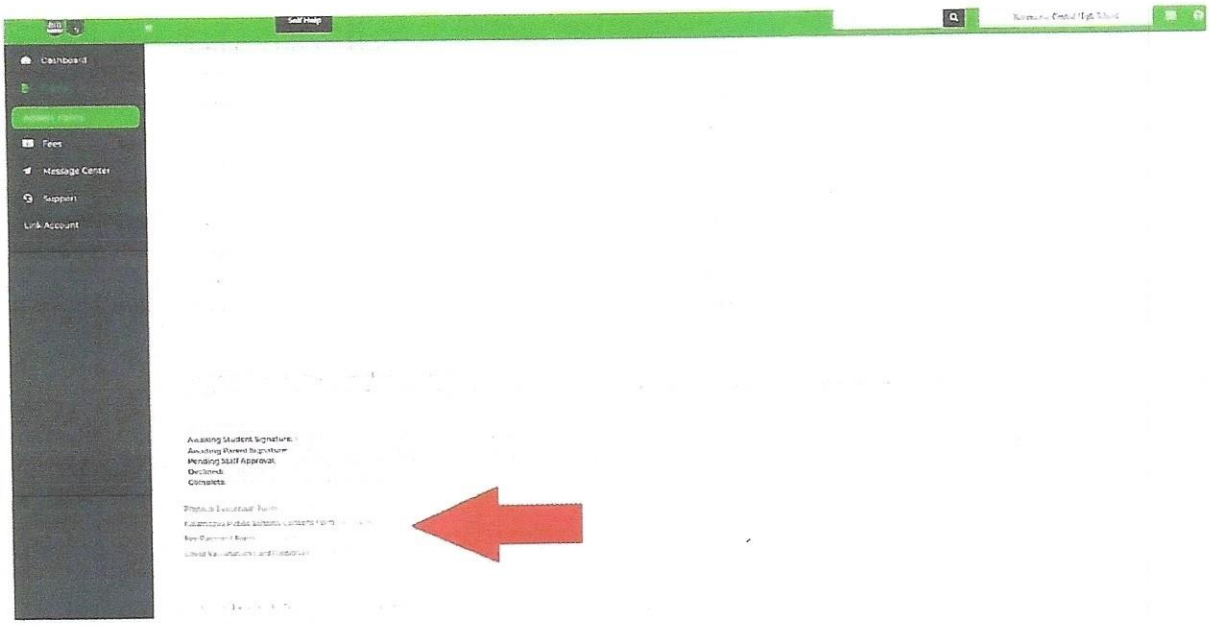
TYPE IN KALAMAZOO CENTRAL IN STEP FOUR, THEN CHOOSE WHICH SPORTS YOU MAY BE INTERESTED IN



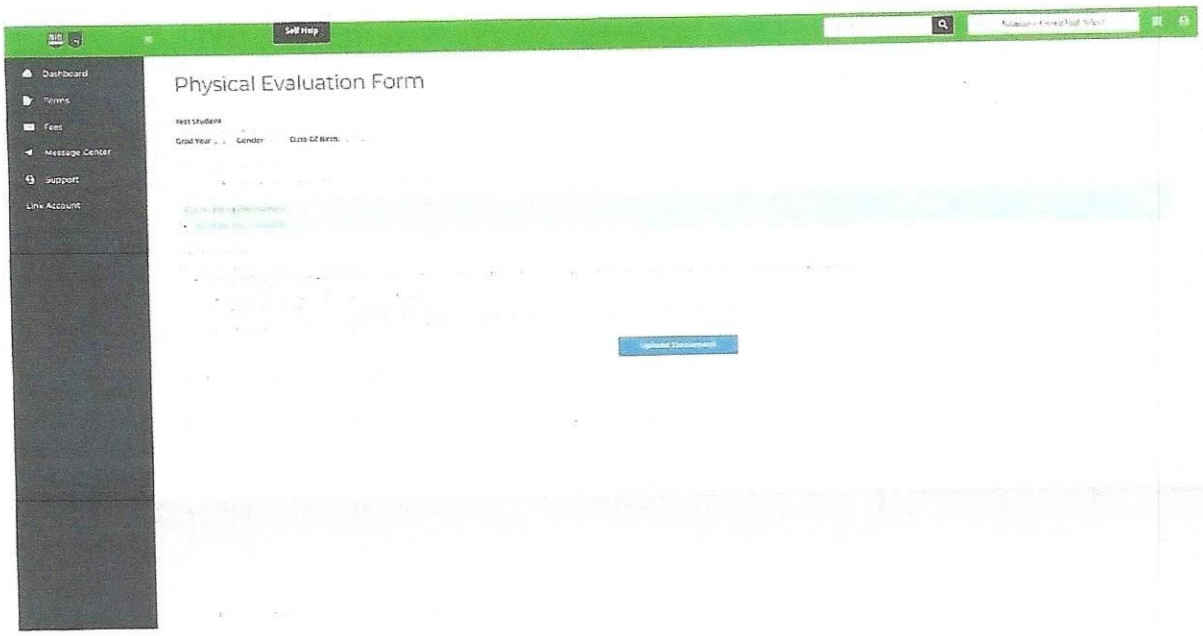
ONCE THE STUDENT ACCOUNT IS CREATED, MAKE SURE TO LINK YOUR ACCOUNT WITH YOUR PARENT/GUARDIAN, AS THEY WILL NEED TO MAKE AN ACCOUNT AS WELL.



NOW IT IS TIME TO COMPLETE THE FORMS REQUIRED. CLICK "ATHLETIC FORMS" ON THE LEFT SIDE OF THE SCREEN, THEN SCROLL TO THE BOTTOM TO SEE THE ITEMS REQUIRED



CLICK EACH OF THOSE LINKS AND FOLLOW THE INSTRUCTIONS PROVIDED BY EACH. PER MHSAA RULE PHYSICALS UPLOADED MUST HAVE BEEN DONE ON OR AFTER APRIL 15, 2023 TO BE VALID FOR THE 2023-24 SEASON.



PLEASE REMEMBER AS WELL TO **UPLOAD BOTH SIDES OF THE PHYSICAL FULLY COMPLETED.** MAKE SURE ALL REQUIRED SIGNATURES ARE THERE AND FILL OUT THE EMERGENCY CONTACT INFO. IF SIGNATURES ARE MISSING OR THE CONTACT INFO IS BLANK, IT WILL BE DECLINED AND YOU WILL HAVE TO RESUBMIT!

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

MHSAA michigan high school athletic association

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:		
❑ Asthma ❑ Anemia ❑ Diabetes ❑ Infections ❑ 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:		
❑ High blood pressure ❑ Heart murmur ❑ Heart infection ❑ High cholesterol		
❑ Kawasaki disease ❑ 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 35 (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 fractures?		
Have you ever had an injury that required x-rays, MRI, CT scan, injection, 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 injury to the neck, possibly a stinger/burner, neurapraxia or cervical sprain/strain?		

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), breast 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 skin problems (cuts, 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 in/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 QUESTIONS	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
Appearance (Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency))		
Eyes/Ears/Nose/Throat Pupils/Eyes Hearing		
Lymph nodes		
Heart* Murmurs (auscultation standing, supine, +/- Valsalva, location of point of maximal impulse (PMI))		
Pulses (Simultaneous femoral and radial pulses)		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin HSV Lesions suggestive of MRSA, tinea corporis		
Neurologic		

MUSCULOSKELETAL	NORMAL	ABNORMAL
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
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

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 ④ to be completed by student, parent/guardian and/or 18 year old

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

Student Name _____ (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.

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 history questions (see reverse) are complete and correct.

③ Signature of **PARENT** or **GUARDIAN** or **18-YEAR-OLD** _____ Date _____

MEDICAL TREATMENT CONSENT, COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

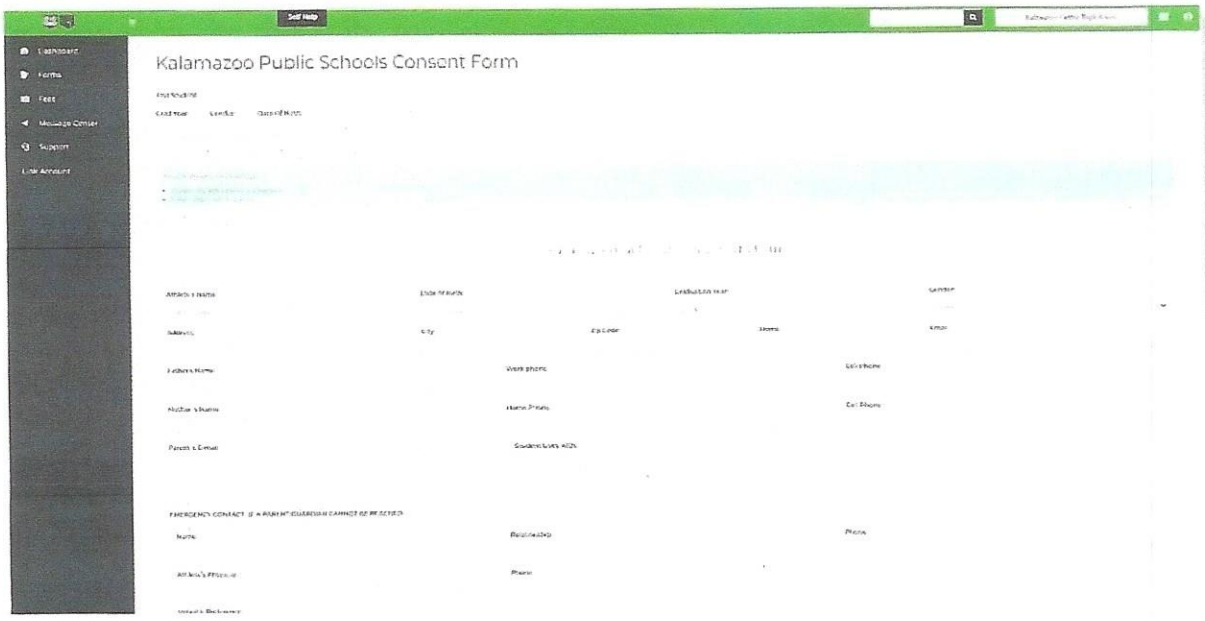
I _____, an 18 year old, or the parent or guardian of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent 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 _____

A blank copy can be found at MHSAA's website and/or printed copies are available at the athletic office and at many clinics:

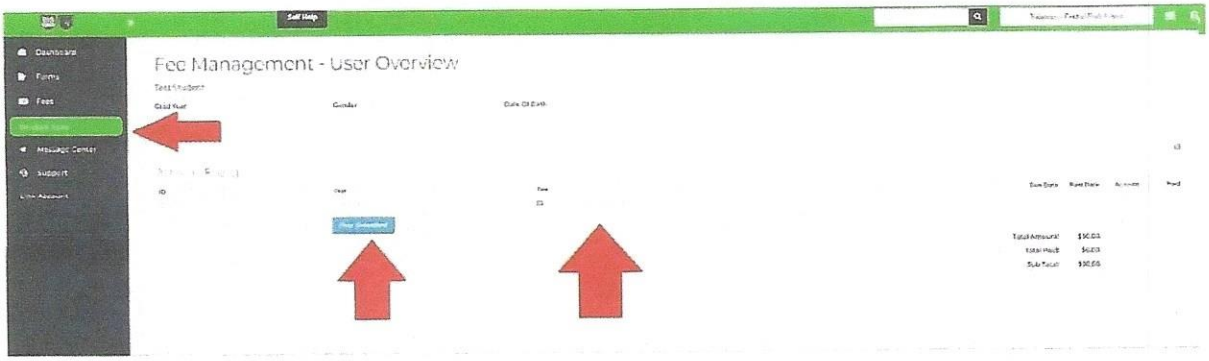
https://www.mhsaa.com/portals/0/Documents/health%20safety/physical2page.pdf

NEXT IS THE CONSENT FORMS. BOTH THE STUDENT AND A PARENT/GUARDIAN WILL NEED TO LOG IN, MAKE SURE THE INFO IS FILLED OUT, AND THEN DIGITALLY INITIAL AND SIGN AT THE BOTTOM



LAST REQUIREMENT IS THE INSURANCE FEE

TO PAY THE INSURANCE FEE, CLICK THE "STUDENT FEES" BUTTON ON THE BLUE TOOLBAR AT THE TOP



IF YOU HAVE QUESTIONS OR DIFFICULTIES, FEEL FREE TO CONTACT MR. SLOCUM (slocumji@kalamazoopublicschools.net) IN THE ATHLETIC OFFICE OR YOUR DESIRED SPORT'S COACH