



2020 SCFB KICKOFF MEETING



2020 Football Camp

Grades 3-12

- High School: 7/20 - 7/30
- Middle School: 7/27-7/30
- Youth: 8/3 - 8/6

Bulldog Football
Field



NO CONTACT CAMP INSTRUCTION
FROM THE SCFB STAFF

TO REGISTER CLICK BELOW:

[2020 Camp Registration \(ALL GRADES\)](#)

LEARN:

- POUND THE ROCK -- D.A.W.G.S. -- CULTURE
- FUNDAMENTAL TECHNIQUES
- BULLDOG SCHEMES

CONTACT COACH HESS WITH QUESTIONS
zack.hess@sc.k12.mo.us

DISCIPLINE

APPRECIATION

WORK ETHIC

GRIT

SERVICE



@SCHSBulldogFB
We Are Warriors



Parent Practice & Other Reminders

- Pre-Game Sack Lunch (\$50 for entire season) is Due to Danielle Hecktor!

This Year the Parent Practice Will Be Held On **Saturday, Aug. 22nd**

Tentative Practice Schedule is as follows...

8:00a Team Meeting and Scrimmage Film at the HS

9:00a Team Pictures at the Football Field

9:30a Individual & Group Pictures

(Parents are welcome to take photographs!)

10:15a Players change into athletic clothing

10:30a Parent Practice Begins w/ Positional Drills

11:00a Practice Ends - Snacks & Drinks Provided

After Parent/Player Meeting

10:30a The Parent Practice begins on the football field. (We invite moms and dads to come out onto the field and see their sons in action – Please come and participate and see all the hard work that they have put in!)

11:00a Parent/Player Meeting for ALL Football Players. This is a Time in Which We Present Shirts, Patches, and Pins for the Warrior Elite Club and Bulldog Scholar Athlete Recognition. We Also Take Group Pictures for the Game Day Program!

11:15a Close, Breakdown, Snacks & Drinks Provided



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Apparel Items for Team Store

2020

Coming Soon...



OR



PRIORITIES

1. FAITH

2. FAMILY

3. ACADEMICS

4. FOOTBALL

5. EVERYTHING ELSE

ABSENCES

WHERE IS IT ON THE
PRIORITY LIST?

EXCUSED or
NOT EXCUSED?

Examples:

1. John misses practice to take ACT test...✓
(Academics, excused)
2. Tim misses practice to be with mom in the hospital...✓
(Family, excused)
3. Joe misses practice to go take his driver's test...✗
(Everything else, not excused)

HIGH SCHOOL TIMELINE

GRADE 9

Plan

- Start planning now! Take the right courses and earn the best grades you can.
- Ask your counselor for a list of your high school's NCAA core courses to make sure you take the right classes. Or, find your high school's list of NCAA core courses at eligibilitycenter.org/courselist.

GRADE 10

Register

- Register for a Certification Account or Profile Page with the NCAA Eligibility Center at eligibilitycenter.org.
- If you fall behind on courses, don't take shortcuts to catch up. Ask your counselor for help with finding approved courses or programs you can take.

GRADE 11

Study

- Check with your counselor to make sure you are on track to graduate on time.
- Take the ACT or SAT, and make sure we get your scores by using code **9999**.
- At the end of the year, ask your counselor to upload your official transcript.

GRADE 12

Graduate

- Take the ACT or SAT again, if necessary, and make sure we get your scores by using code **9999**.
- Request your final amateurism certification after April 1.
- After you graduate, ask your counselor to upload your final official transcript with proof of graduation.

Highlight Video Tips and Suggestions

VIDEO SUGGESTIONS

- Keep it short - 2 or 3 minutes is long enough (A college coach is going to decide if they like you in the first 45 seconds)
- Put your best highlights first
- Circle yourself BEFORE the play
- Post your video on Youtube or Vimeo and provide the link
- Showcase all your skills and use clips that show your athleticism

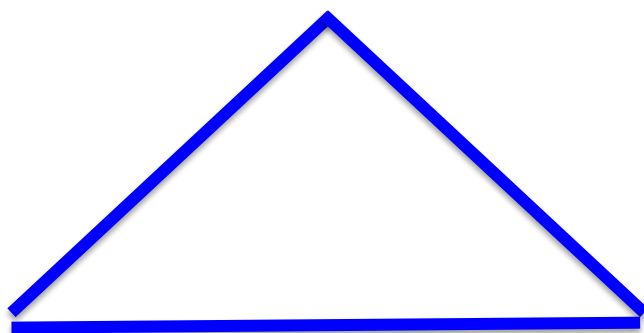
HOW TO DELIVER YOUR RECRUITING VIDEO

- Send an email with a link to your video to the coaches at colleges that match your abilities
- Create an online profile with a recruiting service
- Post "Check out my highlight video" on social media with your link
- Make your social media handle as close to your real name as possible
- Include your school, position, contact info, and graduating class in your bio with a link to your highlight video

TRIANGLE OF SUCCESS

ADMINISTRATION

PLAYERS



COACHES

PARENTS

2020 Parent Volunteers

- [FPA](#) - Danielle Hecktor - Coordinator
- [Parent Communication Coordinator \(Text/Email\)](#) - Shelly Vaughan
- [Parent Practice Lunch Coordinator](#) -
- [Program for Home Games](#) - HS Desktop Publishing Class
- [Mother's Game Coordinator](#) - Shelly Sconce & Jenn Hess
- [Pre-Game Sack Lunches](#) - Kay Farley, Sara Mealy, Shelly Vaughan, Cindy Benningfield, Danielle Hecktor, Kim Adams
- [Uniform Washers](#) - Jenn Hess
- [Team Photographer](#) - Daniel Aubuchon
- [Sideline Managers](#) - Noland Bartley & Nick Mealy
- [Thursday Team Dinner Coordinator](#) - Melanie Pezold
- [Booster Club Team Representative](#) -
- [Films for Games](#) -
- [Drone Operator](#) -
- [JV & Varsity Chain Gang](#) - Todd Mealy, Heath Helsel, Jesse Pezold, Aaron Dickinson

If you can see yourself helping in some way this season, please contact Coach Hess at zack.hess@sc.k12.mo.us or 573.480.4414.

2020 Fundraisers

#1	#2	#3 FPA Fundraiser(s)
'Hour-A-Thon' Fundraiser Coach Hess	SC Concessions Melanie Pezold - Coordinator	Garage Sale, Auctions, Raffles, etc.
To Help Raise \$ For...		
<ul style="list-style-type: none"> - HUDL subscriptions - Athletic Apparel (Conference, District Championships, Warrior Elite apparel and dinner, etc.) - Helmet Reconditioning - Non-Essential Football Budget 	<ul style="list-style-type: none"> - HUDL subscriptions - Athletic Apparel (Conference, District Championships, Warrior Elite apparel and dinner, etc.) - Helmet Reconditioning - Non-Essential Football Budget 	<p><u>FPA Budget</u></p> <ul style="list-style-type: none"> - Banquet - Senior Gifts - Volunteer Coach Stipends - Camp Scholarships - Sack Lunches - Miscellaneous Food

2020 'Hour-A-Thon' Incentives

* (portion subtracted for Adrenaline fee)

* (numbers based on 40 players)

\$8000 Team = ~ \$210/player (21 'yes' contacts at \$10)

\$7000 Team = ~ \$185/player (19 'yes' contacts at \$10)

\$6000 Team = ~ \$160/player (16 'yes' contacts at \$10)

\$5000 Team = ~ \$135/player (14 'yes' contacts at \$10)

\$4000 Team = ~ \$110/player (11 'yes' contacts at \$10)

\$3000 Team = ~ \$85/player (9 'yes' contacts at \$10)

Incentive #1: \$8000+ Team = Pizza & Ice Cream Party

Incentive #2: \$7000+ Team = Pizza Party

Incentive #3: \$6000+ Team = Ice Cream Party

TO HELP US RAISE MONEY FOR...

- HUDL subscriptions
- Athletic Apparel (Conference, District Championships, Warrior Elite apparel and dinner, etc.)
- Defensive Incentives (Varsity and JV)
- Non-Essential Football Budget



GROUP: SCHS FOOTBALL

CALL 20 LIST PASS OUT: SUNDAY, JULY 19th

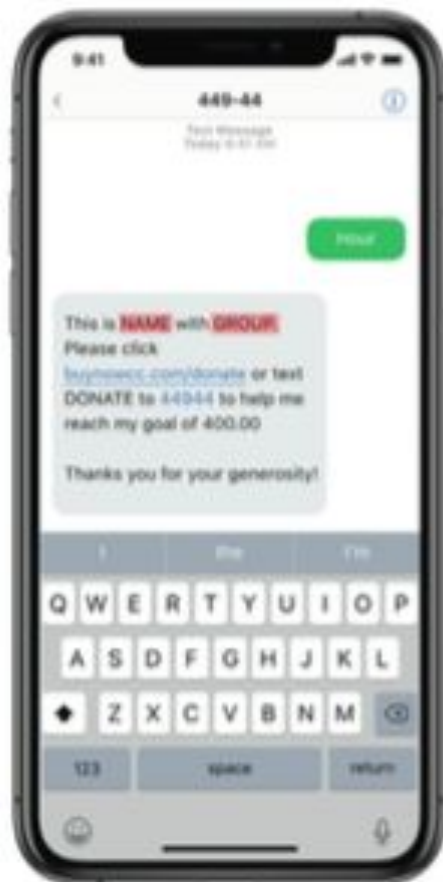
CALL 20 LIST TURN IN DATE: Wednesday, AUGUST 19th

HOUR-A-THON EVENT DATE & TIME: Friday, AUGUST 21st @
5:15pm - 6:15pm

Hour-A-Thon Program Reminders:

1. Email and hand out the call 20 sheet to parents and students. Have them gather numbers. When the student turns in their CALL 20 list on the date listed above.
2. Have students turn in their CALL 20 lists prior to the Hour-A-Thon Event date. Ensuring your group has sufficiently filled out CALL 20 lists will increase the productivity and results of your Hour-A-Thon event. These should be quality phone numbers of people that are willing to support the students.
3. The students will send out the 20-25 texts and then follow up with a short phone call to each number asking for their support.
4. The link will stay open for 5-7 days to allow people to donate. Students will receive and share a final text reminder before we close the link. This is a thank you to supporters and a reminder that we only have a few days left. We close the link and you have your check sent 48 hours later.

TEXT 1st



Step 1: Text **HOUR** to **44944**

Step 2: **COPY** response message

Step 3: Open new text (**DO NOT GROUP TEXT**)

Step 4: **PASTE**, and Change **NAME** and **GROUP** to yours! ***send 1st text to mom or dad and also ask them to post on their social media***

Step 5: Now **SEND**. Copy and Paste the Text to all your phone numbers.

Step 6: Go to the top of your list and **CALL EVERYONE**. Leave a message if no one answers.

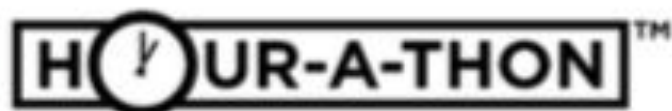
CALL 2nd

Phone Call and Voicemail Script:

Hello, this is ____ (name) ____ with ____ (your group) ____ . We are doing our Hour-A-Thon and I hope you could help us out by making a donation to our program? We are raising money for _____. I just sent you a text with the link, it is very simple. You pay with your credit or debit card on your phone. Can I count on your support?

Wait for them to answer.

If they didn't get the link, send it again or they can text **DONATE** to **44944** and get the link themselves. It is very easy. **DO NOT FORGET TO THANK THEM!**



Hello Parents,

We will be launching our Adrenaline Fundraising Hour-A-Thon in the coming days and wanted to answer any questions you may have to gain participation. Fundraising is vital for the success of our program and we truly need to raise funds. The Adrenaline Fundraising Hour-A-Thon has an efficient process that helps the students raise money for a successful year.

All we ask is that each parent/guardian help their student gather 20-25 or more cell phone numbers of their biggest supporters i.e. "Parents, Grandparents, Aunts, Uncles, Cousins, Older Siblings, Family friends." Please have the phone numbers written on the attached call list.

*****Phone numbers are only used by your student for fundraising. They will not be entered anywhere except on their own cell phone*****

A text message will be sent with donation link, followed by a call from your student to each of his/her potential donors. Your student will explain why we are fundraising and the potential donors can decide if and how much they want to donate.

There are no emails to collect, or constant bombarding of emails going out to your friends and family for weeks. It is one hour, personalized text and phone call and that is it.

We are confident there are many people eager to support your student and the Hour-A-Thon program affords them the opportunity to help. This Fundraiser will be a success if you help develop a quality list.

If you have any questions about this program, please feel free to contact your coach.

Top Supporters:

- Mom & Dad
- Step Parents
- Brothers & Sisters (older)
- Grandma & Grandpa
- Aunts & Uncles
- Cousins
- Religious Members
- Co-Workers
- Neighbors
- Family Friends
- Holiday Card Lists
- Former Coaches

Other Possible Supports:

- Accountant
- Chiropractor
- Dentist
- Doctors
- Hair Stylist
- Insurance Agent
- Massage Therapist
- Mechanic
- Mortgage Broker
- Orthodontist
- Personal Trainer
- Real Estate Agent
- Veterinarian

Name: _____

Please gather 20+ or more cell phone numbers of your biggest supporters i.e. "Parents, Grandparents, Aunts, Uncles, Cousins, Family friends."

	NAME	CELL PHONE #	TEXT	CALL	DONATION		
1			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
8			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
9			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
10			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
11			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
12			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
13			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
14			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
15			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
16			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
17			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
19			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
20			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
21			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
22			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
23			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

South Callaway Football Parent Association Bulldog Garage Sale

Where: Hecktor Residence – 221 East 14th St., Fulton

Friday, July 31st 8 a.m. – 6 p.m.

Saturday, August 1st 6 a.m. – 12 p.m. (\$3 Bag Sale)



Help the football team with donating unwanted items to our football garage sale. All items need to be donated by

Wednesday, July 29th.

Come on out and help support the Bulldogs!

All funds will go towards the FPA to be used towards supporting our team!

If you have any questions or need to schedule a pick up of materials for the garage sale please contact Danielle Hecktor (573.310.1210). She will also be in the parking lot during camp each night from July 20th to 28th from 6:00-7:00pm if you want to drop things off there. We are also looking for help in sorting items for the sale that week and help on the days of the sale.

The South Callaway Bulldogs Are on Social Media...



Find us under "We are Warriors"

See What is Happening Around the Bulldog Community, Look at Calendars, Schedules, Cool Pictures, Videos and Post Your Comments!!!

THE SOUTH CALLAWAY FOOTBALL TEAM HAS A TWITTER ACCOUNT!

FOLLOW US AND STAY UP TO DATE!



Instagram

SCHSBulldogFB

SC Bulldog Football ...
Pound the Rock

The South Callaway Bulldogs Have Their Own Website...



Find us at

www.southcallawayfootball.com

See What is Happening Around the Bulldog Community, Look at Calendars, Schedules, Cool Pictures, Videos and Post Your Comments!!!

THE SOUTH CALLAWAY FOOTBALL TEAM HAS A TWITTER ACCOUNT!

FOLLOW US AND STAY UP TO DATE!



@SCHSBulldogFB

SC Bulldog Football ...
Pound the Rock



Receive football updates via text

Parents and followers of the South Callaway high school football players are highly encouraged to sign up to receive football related texts through Remind. It is a free, safe, and simple messaging tool that helps keep football parents informed of important updates and reminders. All personal information is kept private. Your number is never disclosed and you can ask any questions by replying a text sent through Remind. Your reply will only come to me, not the group. No more pesky group texts!!! Let me know if you have any questions.

Shelly Vaughan

svaughan7377@gmail.com

573-220-6806

To receive messages via text, text
@bk6h9 to **81010**. You can opt-out
of messages at anytime by replying,
'unsubscribe @bk6h9'.

Trouble using 81010? Try texting
@bk6h9 to (573) 234-6796 instead.



Enter this number

Text this message

*Standard text message rates apply.

Receive football updates via email

To: All New Football Parents & Players
RE: Communication via email

Spring, 2020

I want to welcome all incoming Freshman football players and their parents. I like to keep players and their parents well informed. The most effective way for me to do this is by email.

It's hard for me to send mass emails from my school address, so I ask for a volunteer to take care of this for me. This year the emails will be sent out by **Shelly Vaughan**. Please make sure you add her to your contact list so as to receive all the current emails. Her email address is svaughan7377@gmail.com.

Here is what I need from you. Please email **Shelly Vaughan** directly letting her know your name(s), the name of your child/player and the preferred email address(es). She will be adding your name(s) and email addresses to the SC Football list.

I thank you for your time. Please let me know if you have any questions.

Have a wonderful day.

Coach Hess

South Callaway R-II Schools

Drug Testing Consent Form

BUILDING: ☐ MS

☐ HS

I understand fully that my performance as a participant and the reputation of my school is dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by the South Callaway R-II School District Board of Education and the sponsors for the activity in which I participate.

I also authorize the South Callaway R-II School District to conduct a test for drug use through a urine specimen that I will provide. I also authorize the release of information concerning the results of such a test to the South Callaway R-II School District and to my parent and/or guardian.



This shall be deemed consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

P-R-I-N-T-E-D Student Name

Student Signature

Phone

Parent/Guardian Signature

Date

For Office Use Only

Check the sport or activity in which student will participate during the year:

____ Basketball ☐ Boys ☐ Girls

____ Golf

____ Cheerleading ☐ Basketball ☐ Football

____ Quiz Bowl

____ Cross Country ☐ Boys ☐ Girls

____ Softball

____ Drill Team

____ Spring Baseball

____ Football

____ Track ☐ Boys ☐ Girls

PRE-PARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart for their records.)

Date of Exam:			
Name:			Date of Birth:
Sex:	Age:	Grade:	School:
Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking:			
Do you have any allergies: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please identify specific allergy below:			
<input type="checkbox"/> Medicines:	<input type="checkbox"/> Pollens:	<input type="checkbox"/> Food:	<input type="checkbox"/> Stinging Insects:

Explain "Yes" answers below. Circle questions you do not know the answer to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. 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 Other:		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. 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)?		
14. 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?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		
MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males) or spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headaches, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with the doctor?		
FEMALES ONLY	Yes	No
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		
Explain "Yes" answers here:		

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Athlete:

Signature of Parent(s) or Guardian:

Date:

PRE-PARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name:		Date of Birth:	
Physician Reminders: 1. Consider additional questions on more sensitive issues. • Do you feel stressed out or under a lot of pressure? • Do you ever feel sad, hopeless, depressed, or anxious? • Do you feel safe at your home or residence? • Have you ever tried cigarettes, chewing tobacco, snuff, or dip? • During the past 30 days, did you use chewing tobacco, snuff or dip? • Do you drink alcohol or use any other drugs? • Have you ever taken anabolic steroids or used any other performance supplements? • Have you ever taken any supplements to help you gain or lose weight or improve your performance? • Do you wear a seat belt, use a helmet, and use condoms? 2. Consider reviewing questions on cardiovascular symptoms (Questions 5-14).			
EXAMINATION			
Height:	Weight:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP: / (/)	Pulse:	Vision: R 20/ L 20/	Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/Ears/Nose/Throat • Pupils equal • Hearing			
Lymph Nodes			
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal pulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)**			
Skin • HSV lesions suggestive of MRSA, linea corporis			
Neurologic***			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Hip/thigh			
Knee			
Leg/ankle			
Feet/toes			
Functional • Duck-walk, single leg hop			
<small>*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam. **Consider GU exam if in private setting. Having third party present is recommended. ***Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.</small>			
<input type="checkbox"/> Cleared for all sports without restriction.			
<input type="checkbox"/> Cleared for all sports without restriction with recommendations for further evaluation or treatment for:			
<input type="checkbox"/> Not Cleared <input type="checkbox"/> Pending further evaluation <input type="checkbox"/> For any sports <input type="checkbox"/> For certain sports (please list): Reason:			
Recommendations:			
I have examined the above-named student and completed the pre-participation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).			
Name of Physician (type/print):		Date:	
Address:		Phone:	
Signature of Physician (MD/DO/ARNP/Chiropractor):			

*NOTE: Please refer to the MSHSAA Sports Medicine Manual, Page 2.

PRE-PARTICIPATION PHYSICAL EVALUATION

Missouri State High School Activity Association (MSHSAA) Eligibility and Authorization Statement

STUDENT AGREEMENT (Regarding Conditions for Participation)

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school and that I have not violated any of them.

I have read, understand, and acknowledge receipt of the MSHSAA brochure entitled "How to Maintain and Protect Your High School Eligibility," which contains a summary of the eligibility rules of the MSHSAA. (I understand that a copy of the MSHSAA Handbook is on file with the principal and athletic administrator and that I may review it in its entirety, if I so choose. All MSHSAA by-laws and regulations from the Handbook are also posted on the MSHSAA website at www.mshsaa.org).

I understand that a MSHSAA member school must adhere to all rules and regulations that pertain to school-sponsored, interscholastic athletics programs, and I acknowledge that local rules may be more stringent than MSHSAA rules.

I also understand that if I do not meet the citizenship standards set by the school or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it could result in me not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I understand that if I drop a class, take course work through Post-Secondary Enrollment Option, Credit Flexibility, or other educational options, this action could affect compliance with MSHSAA economic standards and my eligibility.

I understand that participation in interscholastic athletics is a privilege and not a right. As a student athlete, I understand and accept the following responsibilities:

- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
- I will be fully responsible for my own actions and the consequences of my actions.
- I will respect the property of others.
- I will respect and obey the rules of my school and laws of my community, state, and country.
- I will show respect to those who are responsible for enforcing the rules of my school and the laws of my community, state, and country.

I have completed and/or verified that part of this certificate which requires me to list all previous injuries or additional conditions that are known to me which may affect my performance in so representing my school, and I verify that it is correct and complete.

Signature of Athlete:

Date:

PARENT PERMISSION (Authorization for Treatment, Release of Medical Information, and Insurance Information)

Informed Consent: By its nature, participation in interscholastic athletics includes risk of serious bodily injury and transmission of infectious disease such as HIV and Hepatitis B. Although serious injuries are not common and the risk of HIV transmission is almost nonexistent in supervised school athletic programs, it is impossible to eliminate all risk. Participants must obey all safety rules, report all physical and hygiene problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily. **PARENTS, GUARDIANS, OR STUDENTS WHO MAY NOT WISH TO ACCEPT RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS FORM. STUDENTS MAY NOT PARTICIPATE IN MSHSAA- SPONSORED SPORT WITHOUT THE STUDENT'S AND PARENT'S/GUARDIAN'S SIGNATURE.**

I understand that in the case of injury or illness requiring transportation to a health care facility, a reasonable attempt will be made to contact the parent or guardian in the case of the student-athlete being a minor, but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

We hereby give our consent for the above student to represent his/her school in interscholastic athletics. We also give our consent for him/her to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it be en route to or from another school or during practice or an interscholastic contest; and we hereby agree to hold the school district of which this school is a part and the MSHSAA, their employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child/ward in any activities related to the interscholastic program of his/her school.

If we cannot be reached and in the event of an emergency, we also give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. We authorize the release of necessary medical information to the physician, athletic trainer, and/or school personnel related to such treatment/care. We understand that the school may not provide transportation to all events, and permit / do not permit (CIRCLE ONE) my child to drive his/her vehicle in such a case.

To enable the MSHSAA to determine whether the herein named student is eligible to participate in interscholastic athletics in the MSHSAA member school, I consent to the release of the MSHSAA any and all portions of school record files, beginning with seventh grade, of the herein named student, specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, academic work completed, grades received, and attendance data.

We confirm that this application for the above student to represent his/her school in interscholastic athletics is made with the understanding that we have studied and understand the eligibility standards that our son/daughter must meet to represent his/her school and that he/she has not violated any of them. We also understand that if our son/daughter does not meet the citizenship standards set by the school or if he/she is ejected from an interscholastic contest because of an unsportsmanlike act, it could result in him/her not being allowed to participate in the next contest or suspension from the team either temporarily or permanently.

I consent to the MSHSAA's use of the herein named student's name, likeness, and athletic-related information in reports of contests, promotional literature of the Association and other materials and releases related to interscholastic athletics.

We further state that we have completed that part of this certificate which requires us to list all previous injuries or additional conditions that are known to us which may affect this athlete's performance or treatment and we certify that it is correct and complete.

The MSHSAA By-Laws provide that a student shall not be permitted to practice or compete for a school until it has verification that he/she has basic health/accident insurance coverage, which includes athletics. Our son/daughter is covered by basic health/accident insurance for the current school year as indicated below:

Name of Insurance Company:	Policy Number:
Signature of Parent(s) or Guardian:	Date:

PARENT AND STUDENT SIGNATURE (Concussion Materials)

We have received and read the MSHSAA materials on Concussion, which includes information on the definition of a concussion, symptoms of a concussion, what to do if you have a concussion, and how to prevent a concussion.

Signature of Athlete:	Date:
Signature of Parent(s) or Guardian:	Date:

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)	Address	Phone Number
Name of Contact	Relationship to Athlete	Phone Number
Name of Contact	Relationship to Athlete	Phone Number

\$10 ATHLETIC PHYSICALS

OFFERED BY:

Dr. Roach



WHEN: WEDNESDAY, AUGUST 5th 2p - 5p

WHERE: SOUTH CALLAWAY HIGH SCHOOL AUDITORIUM

WHO: ALL STUDENTS (PARENTS CAN COME TOO) WHO MAY BE PARTICIPATING IN AN EXTRACURRICULAR ACTIVITY NEXT YEAR!

WHAT TO BRING: INSURANCE INFORMATION (IF PARENTS ARE UNABLE TO ATTEND, PLEASE HAVE PHYSICAL FORM ALREADY FILLED OUT W/ PARENTS SIGNATURE)

MAKE CHECKS PAYABLE TO SOUTH CALLAWAY R-II

South Callaway Will Again Be Using Software that We Believe Will Help
Us in Our Scouting and Video Breakdown of Other Teams!



www.hudl.com

**The great thing about this software is that we now can have our whole team online and watching
game film on their Ipad or home/school computer!**

With This Software a South Callaway Football Player Can...

- Watch Game and Scout Film on Any Computer (Home, School, Library, etc.) that has Internet Connection
- Create Their Very Own Highlight Film With Their Top Plays
- Share This Film With Colleges to Help With the Recruiting Process

**IF YOU OR YOUR SON ALREADY HAS A FOOTBALL HUDL ACCOUNT YOU DO NOT
NEED TO SIGN UP FOR THIS AGAIN!!!**

The Best Part is that this is Totally Free to You the Parent/Player. All We Need is a Working Email Address
So We Can Send You a Password and Get You Started!

Please Remove and Return

Player's Name:

Player's Email Address

Player's Phone Carrier

Any Questions?



Contact Info:

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