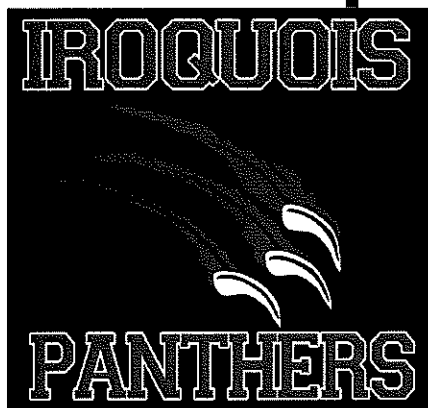


2024 Iroquois 7th & 8th Grade Football



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 Thoe- 586-723-3755
jthoe102@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 10th @ 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 (jvitale@cvs.k12.mi.us) 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 Student: _____

➔ Date of Birth: ____/____/____ School: Chippewa Valley High School Algonquin Middle School Wyandot Middle School
 Dakota High School Iroquois Middle School Seneca Middle School

➔ Athlete's Graduation Year – (circle) 2021 2022 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: _____

I HEREBY GIVE MY CONSENT FOR THE STUDENT NAMED ABOVE TO ENGAGE IN INTERSCHOLASTIC ATHLETICS AND UNDERSTAND THE POSSIBILITY THAT SERIOUS INJURY MAY RESULT FROM PARTICIPATING IN ATHLETIC ACTIVITIES. I FURTHER UNDERSTAND THAT THE ABOVE STUDENT WILL BE EXPECTED TO ADHERE FIRMLY TO ALL ESTABLISHED ATHLETIC POLICIES OF THE SCHOOL DISTRICT AND THE MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION. I 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 RESPONSIBILITY FOR THE EXPENSES OF SUCH CARE. I AUTHORIZE CHIPPEWA VALLEY SCHOOLS TO USE A PHOTOGRAPH OR VIDEO RECORDING OF MY CHILD FOR DISTRICT NEWS OR WEB PAGE PUBLICATIONS. MY SIGNATURE ACKNOWLEDGES THAT I HAVE READ THIS ENTIRE DOCUMENT AND I AGREE ON BEHALF OF THE ABOVE-NAMED STUDENT AND MYSELF TO ABIDE BY ALL OF ITS PROVISIONS.

➔ SIGNATURE OF PARENT/GUARDIAN: _____ Date: ____/____/____

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 ATHLETE: _____ Date: ____/____/____

IMPACT TEST ACKNOWLEDGEMENT FOR STUDENT ATHLETES AND PARENTS

Chippewa Valley Schools are implementing an innovative program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). Student Athletes are required to take an ImPACT Test. ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during practices and or competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is given to a local doctor to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted.

I give my permission for the student athlete named above to take an ImPACT Test. I understand that my child may need to be tested more than once, depending upon the results of the test, as compared to my child's baseline test, which will be on file. I understand there is no charge for the testing at Chippewa Valley HS. I understand that there may be charges incurred by follow up care.

➔ Printed Name of Parent or Guardian: _____

➔ Signature of Parent or Guardian: _____ Date: ____/____/____

➔ Cell Number: _____ - _____ - _____ Email Address: _____



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY

- To be completed by parent or guardian or 18-year-old.
Must be signed below 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

Form with fields for Student's Name (Last, First, MI, Sex, Grade, Date of Birth, Age), Student's Address (Number and Street, City, ZIP), Name of Father or Guardian (Work Phone), Name of Mother or Guardian (Work Phone), Family Doctor (Office Phone), and Student's Home Phone.

INSURANCE STATEMENT AND MEDICAL HISTORY

Our Son/Daughter will comply with the specific insurance regulations of the school district and the Medical History questions are as complete and correct as possible.

Family Insurance Co: _____ Contract #: _____

Signatures of Student: _____ & Parent/Guardian or 18 Year Old: _____

Table with columns for General Questions, Your Family's Heart Health Questions, Bone and Joint Questions, Immunization History, Medical Questions, and Females Only. Each question has YES/NO columns.

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

Signature: _____ Signature of: _____ Date: _____
Of Student Parent/Guardian

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

EMERGENCY INFORMATION - To Be Completed by Parent or Guardian or 18 Year Old

Emergency information form with fields for Student's Name, Grade, IN EMERGENCY CONTACT (1) or (2), Phone #, Cell #, Family Doctor, Phone, Allergies, Drug Reactions, and 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 AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PLEASE PRINT

STUDENT'S COMPLETE LEGAL NAME:			Last	First	Middle		
STUDENT'S DATE OF BIRTH:	Month	Day	Year	PLACE OF BIRTH:	City State		
CIRCLE GRADE:	7	8	9	10	11	12	SCHOOL:

PHYSICAL EXAMINATION & MEDICAL CLEARANCE

To be completed by the examining MD, DO, PA or NP & Returned Directly to the patient. Categories may be added or deleted. Check Appropriate Column

EXAMINATION: (Circle Correct Response As Necessary)	Height:	Weight:	Male/Female	BP: /	Pulse:	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, 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 - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

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

SIGNATURE OF

EXAMINER: _____

PRINTED NAME

OF EXAMINER: _____

CIRCLE ONE

MD DO PA NP

DATE: _____

STUDENT PARTICIPATION

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or negotiable certificate for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after my school season has been completed. I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

Signature of STUDENT: _____ Date: _____

PARENT OR GUARDIAN OR 18-YEAR-OLD CONSENT

I 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; and I understand the possibility that serious injury may result from participating in athletic activities. He/She has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

Signature of PARENT OR GUARDIAN OR 18 YEAR-OLD _____

Date _____

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

MEDICAL TREATMENT CONSENT - To Be 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 _____

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 **previously arranged transportation**. 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 Name: _____

Parent/Guardian Name: _____

Home #: _____

Cell #: _____

Work #: _____

Parent/Guardian Signature: _____

Iroquois Football Summer Weightlifting – Coach Vitale (723-3807)

June

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
						1
2	3	4	5	6	7	8
9	10 Football Parent Meeting for next Year/summer 6:00pm	11 Last Day of School	12	13	14	15
16	17	18	19	20	21	22
23	24 Lift 10-11:30am	25 Lift 10-11:30am	26	27 Lift 10-11:30am	28	29
30						

2024

Iroquois Football Summer Weightlifting – Coach Vitale (723-3807)

July

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
	1 DEAD WEEK	2	3 NO LIFTING	4	5	6
7	8 Lift 10-11:30am	9 Lift 10-11:30am	10	11 Lift 10-11:30am	12	13
14	15 Lift 10-11:30am	16 Lift 10-11:30am	17	18 Lift 10-11:30am	19	20
21	22 Lift 10-11:30am	23 Lift 10-11:30am	24	25 Lift 10-11:30am	26	27
28	29 Lift 10-11:30am	30 Lift 10-11:30am	31			

2024

August

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
				1 Lift 10-11:30am	2	3
4	5 Lift 10-11:30am	6 Lift 10-11:30am	7	8 Lift 10-11:30am	9	10
11	12 Lift 10-11:30am	13 Lift 10-11:30am	14	15 Lift 10-11:30am	16	17
18	19	20	21 EQUIPMENT DAY 8 TH GRADE 3-4:30PM	22 EQUIPMENT DAY 7 TH GRADE 3-4:30PM MAKEUP 4:30-5:00	23	24
25	26	27	28	29	30	31

2024



Iroquois Middle School

2024 Iroquois Football Schedule



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

