ALMONT FOOTBALL

FOUR PROGRAMS ONE FAMILY

MS INFORMATION
2026 SEASON

INCLUDES:

Season Information - Coach Loomis
Summer Schedule - Coach Loomis
GAME Schedule
FamilyID Information Sheet
Team Camp Form
MHSAA Physical Form
Game Socks Order Form
Away Game Meal Order Form

2026 SEASON FAN GEAR NOW AVAILABLE

ORDER ONLINE!

Men's, Women's and Youth sizes!!!
Great styles and colors to choose from.

RAIDERS FOOTBALL 2026

For up-to-date program information and schedules, visit the Official Almont Football website, also on Facebook, Instagram & X.

WWW.ALMONTFOOTBALL.COM

Almont Raiders-Football | @AlmontRaidersFB
@AlmontRaidersFB | TEXT @almontfb to 81010

ALMONT MIDDLE SCHOOL FOOTBALL INFO SHEET

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

Assistant Coaches: Anthony Medley - Kenny Stott – Cole Willard

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

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

REQUIREMENT CHECKLIST BY DATE:

___ **FAMILY ID:** Register your player for MS Football on FamilyID **as soon as possible**.

___ **BAND App:** Join 2026 AMS Football BAND as soon as possible **by scanning this QR Code:**

___ **CAMP REGISTRATION:** Submit MS Football Camp Registration Form and $$ to Coach Leusby by **July 8-ish**.

___ **PAY TO PAY REGISTERTION FEE:** Pay $100 Registration Fee by no later than Equipment Handout on **August 10**.

___ **SOCK ORDER:** Submit Sock Order Form ($3) by no later than **August 10**.

___ **FUNDRAISER:** Submit Fundraiser Form and $$ by no later than **August 10**.

___ **MHSAA SPORTS PHYSICAL:** Upload **COMPLETED** Player Physical Form (*dated after April 15, 2026*) to FamilyID by no later than **August 17**.

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

ATTENDANCE: Summer Sessions: Generally, within the 6-8pm Time Window. Most will be broken into position groups (i.e. 6-7/7-8) others will be with entire team 6-8pm. NOTE: These are absolutely VOLUNTARY sessions. Attendance is NOT required to be a member of this team. HOWEVER, we only have 11 official practices before our first game. So, these summer sessions will be used to teach and rep key fundamental techniques AND to install schemes and systems. BENEFIT: Participation will count towards order for equipment handout. Meaning, the more a player participates, the closer to the front of the line he is when equipment is handed out on August 10.

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

EQUIPMENT HANDOUT ON AUGUST 10: Players will be assigned a locker in the MS locker room where they will keep their football equipment during the season. For this, the following will be needed:

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

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

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

TENTATIVE 2026 ALMONT MS FOOTBALL CALENDAR

JUNE

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

JULY

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

AUGUST

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

SEPTEMBER

S	M	T	W	T	F	S
		1 PRACTICE 5:30-7:30p	2 GAME DAY v ARMADA	3 PRACTICE 3:00-4:30p	4 NO PRACTICE ENJOY LABOR DAY!	5
6	7 PRACTICE 6:30-8:30p	8 PRACTICE 5:30-7:30p	9 PRACTICE 5:30-7:30p	10 GAME DAY @ RICHMOND	11 FILM & CONDITION 3:00-4:30p	12
13	14 PRACTICE 5:30-7:30p	15 PRACTICE 5:30-7:30p	16 PRACTICE 5:30-7:30p	17 GAME DAY @ YALE	18 FILM & CONDITION 3:00-4:30p	19
20	21 PRACTICE 5:30-7:30p	22 PRACTICE 5:30-7:30p	23 PRACTICE 5:30-7:30p	24 GAME DAY v IMLAY CITY	25 FILM & CONDITION 3:00-4:30p	26
27	28 PRACTICE 5:30-7:30p	29 PRACTICE 5:30-7:30p	30 PRACTICE 5:30-7:30p			

OCTOBER

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

June 2026

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
SUMMER BREAK — GREAT TIME FOR FAMILY VACATION						
	WEIGHT ROOM **10-11:00 AM 6:30-7:30 PM**	WEIGHT ROOM **10-11:00 AM**	WEIGHT ROOM **5-6:00 PM**	WEIGHT ROOM **10-11:00 AM**		
14	15	16	17	18	19	20
7 PM PROGRAM MEET & GREET	**SUMMER BREAK —** GREAT TIME FOR FAMILY VACATION					
	WEIGHT ROOM **10-11:00 AM 6:30-7:30 PM**	WEIGHT ROOM **10-11:00 AM**	WEIGHT ROOM **5-6:00 PM**	WEIGHT ROOM **10-11:00 AM**		
21	22	23	24	25	26	27
SUMMER BREAK — GREAT TIME FOR FAMILY VACATION						
	WEIGHT ROOM **10-11:00 AM 6:30-7:30 PM**	WEIGHT ROOM **10-11:00 AM**	WEIGHT ROOM **5-6:00 PM**	WEIGHT ROOM **10-11:00 AM**		
28	29	30				
MHSAA DEAD WEEK — GREAT TIME FOR FAMILY VACATION						

*AS OF 05/28/26

ALMONT FOOTBALL

1977, 1996, 1998, 2006-2008, 2010-2025 MHSAA Playoff Qualifiers
2006-2008, 2010, 2014, 2018, 2019, 2023-2025 Blue Water Area Conference (BWAC) Champions
2008, 2011, 2014 & 2019 MHSAA Division 5 District Champions; 2023 & 2025 MHSAA Division 6 District Champions
2011, 2014 & 2019 MHSAA Division 5 Regional Champions; 2023 & 2025 MHSAA Division 6 Regional Champions
2011 & 2014 MHSAA Division 5 State Semi-Finalists; 2019 MHSAA Division 5 State Semi-Finals Champions
2023 MHSAA Division 6 State Semi-Finals Champions; 2025 MHSAA Division 6 State Semi-Finalist
2019 MHSAA Division 5 State Championship Finalist
2023 MHSAA Division 6 State Championship Finalist

MS GAME SCHEDULE

Date	Event	Type	Start Time	Location	
Wed Sep 2	ARMADA AREA HIGH SCHOOL	SG	4:30 PM	Almont High School (Almont High School)	Home
Thu Sep 10	RICHMOND COMMUNITY HIGH SCHOOL	SG	4:30 PM	RICHMOND COMMUNITY HIGH SCHOOL	Away
Thu Sep 17	YALE SENIOR HIGH SCHOOL	SG	4:30 PM	YALE SENIOR HIGH SCHOOL	Away
Thu Sep 24	IMLAY CITY HIGH SCHOOL	SG	4:30 PM	Almont High School (Almont High School)	Home
Thu Oct 1	NORTH BRANCH HIGH SCHOOL	SG	4:30 PM	NORTH BRANCH HIGH SCHOOL	Away
Thu Oct 8	TBD	SG	4:30 PM	TBD	Away
Thu Oct 15	CROSWELL-LEXINGTON HIGH SCHOOL	SG	4:30 PM	Almont High School (Almont High School)	Home

ATHLETIC DIRECTOR/DEAN OF STUDENTS
Zach Zimmerman
ZZIMMERMAN@ALMONTSCHOOLS.ORG
(810) 673-9203

ATHLETIC/DEAN OF STUDENTS SECRETARY
Debbie Lemon
DLEMON@ALMONTSCHOOLS.ORG
(810) 798-9201

REVISED 06/09/2026

STEPS TO REGISTER YOUR ATHLETE ON FamilyID

This message is for families with children participating in sports at Almont Community Schools.

We are excited to announce that Almont Community Schools is now offering the convenience of online registration through FamilyID for our sports programs. Family ID is a secure registration platform that provides you with an easy, user-friendly way to register for our sport programs and helps us to be more administratively efficient and environmentally responsible.

When you register through FamilyID, the system keeps track of your information in your FamilyID profile. You enter your information only once for each family member for multiple uses and multiple programs. *Do not register / pay for your child until they have tried out and made a team.*

As in the past, students must have a completed hard copy of the MHSAA Physical Form. The completed physical form must be brought to the Athletic Office at the High School **before** tryouts. This form will remain on file in the athletic office until it expires. (See the top of the MHSAA physical form for more information on expiration).

Once your child has tried out and been accepted on a team, a parent / guardian, along with the student athlete can go to www.almontschools.org and click on Athletics, then on the next page click on FamilyID. Once you have reached the FamilyID site, you can register by clicking on "Register Now". Follow the "new family" or "returning family" steps below:

DIRECTIONS FOR NEW FAMILIES:

1. To find your program, click on the link above and select the registration form under the word ***Programs***.
2. Next click on the green ***Register Now*** button and scroll, if necessary, to the ***Create Account/Log In*** green buttons. If this is your first time using FamilyID, click ***Create Account***. Click ***Log In***, if you already have a FamilyID account.
3. ***Create*** your secure FamilyID account by entering the account owner Frist and Last names (parent / guardian), E-mail address and password. Select ***I Agree*** to the FamilyID Terms of Service. Click ***Create Account***.
4. You will receive an email with a link to activate your new account. (If you don't see the email, check your E-mail filters (span, junk, etc.)
5. Click on the link in your activation E-mail, which will log you in to FamilyID.com.
6. Once in the registration form, complete the information requested. All fields with a red* are required to have an answer.
7. Click the ***Save & Continue*** button when your form is complete.
8. Review your registration summary.
9. Click the green ***Submit*** button. After selecting "Submit", the registration will be complete. You will receive a completion email from FamilyID confirming your registration.

At any time, you may log in at www.familyid.com to update your information and to check your registration(s). To view a completed registration, select the "Registration" tab on the blue bar.

DIRECTIONS FOR RETURNING FAMILIES:

You may use the information you submitted in previous seasons to save time with future registrations. Please use the following steps.

1. Click on the Current Season registration form on your school's FamilyID Landing page.
2. Login using the e-mail address and password you created last season.
3. Choose the sport.
4. Click on "Add Participant Below or Click to Select" and pick your child's name.
5. Update health and demographic information, if necessary.
6. Sign-off on seasonal agreements.
7. Save and Submit.

SUPPORT: If you need assistance with registration, contact FamilyID at: support@familyid.com or call 888-800-5583 x1. Support is available 7 days per week and messages will be returned promptly.

ALMONT FOOTBALL

ALMONT MIDDLE SCHOOL FOOTBALL CAMP

* JULY 27 - July 30, 2026 - 6:00-8:00 PM *

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

Investment: $40

Deadline for pre-registration and t-shirts **July 10**

Camp Mission — The goal of the Almont Football Camps is to teach the game of football through stressing the fundamentals with enthusiasm and repetition.

Camp Location — Almont High School — Football Complex — 4701 Howland Rd., Almont, MI 48003

Camp Staff — Coach Leusby, Almont Football Coaching Staff & Almont Football Players

Camp Information— Each camper will receive a t-shirt at the end of camp. Each camper should wear cleats, shorts and a t-shirt and bring a water bottle each day.

Camp Registration— **Deadline for pre-registration and t-shirts is July 10.** Please continue to register up to and including day of your desired camp. If t-shirts are still available, you will be given one. Please contact Coach Leusby 586-405-2715 if the investment is difficult at this time, we will be able to work something out. This shouldn't be a reason for your son/daughter to not attend camp.

MAKE CHECKS PAYABLE TO: ALMONT FOOTBALL

Return or mail this form with payment to: Coach James Leusby, 14762 Rice Dr., Sterling Heights, MI 48313

PLAYER'S NAME _____ AGE _____ GRADE (FALL 2026) ____

ADDRESS _____ CITY _____ ZIP _____

CONTACT NUMBER (___) _____ PARENTS NAME(S) _____

PARENT EMAIL _____

T-Shirt size: YOUTH- YS YM YL ADULT- SM M L XL 2XL

We do not hold Almont Community Schools or camp staff responsible for any injuries that may occur at Almont Football Youth Camps. If there is an emergency, please contact the number below.

PARENT SIGNATURE _____ EMERGENCY NUMBER (___) _____

MS-2026

FOUR PROGRAMS ONE FAMILY

michigan high school athletic association

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, ether 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 ll 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 regula ions 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: _____

- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -

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

I, _____, an 18-year-old, or the parent or guardian of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

(4) Signature of **PARENT** or **GUARDIAN** or **18-YEAR-OLD**: _____ Date: _____

michigan high school athletic association

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

Student Name: _____ Date of Birth: _____

Doctor: _____ Doctor's Phone: _____ Date of Exam: _____

- GENERAL QUESTIONS	Y	N
Has a doctor ever denied or restricted your participation in sports for any reason?		
Do you have any ongoing medical conditions? If so, please identify below:		
❑ 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 50 (including drowning, unexplained car accident or sudden infant death syndrome)?		
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?		
- BONE AND JOINT QUESTIONS	**Y**	**N**
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?		
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?		
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?		
Do you regularly use a brace, orthotics or other assistive device?		
Do you have a bone, muscle or joint injury that bothers you?		
Do any of your joints become painful, swollen, feel warm or look red?		
Do you have any history of juvenile arthritis or connective tissue disease?		
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?		

- MEDICAL QUESTIONS	Y	N
Do you cough, wheeze or have difficulty breathing during or after exercise?		
Have you ever used an inhaler or taken asthma medicine?		
Is there anyone in your family who has asthma?		
Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?		
Do you have groin pain or a painful bulge or hernia in the groin area?		
Have you had infectious mononucleosis (mono) within the last month?		
Do you have any rashes, pressure sores or other skin problems?		
Have you had a herpes or MRSA skin infection?		
Do you have headaches or get frequent muscle cramps when exercising?		
Have you ever become ill while exercising in the heat?		
Do you or someone in your family have sickle cell trait or disease?		
Have you had any problems with your eyes or vision or any eye injuries?		
Do you wear glasses or contact lenses?		
Do you wear protective eyewear such as goggles or a face shield?		
Immunization History: Are you missing any recommended vaccines?		
Do you have any allergies?		
Have you ever had a head injury or concussion?		
Do you have any concerns that you would like to discuss with a doctor?		
Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?		
Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?		
Have you ever had an eating disorder?		
Do you worry about your weight?		
Are you trying to or has anyone recommended that you gain or lose weight?		
Are you on a special diet or do you avoid certain types of foods?		
- FEMALES ONLY (Optional)	**Y**	**N**
Have you ever had a menstrual period?		
How old were you when you had your first menstrual period?		
How many periods have you had in the last 12 months?		

CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: Weight: ❑ Male ❑ Female BP: / Pulse: Vision: R 20/ L 20/ Corrected: ❑ Y ❑ N

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back		
Lymph nodes			Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Elbow/Forearm		
Pulses: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitourinary (males only)			Leg/Ankle		
Skin: HSV: Lesions suggestive of MRSA, tinea corporis			Foot/Toes		
Neurologic			Functional Duck Walk		

RECOMMENDATIONS: _____

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below.

BASEBALL – BASKETBALL – BOWLING – COMPETITIVE CHEER – CROSS COUNTRY – FOOTBALL – GOLF – GYMNASTICS – ICE HOCKEY
LACROSSE – SKIING – SOCCER – SOFTBALL – SWIMMING/DIVING – TENNIS – TRACK & FIELD – VOLLEYBALL – WRESTLING

EXAMINER

Name of Examiner (print/type): _____ Date: _____

Signature of Examiner: _____ (Check One): ❑ MD ❑ DO ❑ PA ❑ NP

- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

Student: _____ Grade: _____ Doctor: _____ Phone: (_____)_____

IN EMERGENCY (1): _____ Home #: (_____)_____ Cell #: (_____)_____

IN EMERGENCY (2): _____ Home #: (_____)_____ Cell #: (_____)_____

Drug Reactions: _____ Current Medications: _____

Allergies: _____

ALMONT FOOTBALL

Exact styles may vary slightly

$15 each pair

ADULT SIZE 8-12 (ONE SIZE FITS MOST)

DEADLINE TO ORDER: JULY 11

MAKE CHECKS PAYABLE TO: **ALMONT FOOTBALL**

NAME _____

QUANTITY _____ TOTAL $ _____

FOUR PROGRAMS ONE FAMILY

ROZA's PIZZA of ALMONT

IS OFFERING AWAY GAME MEALS TO PLAYERS

We Are Proud Sponsors of Almont Athletics!

EACH $10 MEAL INCLUDES: SUB, CHIPS, WATER & A COOKIE

If interested, return this form with SEPARATE PAYMENT MADE TO ROZA'S to Coach Leusby with other forms and payments by July 10th.

Player Name: _____

Circle: **VARSITY - $50**
JV - $50
MS - $40

- ☐ HAM & CHEESE
- ☐ TURKEY & CHEESE
- ☐ ITALIAN

DUE July 10

Make checks payable to: ROZA'S