

2026



# Welcome Parents 2026 South Forsyth Football Season

TDC Presents:

South Forsyth High School Football Program

Tuesday , March 10<sup>th</sup> 2026

South Forsyth Cafeteria



# Tonight's Agenda



- Cindy Watkins/Tracy Smith:
  - TDC Intro and Program Overview
- Diane King and Devin Smith:
  - Sports Medicine and Dragonfly Overview
- Head Coach James Thomson:
  - Coach Overview and 2026 Schedule

Co-Presidents  
*Cindy Watkins  
and Tracy Smith*

- Board Liaison
- AD Liaison
- Head Coach Liaison
- Community Liaison
- Feeder Liaison

Communications  
*Dave Stark*

- Recording Secretary
- Manages Social Media
- Manages Website
- Manages TDC Email

Treasurer  
*Andrea  
McDermont*

- CFO / Finance
- Manages TDC Budget
- Oversees all Accounting Functions for TDC
- Oversees Collection of all Monies for the TDC

Facilities and  
Game Day Services  
*Brittany Gold*

- Pre-Game Setup
- Post Game Break Down
- Chain Gang
- Clean Up Day
- Concessions



❖ Still Needed

Events & Hospitality  
*Torrie Roush and  
Brittany Peck*

- Manages TDC Events
- Manages Team Meals
- Student Athlete Awards
- Food Service Coordinators

Game Day Production  
*Doug Thomas*

- Game Day Stadium Announcer
- Manages Press Box
- Video Board Production
- Away Game Podcast Announcer
- Game Day Agenda

Fundraising  
*Brookanne  
String*

- TDC Membership
- Fundraising
- Spirit Wear
- Spirit Nights

Sponsorships  
*Todd Spencer,  
Cathy Cooper,  
Allison  
Wisendbaker*

- Sponsorship Sales Team
- Sponsorship Content Coordination
- Marketing / Video Board Content
- Production of Sponsorship Materials
- Game Day Fan Experience

**TEAM PARENTS**

- ❖ SR, JR, SO, **FR Class**

# Touch Down Club Responsibilities



- Signing Day
- Spring Parent Meeting
- Fundraising
- Sponsorships
- TDC Memberships
- 7 on 7 Tournaments/Camp assistance
- Clean Up Day / Photo Day / Senior Sponsor Day
- Banking & Budget
- Feeder Team(s) Assistance
- Programs
- Spirit Wear
- Game Day / Set up / Chain Gang
- Production / Video Board
- Eagles Nest
- Pre / Post Game / Practice Meals
- Coaches Meals
- Website / Social Media
- Banquet
- Live Game Day Audio Podcast
- AND More.....

# Team Parent Responsibilities



## FRESHMEN

Elizabeth Howard and .....

- Freshman & JV Pre-game Meals

## SOPHOMORES

Ashley Brown and Chanae Nicholson

- TDC Eagle's Nest Dinners

## JUNIORS

Kathleen Burns and .....

- Film Breakfasts/Lunches
- Banquet
- Senior Events

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## SENIORS:

Kim Stahl and Shannon Cox

Senior Banners

# Volunteers Needed (*HOME Games*)



## FRESHMAN GAMES

- 3 Chain Gang
- 1 Spotter
- 1 Clock/Scoreboard Operator
- 1 Field Set-up

*(3 home games)*

## JV GAMES

- 3 Chain Gang
- 1 Spotter
- 1 Clock/Scoreboard Operator
- 1 Field Set-up

*(3 home games)*

## VARSITY GAMES

- 4 Chain Gang
- 5+ Field Set-up

*(5 home games + 1 home scrimmage)*

\*\*Volunteer positions are preferable for the entire 2026 Football Season, but any volunteer time is welcome.\*\*

# Player Dues \$1,500

***\$750 due May 1<sup>st</sup>, \$750 due June 1<sup>st</sup>***



- Use of facilities, weight room, equipment, and uniforms
- Team Player Package (practice shirt/shorts, compression shirt, t-shirts, etc.)
- Transportation fees to away games
- 7 on 7/Camp (\$350/team) Registration Fees – Coach Clinics
- Videographer, Recruiting Tools, Signing Day
- HUDL access (\$4,000) , Media day, Coaching services, Game-day technology (\$6,700)
- Pre/Post-game meals & Film/Post-morning practice breakfasts (\$25,000)
- Medical supervision by professional athletic trainer and team physician
- Additional coach stipends (to lower player to coach ratio)
- Player End-of-Season Banquet costs (\$8,500)
- Photography (\$2500 L.M.)(\$7000 Paul Ward) & Player Recognition (Senior Night, Fat Heads, etc.)

And **MUCH** More!

# 2026 SFTDC Fundraising & Registration



## FUNDRAISING:

- 2026 South Forsyth Football Fundraiser officially kicks off today, Tuesday March 10th.
- Each player will receive **30 cards @ \$20 each (\$600 total)** to partially recoup player dues.

## REGISTRATION:

- [www.southforsythfootball.com](http://www.southforsythfootball.com)
- Top Menu bar click: *“Parent Portal – Player Registration & Payment”*
- Password for Portal and Registration Form: Southproud2026
- *“Player Registration and Player Fee Payments Portal”* link
- Input parent emails, player clothing sizes, payment, etc.
  - (Also where you would Sign up and Pay for TDC Membership)

# 2026 Sponsorships



## • TDC Sponsorships

- Title : \$10,000
- War Eagle : \$5,000
- Blue: \$1,500
- Silver: \$750.00
- Sideline: \$100-\$500

## War Eagle Game Shout-outs

- First Down: \$3,000
- Red Zone: \$3,000
- TouchDown: \$3,000
- Time Out: \$2,500
- Side Tent: \$2,500
- Broadcast/Coaches Corner Sponsor: \$2,000
- Opening Kick Off: \$1,500
- Second Half Kick Off: \$1,500
- Coin Toss: \$1,500
- Eagles Nest: \$1,500
- Video Ad Package: \$1,500
- Player Pre Game Meal: \$1,000
- Broadcast/Coaches Corner Shout Out: \$500

# 2026 Touchdown Club Membership



Blue Level

\$400

Silver Level

\$700

## Membership Includes:

- Exclusive **Swag Bag** filled with curated **Spirit Wear items**
- **Tickets** to all HOME Football Games
- Preferred **Parking Pass(s)**
- Forsyth County News and NFHS **subscriptions**
- Admission to **Eagle's Nest Meal** for all Varsity HOME Games
- **Football Program** (including a **Player Recognition Ad**)
- Sign up and Pay via Parent Portal at [www.southforsythfootball.com](http://www.southforsythfootball.com)  
(number and type of above items dependent on membership level purchased)

# Key Dates



- BLUE/WHITE DINNER AND GAME May 15th (more to come)
- PLAYER FEE DEADLINE: ***June 1 (Mandatory)***
- PLAYER FEE REFUND DEADLINE: ***June 15th***
- TDC MEMBERSHIP DEADLINE: ***July 1<sup>st</sup>***
- TEAM OVERNIGHT CAMP (FCA Camp) : ***July 8th – July 10th***
- VACATION WEEK: ***May 25th- May 29th and June 29<sup>th</sup> – July 3rd***
- PICTURE DAY: ***July 25th (Mandatory Senior Parents / Family)***
- CLEAN UP DAY: ***July 25th (Mandatory volunteer 1 parent per player)***
- FAMILY SOCIAL EVENT/TEAM BUILDING: ***TBD***
- 1 SCRIMMAGE: ***August 7<sup>th</sup>***
- SEASON-END BANQUET: ***Sunday December 13<sup>th</sup>***



**Thank you!**

**We are SOUTH FORSYTH!!**

**QUESTIONS?**

## Meet Your Athletic Trainers

- Ms. Diane King, MS, ATC, RD, CSSD
- Devin Smith, MS, ATC, CSCS
- Children's Healthcare of Atlanta Sports Medicine



**Children's**<sup>SM</sup>  
Healthcare of Atlanta

# How We Care for Your Athlete

Injury  
Prevention

Taping, Bracing,  
protective  
equipment

Warm-up and  
recovery  
guidance

Injury Care

Injury Evaluation  
at practice and  
games

Treatment and  
rehabilitation

Return-to-play  
decisions

# Where to Find the Athletic Trainers

## Training Room Location

- Football Fieldhouse behind the stadium
- Availability
- Afterschool before & during practices (NOT DURING SCHOOL HOURS)
- Before all home/away games



# Communication With Parents

- Parents will be contacted for significant injuries
- Physician Referrals when needed
- Concussion protocol followed for all head injuries
- Athletes should report injuries early
- Goal: Keep Athletes safe, healthy, and ready to compete

# Dragonfly & Physicals




# How To Set Up A Dragonfly Max Account

Copies are posted on the SF Athletics Website.

You only have to do this once for the time your athlete is at South. Do not sign up annually or for multiple sports

Only the athlete needs an account. Make sure everyone knows how to log in.

Take note there are electronic forms that must be signed by athlete and parent. Other forms must be uploaded.



**CREATE AN ACCOUNT**

Visit [www.dragonflymax.com](http://www.dragonflymax.com)  
Click "Sign Up for FREE"

This step should only be completed ONCE. Parents/students should not have separate accounts for the same student-athlete.

**1**

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**GET STARTED**

Make sure you select **Georgia** and **South Forsyth High School** to be added to our database.

**SCHOOL CODE: C6DMSR**

Please enter all requested information accurately.

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**FILL OUT FORMS**

Click **Fill Out Forms, Get Started for the upcoming year(s)**, then **START!**

Complete ALL forms electronically. Digital uploads will **not** be accepted.

Insurance information is required. This should be done on a computer!

**3**

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**UPLOAD PHYSICAL**

You **MUST** upload separately the physical examination form (page 3) AND medical eligibility form (page 4) with physician signatures as well as the date of the exam on both!

Select "Print Blank Document" to make sure you have the correct pages, effective 3/9/23. There is a separate drop box for each page.

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**DOCUMENT APPROVAL**

A designated dragonfly administrator will then review and approve/reject your documents.

Check back and make sure your "Prep for (Insert School Year)" is **GREEN** and says "Ready!" If not, look for comments explaining why the document(s) were rejected.

**5**

For questions please contact:  
Coach Christine Shaw: [cshaw@forsyth.k12.ga.us](mailto:cshaw@forsyth.k12.ga.us) Diane King, [performnutrition@bellsouth.net](mailto:performnutrition@bellsouth.net)

If you have an account from Middle School you do not need to create a new account.

- 1. Open Profile
- 2. Click on Connect to School Or Association
- Select South Forsyth High School with the code already listed
- Click Join
- You will sign a few forms for 2025-26 and then in June you will resign all the same forms for the 2026-27



# FORMS TO UPLOAD

## ■ PREPARTICIPATION PHYSICAL EVALUATION

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ (First Name) \_\_\_\_\_ (Last Name) Date of birth: \_\_\_\_\_

#### PHYSICIAN REMINDERS

- 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, e-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-enhancing supplement?
  - 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?
- Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( / )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)	<input type="checkbox"/>	
Eyes, ears, nose, and throat • Pupils equal • Hearing	<input type="checkbox"/>	
Lymph nodes	<input type="checkbox"/>	
Heart* • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Shoulder and arm	<input type="checkbox"/>	
Elbow and forearm	<input type="checkbox"/>	
Wrist, hand, and fingers	<input type="checkbox"/>	
Hip and thigh	<input type="checkbox"/>	
Knee	<input type="checkbox"/>	
Leg and ankle	<input type="checkbox"/>	
Foot and toes	<input type="checkbox"/>	
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test	<input type="checkbox"/>	

\* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

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## ■ PREPARTICIPATION PHYSICAL EVALUATION

### MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of \_\_\_\_\_

- Medically eligible for certain sports \_\_\_\_\_

- Not medically eligible pending further evaluation

- Not medically eligible for any sports

Recommendations: \_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

#### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other information: \_\_\_\_\_

Emergency contacts: \_\_\_\_\_

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# How Do I Know If I Have The Right Form?

First and Last Page look like this to be the correct form; its on the website

If the last page has this...WRONG FORM

## PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

- Cleared for all sports without restriction  
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

- Not cleared  
 Pending further evaluation  
 For any sports  
 For certain sports \_\_\_\_\_

Reason \_\_\_\_\_  
 Recommendations \_\_\_\_\_

I have examined the above-named student and completed the preparticipation 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 (print/type) \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature of physician \_\_\_\_\_ MD or DO

### EMERGENCY INFORMATION

Allergies \_\_\_\_\_

Other information \_\_\_\_\_

## PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth: \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

Patient Health Questionnaire Version 4 (PHQ-4)  
 Over the last 2 weeks, how often have you been bothered by any of the following problems? (check box next to appropriate number)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Not being able to stop or control worrying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS  
 (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)

	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a provider ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any ongoing medical issues or recent illness?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOU		
	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a doctor ever told you that you have any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.	<input type="checkbox"/>	<input type="checkbox"/>

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)

	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		
	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?	<input type="checkbox"/>	<input type="checkbox"/>

## PREPARTICIPATION PHYSICAL EVALUATION MEDICAL ELIGIBILITY FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

- Medically eligible for all sports without restriction  
 Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of \_\_\_\_\_

- Medically eligible for certain sports \_\_\_\_\_

- Not medically eligible pending further evaluation  
 Not medically eligible for any sports

Recommendations: \_\_\_\_\_

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are 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 medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

### SHARED EMERGENCY INFORMATION

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other information: \_\_\_\_\_

Emergency contacts: \_\_\_\_\_

# THIS DOES NOT MEAN YOU ARE CLEARED?

## DRAGONFLY

- Help Me, Help You
- If you are attempting to use the phone app, don't let this fool you.
- The app works for uploading a form
- The app works on Apple, rarely on Android

The screenshot shows a mobile app interface for a sports team's medical status. At the top, there is a 'Back' button and a profile picture of a dragonfly. The team name is 'Women's Flag Football @ South Forsyth High School' with a phone number '(770) 680-9642'. The medical status is 'MED COND None' and 'ALLERGIES None'. There are two green buttons labeled 'CLEARED' for 'Practice' and 'Play'. A red button says 'Tap here to complete the medical profile.' Below that, a phone icon is next to the text 'h: HAS ACCOUNT'. At the bottom, a progress bar shows '2021' in a red segment and 'NOT READY - 23%' in a white segment. A red button says 'Tap here to fill out the school's paperwork.' The bottom of the screen shows 'No Recent Injuries' and a refresh icon.

Back

Women's Flag Football @ South Forsyth High School

(770) 680-9642

MED COND None

ALLERGIES None

Medical Status

CLEARED Practice

CLEARED Play

Tap here to complete the medical profile.

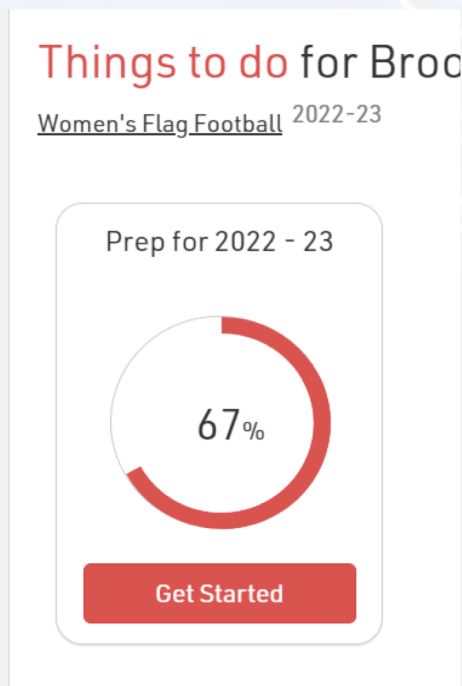
h: HAS ACCOUNT

2021 NOT READY - 23%

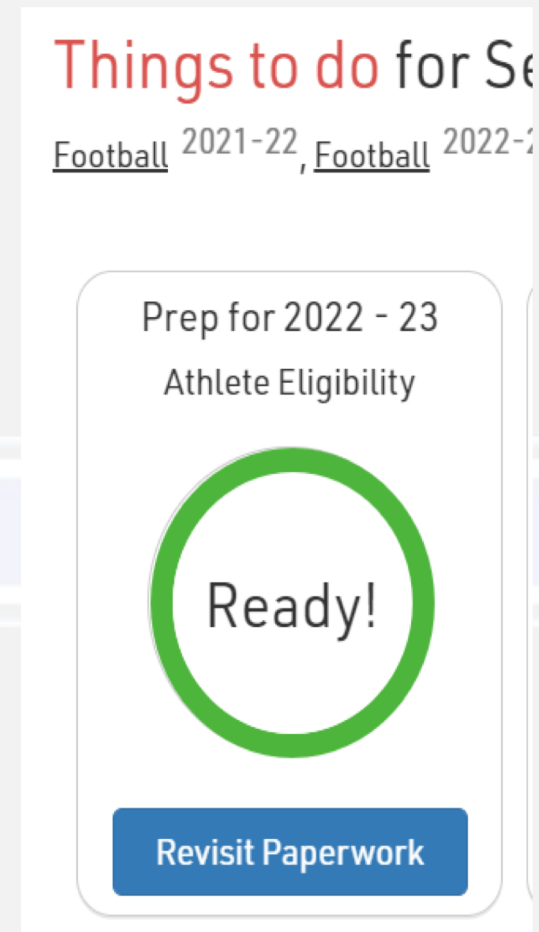
Tap here to fill out the school's paperwork.

No Recent Injuries

- From your Computer, Click on GET STARTED
- Fill out all forms electronically including Health History Form
- The EFFECTIVE DATE is the date the physical was actually conducted, not the date you are uploading



- WHEN YOU SEE THE GREEN CIRCLE, THEN YOU ARE COMPLETE AND YOU ARE READY TO PARTICIPATE



- Please do this before you text or email a coach or an athletic trainer to check and see if you did everything.

# Contact Us:

- Ms. Diane King

[performnutrition@bellsouth.net](mailto:performnutrition@bellsouth.net)

404-354-0008

Devin Smith

[Devin.smith@choa.org](mailto:Devin.smith@choa.org)

404-747-1024



# March



# 2026

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
01	<b>02</b> 8th Graders Lift: 6:30 - 8am TRACK AFTER SCHOOL	<b>03</b> WINTER WORKOUTS: 7-8am TRACK AFTER SCHOOL	<b>04</b> 8th Graders Lift: 6:30 - 8am TRACK AFTER SCHOOL	<b>05</b> WINTER WORKOUTS: 7-8am TRACK AFTER SCHOOL	<b>06</b> TRACK AFTER SCHOOL	<b>07</b>
08	<b>09</b> 8th Graders Lift: 6:30 - 8am TRACK AFTER SCHOOL	<b>10</b> WINTER WORKOUTS: 7-8am TRACK AFTER SCHOOL PARENT MEETING 6:30	<b>11</b> 8th Graders Lift: 6:30 - 8am TRACK AFTER SCHOOL	<b>12</b> WINTER WORKOUTS: 7-8am TRACK AFTER SCHOOL	<b>13</b> VIRTUAL DAY	<b>14</b> SUN COACHES RETREAT @SFHS 8AM - 6PM
15	<b>16</b> 8th Graders Lift: 6:30 - 8am TRACK AFTER SCHOOL	<b>17</b> WINTER WORKOUTS: 7-8am TRACK AFTER SCHOOL	<b>18</b> 8th Graders Lift: 6:30 - 8am TRACK AFTER SCHOOL	<b>19</b> WINTER WORKOUTS: 7-8am TRACK AFTER SCHOOL	<b>20</b> TRACK AFTER SCHOOL	<b>21</b>
22	<b>23</b> 8th Graders Lift: 6:30 - 8am TRACK AFTER SCHOOL	<b>24</b> WINTER WORKOUTS: 7-8am TRACK AFTER SCHOOL	<b>25</b> 8th Graders Lift: 6:30 - 8am TRACK AFTER SCHOOL TENNESSEE PRACTICE	<b>26</b> WINTER WORKOUTS: 7-8am TRACK AFTER SCHOOL SOUTH CAROLINA PRACTICE	<b>27</b>	<b>28</b>
29	<b>30</b> 8th Graders Lift: 6:30 - 8am TRACK AFTER SCHOOL	<b>31</b> WINTER WORKOUTS: 7-8am TRACK AFTER SCHOOL GEORGIA PRACTICE	<b>01</b>	<b>02</b>	<b>03</b>	<b>04</b>
05	<b>06</b>	<b>Notes:</b>				



# April



# 2026

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
29	30	31	01 8th Graders Lift: 6:30 - 8am TRACK AFTER SCHOOL	02 WINTER WORKOUTS: 7-8am TRACK AFTER SCHOOL AUBURN PRACTICE	03 OFF	04
05	06 SPRING BREAK	07 SPRING BREAK	08 SPRING BREAK	09 SPRING BREAK	10 SPRING BREAK	11
12	13 8th Graders Lift: 6:30 - 8am SPRING WORKOUTS: 7-8am TRACK AFTER SCHOOL	14 SPRING WORKOUTS: 7-8am TRACK AFTER SCHOOL	15 8th Graders Lift: 6:30 - 8am SPRING WORKOUTS: 7-8am TRACK AFTER SCHOOL	16 SPRING WORKOUTS: 7-8am TRACK AFTER SCHOOL	17 OFF	18
19	20 8th Graders Lift: 6:30 - 8am SPRING WORKOUTS: 7-8am TRACK AFTER SCHOOL	21 SPRING WORKOUTS: 7-8am TRACK AFTER SCHOOL	22 8th Graders Lift: 6:30 - 8am SPRING WORKOUTS: 7-8am TRACK AFTER SCHOOL	23 SPRING WORKOUTS: 7-8am TRACK AFTER SCHOOL	24 OFF	25
26	27 SPRING WORKOUTS: 7-8am TRACK AFTER SCHOOL	28 SPRING WORKOUTS: 7-8am TRACK AFTER SCHOOL	29 SPRING WORKOUTS: 7-8am TRACK AFTER SCHOOL	30 SPRING WORKOUTS: 7-8am TRACK AFTER SCHOOL	01	02
03	04	Notes:				



# May



# 2026

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
26	27	28	29	30	01 OFF	02
03	04 VIRTUAL WEEK	05 VIRTUAL WEEK	06 VIRTUAL WEEK	07 VIRTUAL WEEK	08 VIRTUAL WEEK	09
<b>SPRING PRACTICE (4-6pm)</b>						
10	11	12	13	14	15 BLUE/WHITE SCRIMMAGE	16
<b>SPRING PRACTICE (4-6pm)</b>						
17	18 TBA	19 TBA	20 TBA	21 TBA	22 LAST DAY OF SCHOOL	23
24	25	26	27	28	29	30
<b>DEAD WEEK</b>						
31	01	Notes:				



# June



# 2026

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<b>31</b>	<b>01</b> SUMMER WORKOUTS: 9am-NOON	<b>02</b> SUMMER WORKOUTS: 9am-NOON	<b>03</b> SUMMER WORKOUTS: 9am-NOON	<b>04</b> SUMMER WORKOUTS: 9am-NOON  AUBURN TV7	<b>05</b> OFF	<b>06</b>
<b>07</b>	<b>08</b> SUMMER WORKOUTS: 9am-NOON  SOUTH CAROLINA TV7	<b>09</b> SUMMER WORKOUTS: 9am-NOON  KENNESAW ST. TV7	<b>10</b> SUMMER WORKOUTS: 9am-NOON  GEORGIA STATE TV7	<b>11</b> SUMMER WORKOUTS: 9am-NOON  CORKY KELL TV7	<b>12</b> OFF	<b>13</b>
<b>14</b>	<b>15</b> SUMMER WORKOUTS: 9am-NOON	<b>16</b> BUFORD TEAM CAMP		<b>18</b> SUMMER WORKOUTS: 9am-NOON	<b>19</b> OFF	<b>20</b>
<b>21</b>	<b>22</b> SUMMER WORKOUTS: 9am-NOON  WAR EAGLE YOUTH CAMP Noon - 3pm	<b>23</b> SUMMER WORKOUTS: 9am-NOON	<b>24</b> SUMMER WORKOUTS: 9am-NOON	<b>25</b> SUMMER WORKOUTS: 9am-NOON	<b>26</b> OFF	<b>27</b>
<b>28</b>	<b>29</b>	<b>30</b>	<b>01</b>	<b>02</b>	<b>03</b>	<b>04</b>
	<b>DEAD WEEK</b>					
<b>05</b>	<b>06</b>	Notes:				



# July



# 2026




SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
28	29	30	01	02	03	04
	<b>DEAD WEEK</b>					
05	06	07	08	09	10	11
	SUMMER WORKOUTS: 9am-NOON	SUMMER WORKOUTS: 9am-NOON	<b>FCA CAMP: UWG</b>			
12	13	14	15	16	17	18
	SUMMER WORKOUTS: 9am-NOON	SUMMER WORKOUTS: 9am-NOON	SUMMER WORKOUTS: 9am-NOON	SUMMER WORKOUTS: 9am-NOON	OFF	
19	20	21	22	23	24	25
	<b>HEAT ACCLIMATION (9am - NOON)</b>					
26	27	28	29	30	31	01
	PRACTICE 4pm - 6pm	PRACTICE 4pm - 6pm	PRACTICE 4pm - 6pm	PRACTICE 4pm - 6pm	PRACTICE 4pm - 6pm	
		<b>TEACHERS BACK TO SCHOOL</b>				
02	03	<b>Notes:</b>				



# August



# 2026





SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
26	27	28	29	30	31	01
02	03 PRACTICE 4pm - 6pm	04 PRACTICE 4pm - 6pm	05 PRACTICE 4pm - 6pm	06 FIRST DAY OF SCHOOL PRACTICE 6:30am - 8am	07  PRE SEASON VS. EAST	08
09	10 PRACTICE 4pm - 6pm	11 PRACTICE 4pm - 6pm	12 PRACTICE 4pm - 6pm	13 PRACTICE 4pm - 6pm	14 BYE	15
16	17 PRACTICE 4pm - 6pm	18 PRACTICE 4pm - 6pm	19 PRACTICE 4pm - 6pm	20 PRACTICE 6:30am - 8am	21  GAME 1 @ DULUTH	22
23	24 PRACTICE 4pm - 6pm	25 PRACTICE 4pm - 6pm	26 PRACTICE 4pm - 6pm	27 PRACTICE 6:30am - 8am	28  GAME 2 @ CHEROKEE	29
30	31 PRACTICE 4pm - 6pm	Notes:				



# September



# 2026




SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	31	01 PRACTICE 4pm - 6pm	02 PRACTICE 4pm - 6pm	03 PRACTICE 6:30am - 8am	04  GAME 3 @ ALATOONA	05
06	07 NO SCHOOL  PRACTICE 9am - 11am	08 PRACTICE 4pm - 6pm	09 PRACTICE 4pm - 6pm	10 PRACTICE 6:30am - 8am	11  GAME 4 @ CENTENNIAL	12
13	14 PRACTICE 4pm - 6pm	15 PRACTICE 4pm - 6pm	16 PRACTICE 4pm - 6pm	17 PRACTICE 6:30am - 8am	18  GAME 5 STARRS MILL	19
20	21 PRACTICE 4pm - 6pm	22 PRACTICE 4pm - 6pm	23 PRACTICE 6:30am - 8am	24  GAME 6 @ LAMBERT	25	26
27	28 FALL BREAK	29 FALL BREAK  PRACTICE 9am - 11am	30 FALL BREAK  PRACTICE 9am - 11am	01	02	03
04	05	Notes:				



# October



# 2026


SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27	28	29	30	01 FALL BREAK  PRACTICE 9am - 11am	02 FALL BREAK  BYE	03
04	05 PRACTICE 4pm - 6pm	06 PRACTICE 4pm - 6pm	07 PRACTICE 4pm - 6pm	08 PRACTICE 6:30am - 8am	09  GAME 7 @ DENMARK	10
11	12 PRACTICE 4pm - 6pm	13 PRACTICE 4pm - 6pm	14 PRACTICE 4pm - 6pm	15 PRACTICE 6:30am - 8am	16  GAME 8 NORTH	17
18	19 NO SCHOOL  PRACTICE 9am - 11am	20 PRACTICE 4pm - 6pm	21 PRACTICE 4pm - 6pm	22 PRACTICE 4pm - 6pm	23  BYE	24
25	26 PRACTICE 4pm - 6pm	27 PRACTICE 4pm - 6pm	28 PRACTICE 4pm - 6pm	29 PRACTICE 6:30am - 8am	30  GAME 9 WEST	31
01	02	Notes:				



# November



# 2026

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
01	02 PRACTICE 4pm - 6pm	03 PRACTICE 4pm - 6pm	04 PRACTICE 4pm - 6pm	05 PRACTICE 6:30am - 8am	06  GAME 10 ● CENTRAL	07
08	09	10	11	12	13	14
15	16	17	18	19	20	21
22	23 NO SCHOOL	24 NO SCHOOL	25 NO SCHOOL	26 NO SCHOOL	27 NO SCHOOL	28
29	30	01	02	03	04	05
06	07	Notes:				



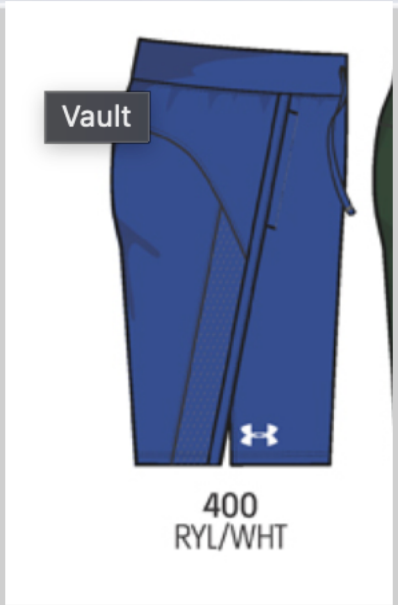
# December



# 2026

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
29	30	01	02	03	04	05
06	07	08	09	10	11	12
13	14	15	16	17	18 NO SCHOOL	19
20	21 NO SCHOOL	22 NO SCHOOL	23 NO SCHOOL	24 NO SCHOOL	25 NO SCHOOL	26
27	28 NO SCHOOL	29 NO SCHOOL	30 NO SCHOOL	31	01	02
03	04	Notes:				





# 2026 SOUTH VARSITY FOOTBALL

FRIDAY, MAY 15	BLUE/WHITE	SPRING GAME
FRIDAY, AUG. 7	EAST	PRE-SEASON
FRIDAY, AUG. 14	BYE	
FRIDAY, AUG. 21	@ DULUTH	
FRIDAY, AUG 28	@ CHEROKEE	
FRIDAY, SEP. 4	@ ALATOONA	
FRIDAY, SEP. 11	CENTENNIAL	
FRIDAY, SEP. 18	STARRS MILL	HOMECOMING
THURSDAY, SEP. 24	@ LAMBERT	
FRIDAY, OCT. 2	BYE	FALL BREAK
FRIDAY, OCT. 9	@ DENMARK	
FRIDAY, OCT. 16	NORTH	
FRIDAY, OCT. 23	BYE	
FRIDAY, OCT. 30	WEST	SENIOR NIGHT
FRIDAY, NOV. 6	@ CENTRAL	

JV	9TH
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THURS, 8/27	@ DENMARK		THURS, 8/27	DENMARK	
THURS, 9/3	CENTRAL		THURS, 9/3	@ CENTRAL	
THURS, 9/10	@ LAMBERT		THURS, 9/10	LAMBERT	
THURS, 9/17	CENTENNIAL		THURS, 9/17	@ CENTENNIAL	
WED, 9/23	BYE		WED, 9/23	BYE	
THURS, 10/1	BYE	FALL BREAK	THURS, 10/1	BYE	FALL BREAK
THURS, 10/8	@ WEST		THURS, 10/8	WEST	
THURS, 10/15	NORTH		THURS, 10/15	@ NORTH	



**COACH THOMSON**

**CONTACT:**

**CELL: (407)230-0513**

**EMAIL: F45879@FORSYTHK12.ORG**



# RISING FRESHMAN (C.O. 2029)



Your team code is: G8P8-6Z6H



# VARSITY AND JV TEAM (RISING 10-12)



Your team code is: KFUR-6GAB



# COLLEGE RECRUITING TIPS:

**HIGHLIGHTS:** CREATE YOUR OWN, HAVE COACH REVIEW IT

**CAMPS:** CASE-BY-CASE – SEE ME

**SERVICES:** CONNECTION AND RELATIONSHIP BASED PROFESSION – SAVE YOUR MONEY

**COLLEGE TOURS:** SELF AWARE, GET TO THE RIGHT PLACES

