

ST. PIUS X HIGH SCHOOL



Catholic High School

JR. GOLDEN LION 8TH GRADE FOOTBALL INFORMATION PACKET 2008 SEASON

ST. PIUS X HIGH SCHOOL



FOOTBALL OFFICE
THE DONNELLAN CENTER
2674 JOHNSON RD. NE, ATLANTA, GA 30345
(404) 636-3023, 7751 ext. 279
FAX (404) 633-8387

May 16, 2008

Dear Parents:

I want to take this moment to offer to your son the opportunity to play on the St. Pius X Middle School Football Teams. We will have two teams: an 8th Grade Team and a 7th/6th Grade team made up of middle school boys who attend our parochial feeder schools or other middle schools **that plan to attend St. Pius X High School. The 8th Grade Team is coached by Mr. Terry Owens and Mr. Harry Bacheller and our 7th/6th Grade Team is coached by Mr. Brian Connors (St. Pius X '80).** The team will compete against other middle school teams from metro Atlanta. This is the feeder team for our high school team and is open to all players **who are going to attend St. Pius X!**

The Middle School Team will practice at St. Pius Monday, Tuesday, and Thursday from 6:00 p.m. to 8:00 p.m. There will also be some practices on Fridays when there is a home varsity football game. The season will run from August 5 to October 25. Participants are charged a \$225.00 fee to play. St. Pius will supply all the necessary equipment except cleats and socks. Parents are asked to provide a pair of **black** football cleats.

Before a student can actively participate on the team, parents must register their son. All forms needed to register your son for football can be found on our website: spx.org (go to the athletics and then to football). Parents can also come by the football office in the Donnellan Center to pick up the forms and mail them back to **Coach Standard**. We would like the forms to be in to the football office by **Friday July 25**. There are three items that must be submitted when registering your son:

1. A St. Pius Middle School Medical History/Physical Exam Form (signed by a physician stating that your son is fit to participate.) **THIS IS A THREE PAGE FORM.**
2. The Middle School Player Information Form
3. A check for \$225.00 made out to St. Pius X High School-Middle School Fees.

Players will report for their equipment issue and first practice at 2:00 p.m. on Tuesday August 5 at the Donnellan Center. The Parents are also asked to attend an informational meeting August 6 at 7:00 pm in the Young Center (our theater).

To get better prepared for the upcoming season, all Middle School Football Players (rising 7th and 8th grade) are encouraged to attend the Lion Pride Football Camp July 14-17 from 9:00 a.m. to 12:00 noon. This will provide the opportunity for your son to receive excellent football instruction as well as get to meet their future teammates. Your son is also invited to come and use the weight room facilities at St. Pius X. The weight room will be open 7-11:00 a.m. during the summer.

Your son will certainly benefit by beginning his St. Pius Football experience on the Middle School team. The Football Staff and I are eager to welcome your son as our newest "Golden Lions". The St. Pius X Football Program is steeped in great tradition and has produced many outstanding young men who have gone on to lead successful careers. We have just completed the 2007 season where the Golden Lions reached the second round of the State AAAA Playoffs (The Golden Lions have made the playoffs five out the past seven years). Our goal is to have St. Pius Football at that level of excellence on a consistent basis, but more importantly our goal is to produce first class young men. We feel that there are many lifelong lessons a young man can learn by being a part of the "Golden Lion" Tradition.

Sincerely,
Paul G. Standard
Head Football Coach

IMPORTANT DATES

Monday	July	14-	
Thursday	July	17	Lion Pride Camp at St. Pius X High School 9 a.m.-12:00 noon
Tuesday	Aug	5	Equipment Issue and 1 st Practice for Middle School Team 2:00 p.m.
Wednesday	Aug	6	Parent Meeting in Young Center (Theater) 7:00 p.m.
Sunday	Oct	26	Middle School and 9 th Grade Banquet 1:00 p.m.

**ST. PIUS X FOOTBALL
2008
7TH GRADE FOOTBALL SCHEDULE**

DAY	DATE	OPPONENT	SITE	TIME
SATURDAY	AUGUST 30	RENFROE MIDDLE	HOME	9:00 AM
SATURDAY	SEPTEMBER 6	MARIST	HOME	10:00 AM
SATURDAY	SEPTEMBER 13	GAC	HOME	9:00 AM
SATURDAY	SEPTEMBER 20	WESLEYAN	AWAY	10:00 AM
SATURDAY	SEPTEMBER 27	LOVETT	AWAY	10:00 AM
SATURDAY	OCTOBER 4	WESTMINSTER	AWAY	10:00 AM
SATURDAY	OCTOBER 11	WOODWARD	HOME	10:00 AM
SATURDAY	OCTOBER 18	BLESSED TRINITY	HOME	10:00 AM
SATURDAY	OCTOBER 25	PLAY IN GAME	TBA	TBA
SATURDAY	NOVEMBER 1	CHAMPIONSHIP	TBA	TBA

**ST. PIUS X FOOTBALL
2008
8th GRADE FOOTBALL SCHEDULE**

DAY	DATE	OPPONENT	SITE	TIME
SATURDAY	AUGUST 30	RENFROE MIDDLE	HOME	11:00 AM
SATURDAY	SEPTEMBER 6	MARIST	AWAY	10:00 AM
SATURDAY	SEPTEMBER 13	GAC	HOME	11:00 AM
SATURDAY	SEPTEMBER 20	WESLEYAN	HOME	10:00 AM
SATURDAY	SEPTEMBER 27	LOVETT	HOME	10:00 AM
SATURDAY	OCTOBER 4	WESTMINSTER	HOME	10:00 AM
SATURDAY	OCTOBER 11	WOODWARD	AWAY	10:00 AM
SATURDAY	OCTOBER 18	BLESSED TRINITY	AWAY	10:00 AM
SATURDAY	OCTOBER 25	PLAY IN GAME	TBA	TBA
SATURDAY	NOVEMBER 1	CHAMPIONSHIP	TBA	TBA

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THE DONNELLAN CENTER
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(404) 636-3023, 7751 ext. 279 FAX (404) 633-8387

8th Grade Football

PLAYER INFORMATION SHEET

(PLEASE PRINT)

NAME: _____
(LAST NAME) (FIRST NAME) (NICKNAME)

GRADE FOR 2008-2009: _____ **DATE OF BIRTH:** _____

MIDDLE SCHOOL: _____

YEARS PLAYED: _____ **POSITION(S):** _____

PARENTS' NAME: _____

ADDRESS: _____
(STREET) (CITY) (ZIP)

HOME PHONE: _____

HOME E-MAIL ADDRESS: _____

PARENTS' WORK NUMBER

FATHER: _____ **CELL:** _____

E-MAIL: _____

MOTHER: _____ **CELL:** _____

E-MAIL: _____

SIBLINGS: _____ **SCHOOL:** _____

_____ **SCHOOL:** _____

_____ **SCHOOL:** _____

St. Pius X Middle School Medical History and Physical Examination 2008 - 2009

Name _____ Grade _____ Sex _____ Date Of Birth _____

Address _____ Home Phone _____

Parent's Names _____

Parent's Business Phone _____ Parent's Cell Phone _____

If Parents Can Not Be Reached Please Call _____

Personal Physician _____ Phone _____

Insurance Co _____

Insurance ID# _____ Phone _____

School Attending _____

**Explain "Yes" answers below.
Circle questions you don't know the answers to.**

- | | | |
|--|------------|-----------|
| | Yes | No |
|--|------------|-----------|
1. Has a doctor ever denied or restricted your participation in sports for any reason? Yes No
 2. Do you have an ongoing medical condition (like diabetes or asthma)? Yes No
 3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? Yes No
 4. Do you have allergies to medicines, pollens, foods, or stinging insects? Yes No
 5. Have you ever passed out or nearly passed out DURING exercise? Yes No
 6. Have you ever passed out or nearly passed out AFTER exercise? Yes No
 7. Have you ever had discomfort, pain, or pressure in your chest during exercise? Yes No
 8. Does your heart race or skip beats during exercise? Yes No
 9. Has a doctor ever told you that you have (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
 10. Has a doctor ever ordered a test for your heart? (for example: ECG, echocardiogram) Yes No
 11. Has anyone in your family died for no apparent reason? Yes No
 12. Does anyone in your family have a heart problem? Yes No
 13. Has any family member or relative died of heart problems or of sudden death before age 50? Yes No
 14. Does anyone in your family have Marfan syndrome? Yes No
 15. Have you ever spent the night in a hospital? Yes No
 16. Have you ever had surgery? Yes No
 17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis, that caused you to miss a practice or game? If yes, circle affected area below: Yes No
 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: Yes No
 19. Have you had a bone or joint injury that required x-rays MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below: Yes No
- | | | | | | | | |
|------------|------------|----------|-----------|-------|---------------|------------------|---------------|
| Head | Neck | Shoulder | Upper Arm | Elbow | Forearm | Hand/
Fingers | Chest |
| Upper Back | Lower Back | Hip | Thigh | Knee | Calf/
Shin | Ankle | Foot/
Toes |
20. Have you ever had a stress fracture? Yes No
 21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability? Yes No
 22. Do you regularly use a brace or assistive device? Yes No
 23. Has a doctor ever told you that you have asthma or allergies? Yes No

- | | | |
|--|------------|-----------|
| | Yes | No |
|--|------------|-----------|
24. Do you cough, wheeze, or have difficulty breathing during or after exercise? Yes No
 25. Is there anyone in your family who has asthma? Yes No
 26. Have you ever used an inhaler or taken asthma medicine? Yes No
 27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? Yes No
 28. Have you had infectious mononucleosis (mono) within the last month? Yes No
 29. Do you have any rashes, pressure sores, or other skin problems? Yes No
 30. Have you had a herpes skin infection? Yes No
 31. Have you ever had a head injury or concussion? Yes No
 32. Have you been hit in the head and been confused or lost your memory? Yes No
 33. Have you ever had a seizure? Yes No
 34. Do you have headaches with exercise? Yes No
 35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? Yes No
 36. Have you ever been unable to move your arms or legs after being hit or falling? Yes No
 37. When exercising in the heat, do you have severe muscle cramps or become ill? Yes No
 38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? Yes No
 39. Have you had any problems with your eyes or vision? Yes No
 40. Do you wear glasses or contact lenses? Yes No
 41. Do you wear protective eyewear, such as goggles or a face shield? Yes No
 42. Are you happy with your weight? Yes No
 43. Are you trying to gain or lose weight? Yes No
 44. Has anyone recommended you change your weight or eating habits? Yes No
 45. Do you limit or carefully control what you eat? Yes No
 46. Do you have any concerns that you would like to discuss with a doctor? Yes No
- FEMALES ONLY**
47. Have you ever had a menstrual period? Yes No
 48. How old were you when you had your first menstrual period? _____
 49. 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/Guardian _____ Date _____

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Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____

Height _____ Weight _____ % Body Fat (optional) _____ Pulse _____ BP _____ / _____ (____ / _____, ____ / _____)

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary (males only)+			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only.

+Having a third party present is recommended for the genitourinary examination.

Notes: _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____

Not Cleared for All sports Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other Information _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

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PARENTAL CONSENT

I HEREBY GIVE MY CONSENT FOR THE ABOVE NAMED STUDENT TO REPRESENT St. Pius X High School in athletic activities. I also give my consent for my student to accompany any school team of which he/she is a member on any of its local or out-of-town trips. I fully understand that the school will provide transportation when it is possible. If this is not possible, he/she may only transport themselves or be transported by an authorized adult. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school responsible for any injury occurring to the above named student in the course of such athletic activities or such travel.

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____

Please attach Georgia Certificate of Immunization Form 3231 (New Students Only)