

Westfield Freshman Football

Preseason Activities Packet

*All activities held at an FCPS Middle School where FCPS students currently attend (ex: Ormond Stone or Rachel Carson) as part of their after-school program will use emergency care information/guidelines in place at that hosting site. This packet includes paperwork intended to provide similar information to Westfield High School for activities held on site.

Page 1:

Athlete/parent or guardian contact information and athlete bio. (to be completed by athlete and/or parent/guardian).

Page 2:

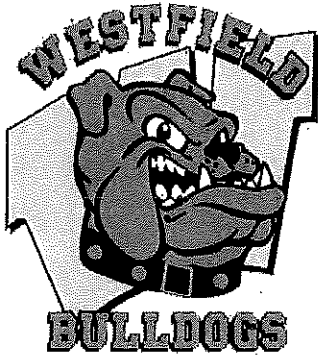
Parent authorization for activities held at the Westfield High School weight and fitness rooms (to be completed by parent/guardian).

Page 3 (front & back):

Emergency Care Information form (to be completed by parent/guardian).

***Please complete the entire packet and return to Coach Sachlis by choosing one of the following options:**

- 1-Hand directly to Coach Sachlis before your first team activity.
- 2-Take a picture/scan completed forms and email them to Coach Sachlis at jason.sachlis@fcps.edu
- 3-Deliver directly to the Westfield High School Activities Office



Westfield Bulldogs Freshman Football 2023

Take a picture of the completed form & send to Head Coach: Jason Sachlis: (jason.sachlis@fcps.edu)

Player Name & FCPS email: _____

Personal Email (not FCPS email, personal account only): _____

Guardian/s Name/s: _____

Guardian/s Email/s: _____

Player Bio: Height _____ Weight _____ Date of Birth _____

Current School/Grade Level: _____ / _____

Experience: (No previous experience is necessary. All interested students are encouraged to join!)

- How many years have you played organized 11 on 11 football? _____
- What was the most recent year you played 11 on 11 football? _____
- What primary position did you play? Offense _____ Defense _____
- Circle all Special Teams Experience? (Punting, Place Kicking, Long Snapping, Punt/Kick Return)
- What football experience do you have not covered by the above questions? _____

*All personal information is intended for communication purposes between Westfield High School Athletics Employees & student/parents. Purposes of student personal email address is to provide students access to electronic resources (hudl.com) used for viewing practice/game film which will require player accounts which can not be requested through the FCPS email account. Such requests for accounts will not be sent until student enrollment at Westfield High School.



**PARENTAL AUTHORIZATION
AND
ACKNOWLEDGMENT OF RISK
(PROGRAM FOR MIDDLE SCHOOL WEIGHT ROOM USE
IN HIGH/SECONDARY SCHOOLS)**

My child, who attends _____ Middle School, wishes to participate in the use of the weight room facilities at _____ High/Secondary School (hereafter, the School). I understand the School will allow this participation as long as my child and I agree to the following conditions:

- use of the weight room and its equipment is completely voluntary;
- there is no academic consideration, nor monetary compensation, for student participation;
- all weight room rules of the School will be followed (including no 'max lifting');
- parents are responsible for the transportation of their child to and from the high school;
- FCPS does not provide insurance coverage, of any kind, for students; and,
- parents must provide proof of accident/hospitalization/medical insurance for their child.

WARNING: Though safety is highly emphasized, participation in the weight room activities at the School will expose my child to the risk of injury, and even death.

| | |
|---|------------------------------|
| I give my permission for my child to participate in all weight room activities of the School. | |
| _____ | _____ |
| Date | Parent/Guardian Signature |
| _____ | _____ |
| Student Printed Name | Parent/Guardian Printed Name |

OR...

| | |
|--|------------------------------|
| I give my permission for my child to participate in weight room activities of the School, except for | |
| _____ | |
| (write-in any activities in which you do not wish your child to participate.) | |
| _____ | |
| Date | Parent/Guardian Signature |
| _____ | _____ |
| Student Printed Name | Parent/Guardian Printed Name |



EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.

Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION

| | | | | | |
|-------------|-------|--------|----------------------|---|---------------------------|
| Last | First | Middle | Date of Birth | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Grade Level |
| School Name | | ID No | Teacher or Counselor | | Bus No (AM) Bus No (PM) |

Student has medical alert information on file. See page 2 for details.

PARENT/GUARDIAN INFORMATION

Any parent or guardian with whom the child resides has the right to make decisions concerning the child in the event of an emergency and to pick up the child from school, unless a court order or other legal document states otherwise. It is your responsibility to provide a copy of that document to your child's school.

| | | | |
|---------------------|-------|---------------------------------------|-----------|
| Relationship: _____ | | <input type="checkbox"/> Resides with | Telephone |
| Last | First | Middle | |
| Number | | Street | Apt# |
| City | | State | Zip |
| Language: _____ | | E-mail: _____ | |
| Home _____ | | Work _____ | |
| Other _____ | | | |

| | | | |
|---------------------|-------|---------------------------------------|-----------|
| Relationship: _____ | | <input type="checkbox"/> Resides with | Telephone |
| Last | First | Middle | |
| Number | | Street | Apt# |
| City | | State | Zip |
| Language: _____ | | E-mail: _____ | |
| Home _____ | | Work _____ | |
| Other _____ | | | |

| | | | |
|---------------------|-------|---------------------------------------|-----------|
| Relationship: _____ | | <input type="checkbox"/> Resides with | Telephone |
| Last | First | Middle | |
| Number | | Street | Apt# |
| City | | State | Zip |
| Language: _____ | | E-mail: _____ | |
| Home _____ | | Work _____ | |
| Other _____ | | | |

| | | | |
|---------------------|-------|---------------------------------------|-----------|
| Relationship: _____ | | <input type="checkbox"/> Resides with | Telephone |
| Last | First | Middle | |
| Number | | Street | Apt# |
| City | | State | Zip |
| Language: _____ | | E-mail: _____ | |
| Home _____ | | Work _____ | |
| Other _____ | | | |

PERSON(S) TO CONTACT WHEN PARENT/GUARDIAN NOT AVAILABLE

Please list up to four persons we may call who have your permission to make decisions concerning your child in the event of an emergency, if you cannot be reached. They also have your permission to pick up your child from school.

| Name of Person | Relationship | Language | Telephone |
|----------------|--------------|----------|-----------|
| | | | |
| | | | |
| | | | |

BEFORE- AND AFTER-SCHOOL CARE (complete if applicable). This person has your permission to pick up your child from school.

Name of Provider: _____



EMERGENCY CARE INFORMATION

In case of an emergency, the school staff will contact 911.
Every attempt will be made to contact a parent, a guardian, or a designated emergency contact.

STUDENT INFORMATION

| | | | | | | | | | | | | | | |
|-------------|--|--|-------|--|--|--------|--|----------------------|---------------|--|---|--|-------------|--|
| Last | | | First | | | Middle | | | Date of Birth | | Gender <input type="checkbox"/> M <input type="checkbox"/> F | | Grade Level | |
| School Name | | | | | | ID No | | Teacher or Counselor | | | Bus No (AM) | | Bus No (PM) | |

CURRENT HEALTH CONDITIONS

Below check any current health condition that may require attention during the school day. Also complete and submit Health Information form SS/SE-71 if your child has health conditions that require attention during the school day. See below for medical alert information currently on file.

| | |
|---|---|
| <input type="checkbox"/> allergies (be specific) <input type="checkbox"/> foods _____ <input type="checkbox"/> medicines _____ <input type="checkbox"/> bee sting or insect bite _____ <input type="checkbox"/> other _____ | <input type="checkbox"/> hemophilia <input type="checkbox"/> physical disability (be specific) _____ <input type="checkbox"/> respiratory (be specific) _____ |
| <input type="checkbox"/> asthma <input type="checkbox"/> cancer <input type="checkbox"/> diabetes <input type="checkbox"/> hearing problems <input type="checkbox"/> hearing aid(s) <input type="checkbox"/> heart problems (be specific) _____ | <input type="checkbox"/> seizures <input type="checkbox"/> vision problems (be specific) <input type="checkbox"/> glasses <input type="checkbox"/> contacts <input type="checkbox"/> other (be specific) _____ |

List all medications and dosages your child receives on a continual basis:

MEDICAL ALERT INFORMATION ON FILE

PHYSICIAN INFORMATION

My child's medical care is provided by _____ (name of doctor, clinic, or HMO) _____ (telephone)

My child's medical coverage is provided by _____ (health insurance company, assistance program, HMO, etc.) _____ (telephone)

The school has my permission, in an emergency when I cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child.

PARENT or GUARDIAN SIGNATURE: _____ DATE: _____

Distribution: School Clinic Copy- Copy as needed for other school activities.