

2020 Oakridge
Middle School
7th Grade Football



“Rise to the Challenge”

Dear rising 7th grade Football players and parents,

Thank you for your interest in playing football for the 7th grade team next year. We are truly excited about the opportunity to work with you as an athlete and as a student. This packet will contain everything you will need for participating next year. We strive to provide a quality atmosphere that builds teamwork, work ethic, and individual responsibility. Our number one goal each year is to develop young players on and off the football field. Winning is fun, but it is not the only goal we will set for you this upcoming season.

Every year our team draws large numbers of student athletes who are interested in playing football. We do not have a team limit on the number of players who can participate. We will not have tryouts or cut anyone from the team because of playing ability. We will demand a strong work ethic, commitment to the team, and model behavior on and off the football field. We will take every opportunity to set each athlete up for individual success and put them in situations where they can succeed. Thanks again for your interest and I look forward to working with you this upcoming season.

Thank you,

Rodney Tatum
Head 7th Grade Football Coach

Summer Workouts

- Summer workouts might be limited due to COVID-19 social distancing rules as per the South Carolina High School League.
- It is very important that I have a reliable way to contact all parents in case there is a change to the schedule.

June 15th – 25th

Tuesday and Thursday 6 pm to 7:30pm @ OMS

July 6th -23rd

Tuesday and Thursday 6 pm to 7:30 pm @ OMS

We will hand out fall practice schedules the last week of July and post/email them out to parents.

Head Coach – Rodney Tatum
OL, DL

Assistant Coach- Andy Carter
WR, QB, and DB

Assistant Coach- Jeff Rolf
LB, RB

Assistant Coach- Kevin Kozel
WR, QB, and DB

Parent Student Checklist:

1. Notify Coach Tatum of your interest in playing 7th Grade Football. Email me at Rodney.tatum@clover.k12.sc.us . Please list your Football players name, and any prior playing experience they might have. Please include a good cell phone contact number and an email that is checked regularly. These will be used to put out information quickly. Additionally, summer workout plans might change due to the pandemic. Having parents email addresses will make communication easier over the summer.

2. Each athlete and parent must set up a planetHS account. Each Account must have a unique email or mobile number.

- Go to www.planeths.com to set up your account
- Set up an account for you as the parent and one for your football player
- These accounts must be linked to each other
- “Why do I have to link them?” Some forms require both parent and student signature
- All documents that are listed on the website must be uploaded to include your athlete’s sports physical

3. Equipment: You will need football cleats. Please ensure they are actual football cleats that provide ankle support. We will provide mouth pieces, but it is highly recommended that students purchase one as a back-up.



Athletic Pre-Participation Forms Getting Started Guide (Parent & Student)

Your school has elected to collect pre-participation forms online through . Follow the steps below to complete pre-participation registration:

<p>2. Create Accounts</p>	<ul style="list-style-type: none"> Both a parent and student are required to create separate accounts. Each account must have a unique email or mobile #. Go to www.planeths.com If your school has provided their Quick Account Code, TEXT the code to 69274 to create your parent & student account. <p><i>*Creation of accounts can be done on all devices with a connection: Computers, Smart Phones, Tablets, iPads, etc.</i></p> <ul style="list-style-type: none"> Home School selection- this is the school that you/your student attends/studies. Do NOT select the school district in which your school resides. My student plays for both the Middle School and High School? If your student plays on both a middle and high school team, upon account creation, select the home school in which your STUDENT STUDIES. You will be able to select a secondary school within the Additional Schools section after creating your account. <p>Once logged in, you will be prompted to link the parent and student account. Enter the email address or mobile # to send an invitation to the parent/student. The invited person clicks on the link in the email or text message to finish the linking process. The invited person can also login and accept the link request by clicking on the Link Account Button and selecting accept.</p> <p>Why do I have to link accounts? Forms required by your school, often require both a parent and student signature to mark the form as completed. For the system to know what student and parent will be viewing and signing the proper forms, a linked parent/student account is required.</p>
<p>3. Athletic Forms button</p>	<p>Click the Athletic Forms button to move to the Pre-Participation Forms Overview Page and complete the required digital forms.</p>
<p>4. Select the Sports you will participate</p>	<p>In the Sports Interest section, check the sports you will be trying out for. By checking these sports, you are allowing the coach of that team to view your pre-participation paperwork...</p>
<p>5. Additional Schools (If Applicable)</p>	<p>If you/your student participate in sports at multiple schools, add the additional schools here. If you/your student do not play for multiple schools, leave this section blank. Adding additional schools will allow the Athletic Director(s) at the additional school(s) view your pre-participation paperwork.</p>
<p>6. Complete & Sign Digital Forms</p>	<p>Click on each form link, complete each form, and click the Sign & Submit button. Both the parent and student must complete this step. Your school/district chooses which forms require the student, parent, or student AND parent signatures. Upon completion of each form, you should be auto promoted to the next form.</p>
	<p>Students with accounts may begin completing digital forms immediately. Parents must be linked to a student account to see the electronic version of the forms. If they are not linked, they will only see example PDF versions of the forms. You can complete forms or see their status at any time by clicking on the ATHLETIC FORMS button. This gives the ability for students to send a parent linked account request and to upload the physical exam signed by the physician during group physicals.</p>
	<p>Upload Buttons are shown when you are required to upload a document instead of completing the web-form. For example, the physical exam form your physician completes or a birth certificate. These forms can be uploaded by either the parent or student but require the parents signature.</p>
<p>7. Accepted Forms Notification</p>	<p>When your school has accepted all forms, a notification will be sent to you stating all forms have been accepted. You will be notified via email and/or text message (if you have selected the text message option during account creation), if a form has been denied by your school. You will be sent a notification, in which you will be given the reason for denial and a link to review and resubmit your changes back to the school.</p>

If you need assistance with PlanethS or need more information, please consult the help documents found here <https://schoolsupport.helddocs.com> or email schoolsupport@planeths.com. If you have questions regarding the content of form requirements, please contact your school Athletic Director.

PRE-PARTICIPATION HISTORY & PHYSICAL EXAM

Name: _____ Sex: F M Age: _____ Date of Birth: _____
 Grade: _____ School: _____ Sport(s) Please list ALL: _____
 Address: _____ Phone: _____
 Personal Physician: _____ None
 Emergency Contact :Name: _____ Relationship: _____ Phone#(s): _____

Attention parent or guardian and athlete: answers to the following questions are very important!!! Please take the time, read through the questions, and answer to the best of your knowledge.

General Medical History:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have seizures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have sickle cell trait? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any other major medical problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been hospitalized or had surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you cough, wheeze or have trouble breathing with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you use an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a single organ (testicle or kidney)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you currently taking any medicines or do you take any medicines on a regular basis (prescription or over-the-counter)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever taken any supplements or vitamins to help with weight loss, weight gain, or improve performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you have any allergies (seasonal, insects, food, or medicines)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever had a rash or hives develop during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you have any skin problems other than acne? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever had a head injury, been knocked out, lost your memory, had your "bell rung," or a concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever had a stinger, burner, or pinched nerve? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you had mononucleosis or any significant illness in the last 60 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you have trouble with your eyes/vision/ wear glasses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you have trouble with your hearing/wear hearing aid(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Do you lose weight regularly to meet weight requirements for your sport or other reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Do you feel stressed out, tired, or depressed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Are there any other issues you would like to discuss with the doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Are your immunizations up to date? | <input type="checkbox"/> | <input type="checkbox"/> |

FEMALES ONLY

- | | | |
|---|--------------------------|--------------------------|
| 27. Are your periods regular (every month)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Are your periods heavy? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain "YES" answers here (use back/page 2 if needed): _____

Cardiac History:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had chest pain or chest pressure during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you tire easily or more quickly than your friends during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been told you had a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been told you had an enlarged or weak heart? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has any member of your family:
-died of heart problems or sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| -been told they had a serious heart problem before age 50? | <input type="checkbox"/> | <input type="checkbox"/> |
| -been told they had Marfan's syndrome? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has a physician ever denied or restricted your participation in sports? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain "YES" answers here: _____

Orthopaedic History:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever broken or fractured any bones? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever subluxed or dislocated any joint? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had any other problems related to your:
-neck, spine, or back? | <input type="checkbox"/> | <input type="checkbox"/> |
| -shoulders? | <input type="checkbox"/> | <input type="checkbox"/> |
| -elbows? | <input type="checkbox"/> | <input type="checkbox"/> |
| -wrists, hands, or fingers? | <input type="checkbox"/> | <input type="checkbox"/> |
| -hips? | <input type="checkbox"/> | <input type="checkbox"/> |
| -knees? | <input type="checkbox"/> | <input type="checkbox"/> |
| -ankles, feet, or toes? | <input type="checkbox"/> | <input type="checkbox"/> |
| -other? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain "YES" answers here (put date of injury if known): _____

Parent's Permission & Acknowledgement of Risk for Son or Daughter to Participate in Athletics

As the parent or legal guardian of the above named student-athlete, I give my permission for his/her participation in athletic events and the physical evaluation for that participation. I understand that this is simply a screening evaluation and not a substitute for regular health care. I also grant permission for treatment deemed necessary for a condition arising during participation of these events, including medical or surgical treatment that is recommended by a medical doctor. I grant permission to nurses, trainers and coaches as well as physicians or those under their direction who are part of athletic injury prevention and treatment, to have access to necessary medical information. I know that the risk of injury to my child/ward comes with participation in sports and during travel to and from play and practice. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information or by some other means. My signature indicates that to the best of my knowledge, my answers to the above questions are complete and correct. I understand that the data acquired during these evaluations may be used for research purposes.

Signature of athlete _____

Date _____

Signature of parent/guardian _____

Date _____

Contact Information:

Player's Name

Player's Phone Number (if applicable)

Parent Name(s)

(1)

(2)

Parent Phone Number(s)

(1)

(2)

Parent e-mail Address

(1)

(2)

Home Address

(1)

(2)