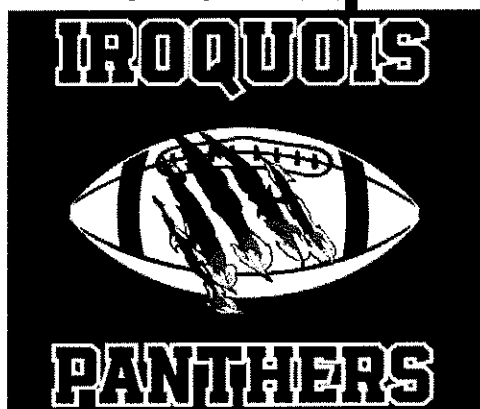


2025 Iroquois 7th & 8th Grade Football



8th Grade Head Coach Vitale- 586-723-3807
jvitale@cvs.k12.mi.us

8th Grade Assistant Steve Daniels- 586-723-3226
sdaniels@cvs.k12.mi.us

7th Grade Head Coach Jeremy Thoel- 586-723-3755
jthoel02@cvs.k12.mi.us

7th Grade Assistant Coach Andrew Brosnihan
abrosnihan@wcskids.net

Important Dates and Information:

(Dates and times are subject to change)

Wednesday August 20th - **8th Grade EQUIPMENT DAY** (3:30-4:30 PM)

- ALL PAPER WORK DUE (Current Physical, Athletic Code of Conduct, Transportation Form)
- Lockers given

Thursday August 21st - **7th Grade EQUIPMENT DAY** (3:30-4:30 PM)

- ALL PAPER WORK DUE (Current Physical, Athletic Code of Conduct, Transportation Form)
- Lockers given

Thursday August 21st - **MAKEUP EQUIPEMNT DAY** (4:30-5:00 PM)

First Day of Practice

Friday, August 22nd - (3:00- 4:30 PM)

- Helmets & Shorts (formed mouth guard, cleats) bring water bottle(s)

PRACTICE & GAME Schedule is located on School Website and distributed in our packet.

Summer Weightlifting is also available!! Schedule attached to the packet. It is NOT mandatory but it will help you get stronger and be in better shape when practice starts

Work Hard Over the Summer!!!

You should arrive to practice in top shape. Make yourself better, train harder, run longer, do more pushups, do more sit-ups. Work on your agility and footwork. Be prepared for a great season and learning experience!!!

“The price of success is hard work, dedication to the job at hand, and the determination that whether we win or lose, we have applied the best of ourselves to the task at hand.”

Vince Lombardi

IROQUOIS FOOTBALL PARENT MEETING

When: Monday, June 9th at 6pm

Where: Iroquois MS Cafeteria

Time Frame: Meeting should last no longer than 30 minutes

Parents,

This is important meeting to hand out packets for next year, summer information, and next fall's information. It will also be a chance to ask questions and meet the coaches. Please plan on attending the meeting. Packets will be given out in school the next day following the meeting for those that missed. If you have any questions, please email Mr. Vitale at jvitale@cvs.k12.mi.us

Sincerely,

Jeff Vitale

Iroquois MS Football



Sign up for important updates from Mr. Vitale.

Get information for Football Summer Weightlifting right on your phone—not on handouts.

Pick a way to receive messages for Football Summer Weightlifting:

- A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/iroqsummer

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.

The image shows a smartphone screen displaying the Remind app's sign-up page. At the top, there's a header with the Remind logo and the URL 'rmd.at/iroqsummer'. Below this, the title 'Join Football Summer Weightlifting' is centered. There are two input fields: 'Full Name' with a placeholder 'First and Last Name', and 'Phone Number or Email Address' with a placeholder '(555) 555-5555'.

- B** If you don't have a smartphone, get text notifications.

Text the message @iroqsummer to the number 81010.

If you're having trouble with 81010, try texting @iroqsummer to (469) 804-8093.

** Standard text message rates apply.*

The image shows a smartphone screen displaying a text message interface. The 'To' field contains the number '81010'. The 'Message' field contains the text '@iroqsummer'.

Don't have a mobile phone? Go to rmd.at/iroqsummer on a desktop computer to sign up for email notifications.



Sign up for important updates from Mr. Vitale.

Get information for **Iroquois Middle School** right on your phone—not on handouts.

Pick a way to receive messages for **Iroquois Panther Football**:

- A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/d8794

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.

The image shows a smartphone screen displaying the Remind app's sign-up page. At the top, there's a Remind logo and the URL 'rmd.at/d8794'. Below that, the title 'Join Iroquois Panther Football' is centered. There are two input fields: 'Full Name' with a placeholder 'First and Last Name', and 'Phone Number or Email Address' with a placeholder '(555) 555-5555'.

- B** If you don't have a smartphone, get text notifications.

Text the message @d8794 to the number 81010.

If you're having trouble with 81010, try texting @d8794 to (469) 804-8093.

** Standard text message rates apply.*

The image shows a smartphone screen displaying a text message interface. The 'To' field contains the number '81010'. The 'Message' field contains the text '@d8794'.

Don't have a mobile phone? Go to rmd.at/d8794 on a desktop computer to sign up for email notifications.

CHIPPEWA VALLEY MIDDLE SCHOOL TRANSPORTATION TO ATHLETIC EVENTS OFF-CAMPUS ACTIVITY

Revised 11/17/2021

I agree to provide transportation services from away contests for my son/daughter for the following Iroquois athletic team: **Football, Basketball, Volleyball** or **Track** (circle one) during the 2025 - 2026 school year.

I hereby give my child permission to participate in the above-named activity and do hereby relieve the Chippewa Valley School System of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the *Student and Athletic Code of Conduct*.

All students must travel from certain away contests by **previously arranged transportation**. This form must be completed and in the possession of the coach prior to the first contest. Football transportation is two ways (to and from school). Basketball, Volleyball, and track is only one-way transportation and you must pick up your child at the opponent's school.

Athlete's Full Name: _____

Parent/Guardian Name: _____

Cell #: _____

Other #: _____

Work #: _____

Parent/Guardian Signature: _____



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY

- To be completed by parent or guardian or 18-year-old.
- Must be signed below by parent or guardian or 18-year-old.



A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

| | | | | | | |
|--------------------------------------|-------|--------------|----------------------------|-------|---------------|-----|
| STUDENT'S NAME: LAST | FIRST | MI | SEX | GRADE | DATE OF BIRTH | AGE |
| STUDENT'S ADDRESS: NUMBER AND STREET | | CITY | | | ZIP | |
| NAME OF FATHER OR GUARDIAN | | WORK PHONE | NAME OF MOTHER OR GUARDIAN | | WORK PHONE | |
| FAMILY DOCTOR | | OFFICE PHONE | STUDENT'S HOME PHONE | | | |

INSURANCE STATEMENT AND MEDICAL HISTORY

Our Son/Daughter will comply with the specific insurance regulations of the school district and the Medical History questions are as complete and correct as possible.

Family Insurance Co: _____ Contract #: _____

Signatures of Student: _____ & Parent/Guardian or 18 Year Old: _____

| GENERAL QUESTIONS | YES | NO | YOUR FAMILY'S HEART HEALTH QUESTIONS | YES | NO | MEDICAL QUESTIONS | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------|------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| Has a Doctor ever denied or restricted your participation in Sports for any reason? | | | Does anyone in your family have arrhythmogenic right ventricular cardiomyopathy, long QT syndrome? | | | Do you have any concerns that you would like to discuss with a doctor? | | |
| Do you have any ongoing medical conditions? If so, please Identify by Circling: Asthma Anemia Diabetes Infections Other: _____ | | | 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)? | | | Were you born without or are you missing an organ? Identify by circling: A kidney An eye Your spleen A testicle (males) Any other organ? _____ | | |
| Have you ever spent the night in the hospital? | | | Does anyone in your family have catecholaminergic polymorphic ventricular tachycardia, short QT syndrome? | | | Have you ever had an eating disorder? | | |
| Have you ever had surgery? | | | | | | Do you worry about your weight? | | |
| HEART HEALTH QUESTIONS ABOUT YOU | YES | NO | BONE AND JOINT QUESTIONS | YES | NO | Have you ever had a head injury or concussion? | | |
| Have you ever passed out or nearly passed out DURING or after exercise? | | | 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 a hit or blow to the head that caused confusion, prolonged headache, or memory problems? | | |
| Have you ever had discomfort, pain, tightness or pressure in your chest during exercise? | | | Have you ever had any broken or fractured bones or dislocated joints? | | | Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | | |
| Do you get lightheaded or feel more short of breath than expected during exercise? | | | Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace or cast or crutches? | | | Have you ever been unable to move your arms or legs after being hit or falling? | | |
| Do you get more tired or short of breath more quickly than your friends during exercise? | | | Have you ever been told that you have neck instability or atlantoaxial instability (Down syndrome or dwarfism)? | | | Are you trying to or has anyone recommended that you gain or lose weight? | | |
| Has a doctor ever ordered a test for your heart? For example: ECG/EKG, echocardiogram | | | Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)? | | | Are you on a special diet or do you avoid certain types of foods? | | |
| Have you ever had an unexplained seizure or do you have a history of seizure disorder? | | | Do you regularly use a brace, orthotics, or other assistive device? | | | Do you wear protective eyewear, such as goggles, or a face shield? | | |
| Does your heart ever race or skip beats (irregular beat) during exercise? | | | Do any of your joints become painful, swollen, feel warm or look red? | | | Do you or someone in your family have sickle cell trait or disease? | | |
| Has a doctor ever told you that you have high blood pressure? | | | Do you have any history of juvenile arthritis or connective tissue disease? | | | Have you had any problems with your eyes or vision or had any eye injuries? | | |
| Has a doctor ever told you that you have high cholesterol? | | | Have you ever had a stress fracture? | | | Do you wear glasses or contact lenses? | | |
| Has a doctor ever told you that you have Kawasaki disease? | | | Have you a bone, muscle, or joint injury bothering you? | | | Have you ever had herpes or MRSA skin infection? | | |
| Has a doctor ever told you that you have other heart problems? | | | IMMUNIZATION HISTORY | YES | NO | Have you had infectious mononucleosis (mono) within the last month? | | |
| Has a doctor ever told you that you have a heart infection? | | | Are you missing any recommended vaccines (Tdap, Flu, MCV4, HPV, Varicella, MMR) | | | Do you have any rashes, pressure sores, or other skin problems? | | |
| Has a doctor ever told you that you have a heart murmur? | | | MEDICAL QUESTIONS | YES | NO | Do You Have Any Allergies? | | |
| YOUR FAMILY'S HEART HEALTH QUESTIONS | YES | NO | Have you ever become ill while exercising in the heat? | | | FEMALES ONLY | YES | NO |
| Does anyone in your family have a heart problem, Pacemaker, or implanted defibrillator? | | | Do you cough, wheeze, or have difficulty breathing during or after exercise? | | | Have you ever had a menstrual period? | | |
| Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, Brugada syndrome? | | | Do you have headaches or get frequent muscle cramps When exercising? | | | How old were you when you had your first menstrual period? | | |
| Anyone in your family had unexplained fainting? | | | Do you have pain, a painful bulge or hernia in the groin? | | | How many periods have you had in the last twelve (12) months? | | |
| Anyone in your family had unexplained seizures? | | | Is there any one in your family who has asthma? | | | | | |
| Anyone in your family had unexplained near drowning? | | | Have you ever used an inhaler or taken asthma medicine? | | | | | |

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature: _____ Signature of: _____ Date: _____
Of Student Parent/Guardian

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

EMERGENCY INFORMATION – To Be Completed by Parent or Guardian or 18 Year Old

Student's Name: _____ Grade: _____

IN EMERGENCY 1) _____ Phone #: _____ Cell #: _____

CONTACT or 2) _____ Phone #: _____ Cell #: _____

Family Doctor: _____ Phone: _____

Allergies: _____

Drug Reactions: _____

Current Medications: _____



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC. PHYSICAL EXAM & CLEARANCE & CONSENT FORMS



• To be completed by parent or guardian or 18-year-old.

• Must be signed in **three** places on this page by parent or guardian or 18-year-old.

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PLEASE PRINT

| | | | | | | | | | | | | | | |
|-----------------------------------|--|--|-------|---|-----|-------|------|----|--------------------|--|------|--|-------|--|
| STUDENT'S COMPLETE LEGAL NAME: | | | Last | | | First | | | Middle | | | | | |
| STUDENT'S DATE OF BIRTH: | | | Month | | Day | | Year | | PLACE OF BIRTH: | | City | | State | |
| CIRCLE GRADE: | | | 7 | 8 | 9 | 10 | 11 | 12 | SCHOOL: | | | | | |

PHYSICAL EXAMINATION & MEDICAL CLEARANCE

To be completed by the examining MD, DO, PA or NP & Returned Directly to the patient. Categories may be added or deleted. Check Appropriate Column

| EXAMINATION: (Circle Correct Response As Necessary) | Height: | Weight: | Male/Female | BP: | / | Pulse: | Vision: R 20/ | L 20/ | Corrected: Yes No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|---------------|--------------------------|---|--------|------------------------|---------------|--------------------------|
| MEDICAL | | | NORMAL | ABNORMAL FINDINGS | | | MUSCULOSKELETAL | NORMAL | ABNORMAL FINDINGS |
| 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 - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

SIGNATURE OF

EXAMINER: _____

PRINTED NAME

OF EXAMINER: _____

CIRCLE ONE

MD DO PA NP

DATE: _____

STUDENT PARTICIPATION

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or negotiable certificate for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after my school season has been completed. I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

Signature of STUDENT: _____ Date: _____

PARENT OR GUARDIAN OR 18-YEAR-OLD CONSENT

I 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; and I understand the possibility that serious injury may result from participating in athletic activities. He/She has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

Signature of PARENT OR GUARDIAN OR 18 YEAR-OLD

Date

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

MEDICAL TREATMENT CONSENT - To Be 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.

SIGNATURE OF PARENT OR GUARDIAN OR 18 YEAR-OLD

DATE

CV SCHOOLS SPORTS REGISTRATION CODE OF CONDUCT FOR STUDENT ATHLETES

WE SUPPORT GOOD SPORTSMANSHIP
AND EDUCATIONAL ATHLETICS

**Our Athletic Community is
EXPECTED to be RESPECTFUL and RESPONSIBLE!**

- Cheer positively for your own team – follow the lead of cheerleaders
- No taunting, No disruptive behavior, No distractive cheers
- Accept officials' decisions

Join our SPORTSMANSHIP TEAM

Teach Good Sportsmanship
Encourage Good Sportsmanship
Advocate Good Sportsmanship
Model Good Sportsmanship

A student, by participating on any team listed below, is voluntarily submitting to abide by the rules, requirements, standards, and regulations listed here, as well as any rules, requirements, standards, and regulations of the team. **Being on a team is a privilege, not a right.** Therefore, it is crucial for student athletes to understand the Athletic Department's expectations of them, and what they may expect from the athletic program. This document sets out the Athletic Mission Statement for the Chippewa Valley Schools, as well as Athletic Program Beliefs, Eligibility, Rules, Transportation Policy, Attendance Requirements and Vacation Policy, Academic Standards for Athletes, Conduct Expectations for Athletes, Consequences and Appeal Procedures. All athletes and their parents are expected to read and to be familiar with this document. Any questions should be directed to the coach or Athletic Director.

Athletic Mission Statement

To provide a comprehensive and balanced interscholastic program for all students that emphasizes learning the necessary lifelong skills to work effectively as team members, to solve problems, and to be productive and contributing members of society.

ATHLETIC PROGRAM BELIEFS

- All eligible students will have an **opportunity** for team membership in the activities of their choice.
- All athletes will be encouraged to participate in multiple athletic experiences.
- All individuals will be treated with respect and dignity.
- Our student – athletes will play hard, play safe, and play competitively within the framework of Good Sportsmanship.
- Our coaches, by their example, will coach competitively within the framework of Good Sportsmanship.
- Players, coaches, parents, spectators, and athletic staff will demonstrate responsible behavior.
- There will be high expectations and minimal attrition (low dropout).
- The opportunity for eligible students to participate in a wide variety of school athletic activities is an important part of the educational experience.
- The value of citizenship is realized through sportsmanship and ethical play in athletic competition.
- The participation aspect of athletics is more important than the competition aspect at the freshmen level.
- Coaches are professional educators and must continuously search for effective teaching methods and strategies.
- Coaches will have more interest in the well-being and development of the students than in winning or personal goals.
- Athletes will be free of pressures from coaches to participate in camps, clinics, or outside teams in order to be part of the school team.
- All decisions within the athletic program must always be made considering best practices and current thinking and with the best interests of the student in mind.

The following statements are in line with the philosophy described above:

- For Middle School Basketball – each player will play in one full period during the first half.
- For Middle School Volleyball – each player will start a game and play a minimum of 12 points.
- For Middle School Football – each player must play at least one play in the first half and one play in the second half.
- For Freshman Contests – each eligible athlete will participate in each contest.

Chippewa Valley Schools Athletic Department offers the following athletic opportunities:

High School: Baseball, Basketball, Bowling, Cheerleading, Cross Country, Dance, Football, Golf, Hockey, Softball, Soccer, Swimming & Diving, Tennis, Track & Field, Volleyball, and Wrestling.

Middle School: Basketball, Football, Track & Field, and Volleyball.

MHSAA ELIGIBILITY RULES FOR ATHLETES

The following MHSAA rules are only a summary of some of the regulations affecting student eligibility. A complete listing of rules can be found in the MHSAA Handbook located in the Athletic Office at your school.

1. **AGE** – High school students become ineligible if they reach their nineteenth (19) birthday before September 1 of a current school year. Seventh grade students must be under fourteen years of age before September 1 of a current school year. Eighth grade students must be under fifteen years of age before September 1 of a current year. Those middle school students who will reach their fifteenth (15) birthday before September 1 of a current year may participate in the high school athletic program if approved on an MHSAA Eligibility Advancement Application. These students are limited to four years of high school eligibility, and all other regulations would apply as if that student were in high school.

2. **PHYSICAL EXAMINATION** – Students must have on file, in the Athletic Department Office, a physician's statement for the current school year (after April 15) certifying that he/she is physically able to compete in athletic practices and contests.

3. **ENROLLMENT** – Students must be enrolled in school prior to the fourth Friday after Labor Day (1st semester) or the fourth Friday of February (2nd semester). A student must be enrolled in the school for which she or he competes.

4. **SEMESTERS OF ENROLLMENT** – Students cannot be eligible in high school for more than eight semesters and the seventh and eighth semesters must be consecutive. Students are allowed four first semesters and four second semesters of competition and cannot compete if they have graduated from high school. (High School Only)

5. **SEMESTER RECORDS** – Students must have passed at least four full credit subjects in the previous semester of enrollment and must be currently passing four full credit courses.

6. **TRANSFER STUDENTS** – A student in grades 9 through 12 who transfers to another high school is not eligible to participate in an interscholastic contest for one full semester unless the student qualifies for immediate eligibility under one or more of fifteen published exceptions.

STUDENTS AND PARENTS ANTICIPATING A CHANGE OF SCHOOLS SHOULD FIRST SEEK ADVICE FROM THEIR HIGH SCHOOL ATHLETIC ADMINISTRATION.

7. **UNDUE INFLUENCE** – The use of undue influence by any person directly or indirectly associated with a school to secure or encourage the attendance of a student for athletic purposes, shall cause the student to become ineligible for a minimum of one semester.

8. **LIMITED TEAM MEMBERSHIP** – After practicing with or participating with high school teams, students cannot participate in any athletic competition not sponsored by his or her school in the same sport during the same season. See the MHSAA Eligibility Brochure for exceptions.

9. **ALL STAR COMPETITION** – Students shall not compete at any time in any sport under MHSAA jurisdiction in all-star contests or national championships regardless of the method of selection. Participation in such a contest shall cause that student to become ineligible for a maximum period of one year of school enrollment.

10. **AWARDS AND AMATEURISM** – Students cannot receive money or other valuable considerations for participating in MHSAA sponsored sports or officiating in interscholastic athletic contests, except as allowed by the MHSAA Handbook. Students may accept, for participating in MHSAA sponsored sports, a symbolic or merchandise award, which does not have a value over \$15. Banquets, luncheons, dinners, trips and admissions to camps or events, are permitted if accepted "in kind". Awards in the form of cash, merchandise, certificates, or any other negotiable document are never allowed.

ACADEMIC STANDARDS FOR ATHLETES

The Chippewa Valley Schools, and the Michigan High School Athletic Association believe that academics are the top priority for students. The academic eligibility requirements for our school district and the Michigan High School Athletic Association are set out below. It is the coaches' responsibility to confirm each athlete's eligibility, and any athlete or parent who has a question about the academic requirements should contact the coach or Athletic Director promptly.

MHSAA ACADEMIC STANDARDS FOR HIGH SCHOOL PREVIOUS SEMESTER RECORD

All students must have earned credit in at least four classes (20 credit hours) for the most recent semester enrolled. Effective with the 2009-10 school year, the minimum academic standard for athletic eligibility changed to "66 percent of credit load potential for a full-time student," and the period of ineligibility following a deficiency at the end of a term is 60 scheduled school days. (The only exception is students entering 9th grade for the first time and students that are granted advanced eligibility.)

CURRENT SEMESTER RECORD

All students must pass at least four classes (20 credit hours) on each quarter report card. If a student is not passing at least four classes (20 credit hours), that student is ineligible for competition until the next grade check (initiated by the coach) but not less than for the next Monday through Sunday. If the next check reveals the student is still not passing at least four classes (20 credit hours),

that student is ineligible for competition for not less than the next Monday through Sunday. This process continues (with the student remaining on the team but not eligible for competition) until the student is passing at least four classes (20 credit hours) from the start of the semester through the most recent grade check.

CV SCHOOLS ACADEMIC REQUIREMENT

All students must maintain at least a C average. If the grades of an athlete fall below a C average, the coach implements a Plan of Assistance. The student is placed on athletic probation and the coach initiates a weekly grade check. If a student improves sufficiently on this check, s/he is taken off the Plan of Assistance by the Athletic Director. If a student improves, but not sufficiently, the Plan of Assistance is continued. If, at the discretion of the Athletic Director, the student's academic progress has not improved sufficiently, the student may be deemed ineligible for the next competition.

MHSAA ACADEMIC STANDARDS FOR MIDDLE SCHOOLS PREVIOUS SEMESTER RECORD

All students must have a passing grade in at least fifty percent (50%) of the total periods of work carried for the last semester enrolled. A first-year middle school student may compete without reference to his or her record in the sixth grade.

CURRENT SEMESTER RECORD

All students must pass at least fifty percent (50%) of a full class load. If a student is not passing at least fifty percent of a full class load, that student is ineligible for competition until the next grade check (initiated by the coach) but not less than for the next Monday through Sunday. If the next check reveals the student is still not passing at least fifty percent (50%) of a full class load, that student is ineligible for competition for not less than the next Monday through Sunday.

This process continues (with the student remaining on the team but not eligible for competition) until the student is passing at least fifty percent (50%) of a full class load from the start of the semester through the most recent grade check.

CV ACADEMIC/BEHAVIOR REPORT

By Friday of each week, each middle school athlete will take a weekly report to all adult supervisors. After the report has been filled out, the coach will review it at practice. Parents will then sign the report over the weekend. If the athlete receives an unsatisfactory in any subject or in behavior, the athlete has one week to bring up the unsatisfactory to satisfactory. In the next report, if an athlete receives an unsatisfactory in subject or behavior, that student will be ineligible for the following week. The athlete is still required to participate in practice, and attend all games, but will not be allowed to dress for or play in the scheduled games.

TRANSPORTATION POLICY

All athletic participants, including but not limited to coaches, athletes, and team personnel, are required to use the bus transportation **when** provided by the Athletic Department. Students that are being provided transportation, either to or from an event, must adhere to the Chippewa Valley Schools Student Code of Conduct. Any time one-way transportation is provided, the bus driver will act as the chaperone, in place of the coach.

- Exceptions to this policy may include funeral, religious, or emergency medical reasons. When employing an exception to the policy, there must be written documentation of the reason along with a face-to-face meeting between the parent of the athlete and the coach.
- A list of verifiable commitments and activities that necessitates parental transportation from athletic events can be presented to the coach prior to the beginning of the season.
- School Board Policy governs practices and events in which district bus transportation is not used or available. Parents will sign the appropriate form, and return them to the coach prior to the event or practice. The coach will have the form in his/her possession during the event or practice.

ATTENDANCE REQUIREMENTS AND VACATION POLICY

An athlete shall be in attendance at school for at least 1/2 day on any school day in which she/he participates in a practice or contest. A full day of attendance, for this purpose, means all classes in which the student is currently enrolled. The Athletic Director may grant exceptions if the student was absent because of attendance at a funeral, attendance at an approved field trip, or because of illness that is verified with a written doctor's note or parental excuse. Attendance at practice sessions is essential to prepare athletes physically and mentally for athletic contests. All team members are required to be at all athletic practice sessions and contests at the times designated by the coach. It is the responsibility of the athlete to make prior arrangements with the coach for an excused absence. Three unexcused absences may result in removal from the team. Suspensions from school are unexcused absences, and an athlete may not participate in a practice or a contest while suspended from school. Vacations by athletic team members during a sport season are discouraged. Parents/athletes wishing to do so may wish to reassess the commitment an athlete makes to the team. In the event of an unavoidable absence due to a vacation, an athlete must:

1. Be accompanied by his/her parents while on vacation.
2. Inform the head coach prior to the vacation.
3. Practice one day for each practice or contest day missed prior to resuming competition. (A contest day will count as a practice day).
4. Be willing to assume additional consequences related to their status on that squad.

All athletes will be treated in a fair and equitable manner.

CONCUSSIONS AND HEAD INJURIES – Any student who is suspected of having suffered a concussion or head injury during a physical education class or recreational activity of the school shall be removed from the activity and referred to the Athletic Trainer/Athletic Director, who shall notify the student's parent/guardian and take such further actions as deemed necessary.

A "student athlete" is any student who tries out for or participates on any athletic team sponsored by the District or related group. Any student athlete who is suspected of sustaining a concussion or head injury shall be removed from participation or competition at that time. When so removed from an interscholastic or other competition including any practice session, a student athlete may not return to the contest or the practice unless cleared by a licensed physician with an MD or DO after their name or a neuropsychologist. Prior to returning to active participation in practice and, or, competition, the following steps must be completed:

1. The student athlete and parent/guardian must have signed-off the concussion protocol packet provided to them by the District, including "What Happens to My Brain When I Get a Concussion?" "Head Injury Care Sheet" and complete the six (6) step "Return to Play Protocol."
2. Have the "Concussion Return to Play Clearance Form" signed by a licensed physician.
3. Pass an online ImPACT Concussion Test, (provided the student was able to establish baseline data prior to the beginning of the athletic season).

ATHLETIC CODES OF CONDUCT

The Athletic Department, our community, school administrators, the teaching staff and the athletes themselves believe strongly that high standards of conduct and citizenship are essential in maintaining a sound program of athletics. The health and welfare of our students is the number one consideration. Consequently, firm and fair enforcement of the Athletic Department's Code of Conduct requirements is essential. These requirements, set out below are in effect 12 months a year, all day, every day. Being an athlete on a team is a privilege, not a right. If a student athlete or parent has a question about conduct expectations or consequences, they should see their coach or the Athletic Director.

The Athletic Code of conduct is part of and works in conjunction with the school district's Student Code of Conduct.

ADDICTIVE AND ILLEGAL SUBSTANCES AND OTHER MISCONDUCT

Addictive substances – the use, possession, distribution or sale of addictive and illegal substances by student athletes is prohibited. The consequences below will be administered for any infraction.

Other Misconduct – Any conduct that dishonors the athlete, the team and the school will not be tolerated. For any acts of unacceptable conduct such as, but not limited to, theft, extortion, vandalism, assault, sexual misconduct, gross disrespect, hazing, or inappropriate use of the Internet, electronic devices or communication systems.

Consequences:

- First Offense – 25% of competitions, plus taking the online Life of an Athlete course. Certification of completion is required.
- Second Offense – 50% of competitions, plus professional consultation selected by the school district and paid for by the athlete. Verification from the professional agency is required following completion of the consultation.
- Third Offense – suspension from all competitions for the remainder of middle school or high school career.

*An athlete's first tobacco violation – 10% of competitions. For any further tobacco violation, the above consequences will apply.

*If the violation warrants, the first offense and/or second offense consequences may be bypassed by the school administrator.

ADDITIONAL CONSIDERATIONS

- Competition suspensions are for consecutive contests and include current and next sport season.
- Invitationals, multi-contest days, and same day tournaments count as one contest.
- Calculation of the percentage of competitions will be based on the number of regular season games as defined by the MHSAA.
- An athlete may practice with the team during a competition suspension and may sit on the bench in street clothes during contests. During the suspension, an athlete may not dress for any competition.
- Any athlete who holds either an elected or appointed team captaincy may be required to relinquish his/her position.
- The Athletic Code of Conduct will be enforced when a coach or a faculty member or a district administrator has evidence that the violation has occurred.
- Under the School Safety Act, agencies will notify school personnel whenever a student is caught in violation of laws including those related to drugs and alcohol.
- Athletes issued citations from any law enforcement agency will be subject to the codes of conduct.
- Students that have received citations and then transfer into our district are subject to the codes of conduct.
- The coach of the student athlete shall impose the consequences.
- The Athletic Director will ensure that the codes of conduct are enforced.

- Use of tobacco is prohibited under this code even when a student athlete reaches their 18th birthday.
- Penalties shall not be considered served unless the student-athlete fully completes the season. Completion of the season must be verified by the coach
- If an additional offense is committed while a previous penalty is being served, the penalty for the additional offense will not begin until the penalty for the first offense has been served.
- The violations will be cumulative during a student-athlete's middle school or high school career.

PROCEDURE

- Reports of violations will be directed to the coach of the athlete.
- The coach will investigate the report and determine if consequences are to be applied. The Athletic Director will ensure that the codes of conduct are enforced.
- If consequences are to be applied, the coach will inform the athlete and parents.

APPEAL PROCESS

- The athlete may appeal the decision of the coach to the Athletic Coordinator at the middle school level, the Athletic Director at the high school level.
- The appeal must be in writing and must contain compelling reasons for changing the decision of the coach. It must be presented to the Athletic Director/Coordinator within two school days of the notice of the consequences by the coach to the student athlete.
- The athlete will be allowed a reasonable opportunity to be heard, to present extenuating evidence or witnesses, and to have representation.
- The decision of the Athletic Director/Coordinator will be provided in writing, to the student athlete, no more than two school days after the student submits the appeal.
- The athlete may appeal the decision of the Athletic Director/Coordinator to the building administrator.
- The appeal must be in writing and must contain compelling reasons for changing the decision of the Athletic Director/Coordinator. It must be presented to the building administrator within two school days of the student's receipt of the Athletic Directors/Coordinators written decision.
- The athlete will be allowed a reasonable opportunity to be heard, to present extenuating evidence or witnesses, and to have representation.
- The decision of the building administrator will be provided in writing, to the student athlete, no more than two school days after the appeal from the Athletic Director/Coordinator's decision is submitted by the student.
- The decision of the building administrator is final.

ONLY RETURN THIS OF C.O.C.

CODE OF CONDUCT ACKNOWLEDGEMENT FORM FOR STUDENT ATHLETES AND PARENTS
TO BE COMPLETED ONE TIME PER ATHLETIC CAREER

➡ Complete Legal Name of Student: _____

➡ Date of Birth: ____/____/____ School: ☐ Chippewa Valley High School ☐ Algonquin Middle School ☐ Wyandot Middle School
☐ Dakota High School ☐ Iroquois Middle School ☐ Seneca Middle School

➡ Athlete's Graduation Year – (circle) 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030

➡ HAS THIS STUDENT ATTENDED A HIGH SCHOOL OR MIDDLE SCHOOL OTHER THAN THE ONE LISTED ABOVE? ☐ Yes ☐ No
IF YES, Name of School and School Year that student attended:
School: _____ School Year: _____

I HEREBY GIVE MY CONSENT FOR THE STUDENT NAMED ABOVE TO ENGAGE IN INTERSCHOLASTIC ATHLETICS AND UNDERSTAND THE POSSIBILITY THAT SERIOUS INJURY MAY RESULT FROM PARTICIPATING IN ATHLETIC ACTIVITIES. I FURTHER UNDERSTAND THAT THE ABOVE STUDENT WILL BE EXPECTED TO ADHERE FIRMLY TO ALL ESTABLISHED ATHLETIC POLICIES OF THE SCHOOL DISTRICT AND THE MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION. I 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 RESPONSIBILITY FOR THE EXPENSES OF SUCH CARE. I AUTHORIZE CHIPPEWA VALLEY SCHOOLS TO USE A PHOTOGRAPH OR VIDEO RECORDING OF MY CHILD FOR DISTRICT NEWS OR WEB PAGE PUBLICATIONS. MY SIGNATURE ACKNOWLEDGES THAT I HAVE READ THIS ENTIRE DOCUMENT AND I AGREE ON BEHALF OF THE ABOVE-NAMED STUDENT AND MYSELF TO ABIDE BY ALL OF ITS PROVISIONS.

➡ SIGNATURE OF PARENT/GUARDIAN: _____ Date: ____/____/____

AS AN ATHLETE, I UNDERSTAND THAT I AM EXPECTED TO ADHERE FIRMLY TO ALL ESTABLISHED ATHLETIC POLICIES OF CHIPPEWA VALLEY HIGH SCHOOL, CHIPPEWA VALLEY SCHOOL DISTRICT, AND THE MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION SUCH AS THOSE STATED IN THIS DOCUMENT. MY SIGNATURE ACKNOWLEDGES THAT I HAVE READ THE ENTIRE ATHLETIC CODE OF CONDUCT, UNDERSTAND THAT IT IS IN EFFECT 365 DAYS A YEAR, ALL DAY, EVERYDAY, AND EVERYWHERE, AND I AGREE TO ABIDE BY ALL OF THE STATED POLICIES, PROCEDURES, AND CODES OF THE ATHLETIC DEPARTMENT. I ALSO UNDERSTAND THAT THERE ARE ADDITIONAL POLICIES I MUST ADHERE TO WHICH ARE NOT CONTAINED IN THIS DOCUMENT.

➡ SIGNATURE OF ATHLETE: _____ Date: ____/____/____

IMPACT TEST ACKNOWLEDGEMENT FOR STUDENT ATHLETES AND PARENTS

Chippewa Valley Schools are implementing an innovative program for our student-athletes. This program will assist our team physicians/athletic trainers in evaluating and treating head injuries (e.g., concussion). Student Athletes are required to take an ImPACT Test. ImPACT is a computerized exam utilized in many professional, collegiate, and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during practices and or competition, ImPACT is used to help determine the severity of head injury and when the injury has fully healed.

The computerized exam is given to athletes before beginning contact sport practice or competition. If a concussion is suspected, the athlete will be required to re-take the test. Both the preseason and post-injury test data is given to a local doctor to help evaluate the injury. The information gathered can also be shared with your family doctor. The test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted.

I give my permission for the student athlete named above to take an ImPACT Test. I understand that my child may need to be tested more than once, depending upon the results of the test, as compared to my child's baseline test, which will be on file. I understand there is no charge for the testing at Chippewa Valley HS. I understand that there may be charges incurred by follow up care.

➡ Printed Name of Parent or Guardian: _____

➡ Signature of Parent or Guardian: _____ Date: ____/____/____

➡ Cell Number: ____ - ____ - ____ Email Address: _____



Iroquois Middle School
2025 Iroquois Football Schedule



| | Monday | Tuesday | Wednesday | Thursday | Friday |
|------------------------------------------|---------------------------------------|------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| AUGUST | 18 | 19 | 20 <i>Sign up & Equipment</i> 8th 3:30-4:30pm | PANTHER PROWL 21 <i>Sign up & Equipment</i> 7th 3:30-4:30pm | 22 PRACTICE 3-4:30pm |
| | 25 PRACTICE 3-5pm | 26 PRACTICE 3-5pm | 27 PRACTICE 12-2pm | 28 PRACTICE 12-2pm | 29 |
| SEPTEMBER | 1 NO PRACTICE LABOR DAY | PLAYERS COME BACK 2 PRACTICE 3-5pm | 3 PRACTICE 3-5pm | 4 PRACTICE 3-5pm | 5 PRACTICE 3-5pm |
| | 8 PRACTICE 3-5pm | 9 SCRIMMAGE @ IROQ VS LCN | 10 FILM 3-4:30pm | 11 PRACTICE 3-5pm | 12 PRACTICE 3-5pm |
| | 15 PRACTICE 3-5pm | 16 GAME 1 @ LCC | 17 FILM 3-4:30pm | 18 PRACTICE 3-5pm | 19 PRACTICE 3-5pm |
| | 22 PRACTICE 3-5pm | 23 GAME 2 VS ROMEO | 24 FILM 3-4:30pm | 25 PRACTICE 3-5pm | 26 PRACTICE 3-4:30pm |
| | 29 Practice 3-5pm | 30 GAME 3 VS SHELBY | | | |
| OCTOBER | | | | | |
| | | | 1 FILM 3-4:30pm | 2 PRACTICE 3-5pm | 3 PRACTICE 3-4:30pm |
| | 6 PRACTICE 3-5pm | 7 GAME 4 @ MALOW | CONFERENCE 8 FILM 3-4:30pm | CONFERENCE 9 PRACTICE 3-4:30pm | 10 1/2 DAY PRACTICE 3-4:30PM |
| | 13 PRACTICE 3-5pm | 14 GAME 5 vs AB @ ABN | 15 FILM 3-4:30pm | 16 PRACTICE 3-5pm | 17 PRACTICE 3-4:30 PM |
| | 20 PRACTICE 3-4:30pm | 21 GAME 6 VS SENECA | 22 PIZZA PARTY 3-4pm | 23 | 24 |
| | | | | 7th grade games begin at 3:30pm | |
| AB play @ 52805 Ashley St, New Baltimore | | | | SCRIMMAGE: 7th & 8th grade at Iroquois vs LCN | |

Iroquois Football Summer Weightlifting – Coach Vitale (723-3807)

June

Sun Mon Tue Wed Thu Fri Sat

| | | | | | | |
|----|-------------------------------------------------------------------|-----------------------|--------------------------|-----------------------|----|----|
| | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 Football Parent Meeting for next Year/summer 6:00pm | 10 | 11 Last Day of School | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 Lift 10-11:30am | 24 Lift 10-11:30am | 25 | 26 Lift 10-11:30am | 27 | 28 |
| 29 | 30 DEAD WEEK | | | | | |

2025

July

| <i>Sun</i> | <i>Mon</i> | <i>Tue</i> | <i>Wed</i> | <i>Thu</i> | <i>Fri</i> | <i>Sat</i> |
|------------|------------------------------|------------------------------|-----------------------|------------------------------|-----------------------|------------|
| | | 1 DEAD WEEK | 2 DEAD WEEK | 3 DEAD WEEK | 4 DEAD WEEK | 5 |
| 6 | 7 Lift 10-11:30am | 8 Lift 10-11:30am | 9 | 10 Lift 10-11:30am | 11 | 12 |
| 13 | 14 Lift 10-11:30am | 15 Lift 10-11:30am | 16 | 17 Lift 10-11:30am | 18 | 19 |
| 20 | 21 Lift 10-11:30am | 22 Lift 10-11:30am | 23 | 24 Lift 10-11:30am | 25 | 26 |
| 27 | 28 Lift 10-11:30am | 29 Lift 10-11:30am | 30 | 31 Lift 10-11:30am | | |
| | | | | | | |

2025

August

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-----------------------|-----------------------|----------------------------------------------------------|------------------------------------------------------------------------------|-----|-----|
| | | | | | 1 | 2 |
| 3 | 4 Lift 10-11:30am | 5 Lift 10-11:30am | 6 | 7 Lift 10-11:30am | 8 | 9 |
| 10 | 11 Lift 10-11:30am | 12 Lift 10-11:30am | 13 | 14 Lift 10-11:30am | 15 | 16 |
| 17 | 18 | 19 | 20 EQUIPMENT DAY 8 TH GRADE 3-4:30PM | 21 EQUIPMENT DAY 7 TH GRADE 3-4:30PM MAKEUP 4:30-5:00 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | | | | | | |

IROQUOIS**PANTHERS**

2025 Football Schedule

IROQUOIS**PANTHERS**

| <u>Day</u> | <u>Date</u> | <u>Opponent</u> | <u>Home/Away</u> |
|------------|-------------|------------------------------|------------------|
| Tuesday | 9/9/2025 | Scrimmage vs LCN - 7th & 8th | Home |
| Tuesday | 9/16/2025 | Lanse Creuse Central Lancers | Away |
| Tuesday | 9/23/2025 | Romeo Bulldogs | Home |
| Tuesday | 9/30/2025 | Shelby Jr. High Wildcats | Home |
| Tuesday | 10/7/2025 | Malow Jr. High Mustangs | Away |
| Tuesday | 10/14/2025 | Anchor Bay Red* | Away |
| Tuesday | 10/21/2025 | Seneca Jaguars | Home |

Games: 7th Grade plays first at 3:30, 8th grade follows (approx 4:45)

The Anchor Bay game will be played at the old ABN MS field

IROQUOIS



PANTHERS