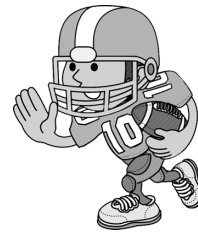


**Northern Freeze
Community Education
Youth Tackle Football
Fall 2024**



Activity Information:

MCC Community Education is sponsoring Youth Football to students in grades 4-6 during the months of August through October for MCC and Tri-County Students.

Program Coordinator: Jeffrey Lund

Lead Coach: Josh Smith

Coaches: Lonnie Larson, Jeff Lund, Josh Smith, Marcus Waterworth, Craig Wawrzyniak

If interested in helping, please contact Jeffrey Lund (218) 874-8530 or jlund@mccfreeze.org

Eligible Grades: **Tri-County and MCC Students in grades 4 through 6**

Registration Fee: \$60. \$60 fee will cover registration and use of equipment.

Health Participation Form, Football Registration, Fee due on Equipment Pick Up Day.

Registration and Equipment Pick Up Day will be held on Sunday, August 18. 4th Grade students at 5:30 p.m., 5th Grade students at 6:00 p.m., 6th Grade students at 6:30 p.m.

Participants will be required to have a physical on record before the first game. The appropriate form is included with this registration. Participants must supply their own mouthguard. **Parents are responsible for transportation to and from practices and games.**

If you have questions please contact Jeffrey Lund jlund@mccfreeze.org or (218) 874-8530.

Youth Football: Please complete registration & return it with payment on equipment pickup day. (8/19/2024)

Student Name: _____

Payment Due: \$60

Grade: _____

Parents:

Name

Phone

Name

Phone

Parent Interested in helping Coach: Yes No Name _____

This activity requires physical activity and contact. By registering for this activity you acknowledge that MCC Schools, Tri-County Schools, MCC Community Education, and Northern Freeze Football are not responsible for participant injury. You also acknowledge your child will abide by safety rules that will be demonstrated and coached.

Northern Freeze Youth Football Fall 2024 Schedule

Updated Schedule:

Sunday, August 18	Equipment Pick Up Day @ MCC (Grade 4 - 5:30 p.m.; Grade 5 - 6:00 p.m.; Grade 6 - 6:30 p.m.)
Monday, August 19	MCC 6:00 to 7:30 p.m.
Wednesday, August 21	MCC 6:00 to 7:30 p.m.
Monday, August 26	MCC 6:00 to 7:30 p.m.
Tuesday, August 27	MCC 6:00 to 7:30 p.m.
Tuesday, September 3	MCC 6:00 to 7:30 p.m.
Wednesday, September 4	TC 6:00 to 7:30 p.m.
Monday, September 9	TC 6:00 to 7:30 p.m.
Wednesday, Sept. 11	TC 6:00 to 7:30 p.m.
Tuesday, September 17	MCC 6:00 to 7:30 p.m.
Thursday, September 19	TC 6:00 to 7:30 p.m.
Monday, September 23	MCC 6:00 to 7:30 p.m.
Wednesday, September 25	TC 6:00 to 7:30 p.m.
Monday, October 7	MCC Pizza and Equipment Return Day (6:00 p.m. - 7:00 p.m.)

Game Days:

Saturday, September 7	Freeze vs. Freeze Scrimmage (9:00 am to 10:00 am)
Saturday, September 14	Roseau
Saturday, September 21	Erskine
Saturday, September 28	Mahnomen

Schedule is subject to change.

Sign up for Remind: @freezfb24

Text @freezfb24 to 81010 or put @freezfb24 into the Remind app to join.

This will allow you to receive Remind messages, cancellations, and alerts from the coaches.

We will also use the MCC Notification system to provide cancellation information or important announcements.

2024-25 MSHSL ANNUAL SPORTS HEALTH QUESTIONNAIRE

Name _____ Birth Date ___/___/___ Date ___/___/___
Grade _____ School _____ Sport(s) _____
Address _____
Phone _____ Date of Last Sports Qualifying Physical Exam (SQPE) ___/___/___

Check Yes or No boxes for each question or Circle question numbers for which you cannot answer.

IN THE LAST YEAR, since your last complete Sports Qualifying Physical Exam with your physician or your Year 2 Annual Health Questionnaire, HAVE YOU HAD ANY CHANGES TO THE FOLLOWING QUESTIONS:

Athlete Health Questionnaire

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. In the last year, has a doctor restricted your participation in sports for any reason without clearing you to return to sports? | <input type="checkbox"/> | <input type="checkbox"/> |
| IMPORTANT HEART HEALTH QUESTIONS ABOUT YOU IN THE LAST YEAR | | |
| 2. In the last year, have you passed out or nearly passed out <i>during</i> or <i>after</i> exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the last year, have you had discomfort, pain, tightness, or pressure in your chest during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the last year, does your heart race or skip beats (irregular beats) during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In the last year, do you get light-headed or feel more short of breath than expected during exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the last year, have you had an unexplained seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| IMPORTANT HEART HEALTH QUESTIONS ABOUT YOUR FAMILY IN THE LAST YEAR | | |
| 7. In the last year, has anyone in your immediate family died suddenly and unexpectedly for no apparent reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In the last year, has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including an unexplained drowning or an unexplained car accident)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. In the last year, has anyone in your immediate family had instances of unexplained fainting, seizures, or near drowning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. In the last year, has anyone in your immediate family been diagnosed with hypertrophic cardiomyopathy, Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy, long or short QT Syndrome, Brugada Syndrome, or catecholaminergic polymorphic ventricular tachycardia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. In the last year, has anyone in your immediate family under age 35 had a heart problem, pacemaker, or implanted defibrillator? | <input type="checkbox"/> | <input type="checkbox"/> |
| MEDICAL RISK QUESTIONS IN THE LAST YEAR | | |
| 12. In the last year, have you had a head injury or concussion that still has symptoms like continuing headaches, concentration problems or memory problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. In the last year, have you had COVID-19 illness with trouble breathing; persistent chest pressure; confusion; inability to stay awake; high fever for more than 4 days; pale, gray, or blue-colored skin, lips, or nail beds; or hospitalization and not been approved for return to sports by a physician? | <input type="checkbox"/> | <input type="checkbox"/> |

Parents or Legal Guardians: Please note below any health concerns, medications, or allergies that may be important for the coaches or athletic/activities director to know.

I do not know of any existing physical or additional health reason that would preclude participation in sports. I certify that the answers to the above questions are true and accurate and I approve participation in athletic activities.

_____ Parent or Legal Guardian Signature _____ Athlete Signature _____ Date

Activities Director Notes: (a YES answer to any of the questions above requires a clearance note from a physician prior to participation.)

SQPE Due ___/___/___ **MEDICALLY ELLIGIBLE FOR SPORTS PARTICIPAITON: YES** **NO**

Supplemental Mental Health Screening Questions (may be cut from form before submitting)

Over the past 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

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

(If the sum of responses to questions 1 & 2 or 3 & 4 are ≥3, please see your provider)

Reference: Preparticipation Physical Evaluation (Fifth Edition): AAFP, AAP, AMSSM, AOSSM, AOASM, AAP, 2019.

Revised 3/14/2024

Updated: May 14, 2024

GREAT NORTHERN ATHLETICS

Athlete Insurance Waiver

My child, _____, has permission to play football in the Great Northern Athletic League. **We understand that all coaches and schools are not responsible for any injuries that may occur.**

In case of an emergency, care will be given to the athlete. To do so we will need up-to-date insurance information and emergency contact numbers.

Insurance Company: _____

Phone Number of Company: _____

Name on Policy: _____

Insurance Policy Number: _____

Emergency Contact Numbers:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Are there any health concerns we should be aware of dealing with your child? If so, what are they?

We have read and agree to the above conditions. All information is current.

Parent Signature

Athlete Signature