**VIKING FOOTBALL 2012**

**Enclosed:**

* **Football Manitoba Form**
* **Vincent Massey Athletic Agreement**
* **2012 Registration Form**
* **Massey Teams Summer conditioning workout Calendar**
* **The Proposed Varsity and JV WHSFL schedule**
* **Player fees $350.00 (checks made out to: Vincent Massey High School)**
* **\*\*WHSFL Rule changes for this year, no visors at all and no screw in cleats!\*\***

**\*All forms are to be completed and handed in with Player Fees by Aug. 22/2012\***

**No player shall participate in practice until forms and fees are handed in!**

**August 22/2012, Viking fall football camp begins! On Aug. 22-23/12 camp will start off with 2 light practices (helmet and cleats only.) On Monday, Aug. 27 to Aug. 29 we will have 2 practices a day.**

 **Practice #1(Aug. 22): 6:00 pm – 8:00pm (lights)**

 **Practice #2(Aug. 23): 6:00 pm – 8:00pm (lights)**

 **Practice #3(Aug. 24): 6:00 pm – 8:00pm (full equipment)**

** Practice #4-6(Aug. 27-29): Practice A: 10:00-11:30am (lights)**

 **Practice B: 2:00-4:00pm (full equipment)**

 **Practice #7(Aug. 30): 6:00 pm – 8:00pm**

 **Practice #8(Aug. 31): TBA**



 **Mike Steeves**

Viking Football Head Coach

715 McDiarmid Drive

Brandon, Manitoba R7B 2H7

**729-3170(Vincent Massey)**

steeves.mike@brandonsd.mb.ca



Pride, Effort, Teamwork, Commitment, Perseverance, Character

Visit @ [www.vmvikings.com](http://www.vmvikings.com), follow us on Twitter @VMfootball and like us on our Facebook page “Vincent Massey Viking Football”

For Viking Football e-mail updates, e-mail us at masseyfootball@gmail.com

**Viking’s WHSFL JV Schedule 2012**

**1. Weds. Sept. 5/12**

**Vincent Massey Bdn @ Grant Park 5pm**

**2. Weds. Sept. 12/12**

**Vincent Massey Bdn @ Sisler 5pm**

**3. Tues. Sept. 18/12**

**Kelvin @ Vincent Massey Bdn 5pm**

**4. Weds. Sept. 26/12**

**Vincent Massey Bdn @ Churchill 5pm**

**5. Weds. Oct. 3/12**

**Vincent Massey Bdn @ River East 5pm**

**6. Weds. Oct. 17/12**

**Sturgeon @ Vincent Massey Bdn 4:30pm**

**7. Weds. Oct. 17/12**

**Crocus @ Vincent Massey Bdn 4:30pm**

**8. Weds. Oct. 24**

**Quarter finals**

**9. Weds. Oct 31**

**Semi-Finals**

**10. Thurs. Nov. 9(Canad Inns Stadium) 5pm**

**Finals**

**WHSFL VARSITY SCHEDULE 2012**

**1. Friday, Sept.7/12**

**Kelvin @ Vincent Massey 5pm**

**2. Friday, Sept. 14/12**

**Vincent Massey @ Portage 5pm**

**3. Weds. Sept. 19/12**

**River East @ Vincent Massey 5pm**

**4. Friday, Sept 28/12**

**Vincent Massey @ Grant Park 5pm**

**5. Friday, Oct. 5/12**

**Maples @ Vincent Massey 5pm**

**6. Friday, Oct. 12/12**

**Vincent Massey @ West Kildonan 4:30pm**

**7. Thurs. Oct. 18/12**

**Vincent Massey @ Kildonan East 4:30 (East side)**

**8. Thurs/Fri, Oct.25/26**

**Quarter finals Stadium and Eastside**

**9. Thurs/Fri, Nov. 1/2**

**Semi-Finals Stadium and Eastside**

**10. Friday, November 10/12 Canad Inns Stadium**

**Finals**

**VINCENT MASSEY VIKING FOOTBALL PLAYER INFORMATION**

**Personal Information (for use only on Massey Football website and/or programs)**

Player’s name: Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_

Favorite CFL Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NFL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favorite Food: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Playing Football: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favorite Movie: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Favorite Video Game: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favorite Music: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission to the Vincent Massey Football team to use my son/daughter(’s) picture and name for any Viking publications including websites, programs and promotional posters.

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VINCENT MASSEY VIKING FOOTBALL REGISTRATION 2012**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: Day \_\_\_\_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Health Number: (6 Digit)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(9 Digit)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate emergency contact (if parents are not available)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: ( \_\_\_\_ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last complete physical examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Before a player participates in our football program, any medical condition or injury problem should be checked by that individual’s family physician.

Please circle the appropriate response and provide details below if you answer “Yes” to any of the questions.

Yes No Previous history of concussions

Yes No Fainting episodes during exercise

Yes No Epileptic

Yes No Wears glasses

Yes No Are lenses shatterproof

Yes No Wears contact lenses

Yes No Wears dental appliance

Yes No Hearing problem

Yes No Asthma

Yes No Trouble breathing during exercise

Yes No Heart Condition

Yes No Diabetic – Type 1\_\_\_\_\_ Type 2\_\_\_\_\_\_\_

Yes No Medication

Yes No Allergies

Yes No Wears a medical information bracelet or necklace

 For what purpose? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No Has any health problem that would interfere with participation on a football team

Yes No Has had an illness that lasted more than a week and required medical attention in the past year

Yes No Has had injuries requiring medical attention in the past year

Yes No Has been admitted to hospital in the last year

Yes No Surgery in the last year

Yes No Presently injured. Injured body part: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No Vaccinations up to date

Date of last Tetanus Shot:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please give details if you answered “Yes” to any of the above. Use separate sheet if necessary**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recent injuries: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any information not covered above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that it is my responsibility to keep the team Safety Person advised of any change in the above information as soon as possible. In the event of a medical emergency and that no one can be contacted, team management will arrange to take my child to the hospital or a physician if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination, investigation and necessary treatment of my child.

I also authorize release of information to appropriate people (coach, physician) as deemed necessary.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_