

PACKET #2nd DUE DATE:

March 10, 2021

Page 6 - FACT SHEET

{ Zauzig will need pages 7, 8, 9 by April 20 }

Page 7 - Player Medical History

Page 8 - Insurance Information

Page 9 - Player SPONSOR Form (Most Important Form)

OPTIONAL PAGES BELOW (Pg 10 & 11) due on May 10th

Page 10 - Sales Order Form (Pre-Sales)

[Page 10, 11 and 12 deadline is May 10th ...this gives you more time to determine how many tickets needed or garments requested]

Page 11 - Parents "Ad" Page; DVD Order Form

Page 12 – General Advertising Form (This page may be of interest to some parents)

We need a Yearbook Picture & Uniformed Picture

ATTENTION COACHES or PARENT: To have your players' photo in the game program, it's SIMPLE. **Contact your YEARBOOK Advisor and team photographer** and have him/her email the senior picture & Picture Day picture (in uniform) to : Rob Irwin at rirwin3@comcast.net . That's IT !!!

LEZZER LUMBER FOOTBALL CLASSIC

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PLAYER FACT SHEET

Equipment- You will need to make arrangements with **your high school coach** to get the following pieces of equipment:

Helmet

Knee/Thigh Pads

Mouthpieces

Shoulder Pads

Practice Jersey

Shoes (Field Grass)

Girdle/Hip Pads

Practice Pants

1 Pair New White Pants

*Be sure to arrange for return of this equipment before the football season

Personal Items (you provide) - socks/athletic supporter/practice T-shirts, water bottle and shorts. You will be practicing two sessions most days.

Pictures will be taken Tuesday, June 1 (see schedule below) - Game Jersey, (2) complimentary Game Tickets, and complimentary T-Shirt will be given to you on picture day.

Physical Conditioning -- Please report to practice in good physical condition. Not only is it risky for you not to be in "shape", but it would be unfair to your teammates and coaches.

Shoes- The game will be played at Tyrone HS. The stadium has a "Natural Grass" -- NO Artificial Surface.

If you cannot be present for team orthopedic evaluation on the first day of practice, you must report to the Athletic Trainer prior to your first practice session. If you miss pictures --chances are "slim" that we can replace it!

Practice Dates/Sites

North- May 29/30 to June 5, 2021

Practice Site: TBA

Sunday, June 6 -- GAME Times TBA

South- May 29/30 to June 5, 2021

Practice Site : TBA

Sunday, June 6 -- GAME Times TBA

Pictures- Tuesday, June 1, 2021

Break meals will be provided

Pictures- Tuesday, June 1, 2021

Break meals will be provided

Coaches

North

Head Coach

Larry Wiser --CLARION HS

Cell # -814-758-1300

Email address -- lwiser72@gmail.com

Email address -- lwiser@clarion-schools.com

South

Head Coach

Vince Nedimyer -- ALTOONA HIGH

Cell # --814-312-2963

Home --814- same

Email address - vnedimyer@aasdc.com

Questions or Concerns:

Game Director:

Jim Zauzig, 2401 Taylor Ave. , Huntingdon, Pa 16652, 814-599-7642, jzauzig2401@comcast.net

GAME TIME & SITE: Sunday, June 6, 2021 at Tyrone HS (time TBD)

PRE-PARTICIPATION HISTORY AND PHYSICAL EVALUATION

(Accurate completion helps our trainer to be prepared for treating your son)

PLAYER'S NAME _____
(First Name, MI, Last Name)

MEDICAL HISTORY

Chronic Illness (Diabetes, Asthma, Other)

Seasonal or Food Allergies or other known
allergies (bee sting or other insects)

Current Medications (Please List)

Chronic Injuries/ Surgeries/ Fractures etc.

Heart Problems/ Seizures/ Blood Pressure or
other Medical Problems

Family History (Stroke/ Heart Attack/ Heart
Disease)

Date of Last Tetanus Shot

Date of Last Measles Immunization

Explain "YES" Answers

- | | | | |
|---|---|---|---|
| 1 | Have you ever been Hospitalized? | Y | N |
| | Have you ever had surgery? | Y | N |
| 2 | Have you ever passed out during or after exercise? | Y | N |
| | Have you ever had chest pains during or after exercise? | Y | N |
| | Have you ever been dizzy during or after exercise? | Y | N |
| | Do you tier more quickly than your friends during exercise | Y | N |
| | Have you ever had high blood pressure? | Y | N |
| | Have you ever been told you had a heart murmur? | Y | N |
| | Have you ever had racing of your heart or skipped heart beats? | Y | N |
| | Has anyone in your family died from heart problems or a sudden death before age 50? | Y | N |
| 3 | Do you have any skin problems (itching, rashes, acne)? | Y | N |
| 4 | Have you ever had a head injury? | Y | N |
| | Have you ever been knocked out or unconscious? | Y | N |
| | Have you ever had seizures? | Y | N |
| | Have you ever had a stinger, burners, or pinched nerve? | Y | N |
| 5 | Have you ever had heat or muscle cramps? | Y | N |
| | Have you ever been dizzy or passed out in the heat? | Y | N |
| 6 | Do you have trouble breathing or cough during or after activity? | Y | N |
| 7 | Do you us any special equipment (pads, braces, neck rolls, etc.)? | Y | N |

- 8 Have you had any problems with your eyes or vision? Y N
Do you wear glasses or contacts or protective eye wear? Y N
- 9 Have you ever sprained/ strains, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints? Y N

Please Check all that Apply

☐ Head ☐ Shoulder ☐ Thigh ☐ Neck ☐ Elbow
☐ Chest ☐ Forearm ☐ Shin/ Calf ☐ Back ☐ Wrist
☐ Ankle ☐ Hip ☐ Knee ☐ Hand ☐ Foot

- 10 Have you had any medical problems (infectious mononucleosis, diabetes, etc.)? Y N
- 11 Have you had any Medical problems or injuries since your last school/ sports or medical evaluation? Y N

Explain "YES" answers:

LEZZER LUMBER CONCUSSION PROTOCOL
If a head injury/concussion is suspected during practice or a game, the following protocol will be implement:
1/ Athlete removed from game/practice following signs/symptoms of concussion.
2/ No return to play in current game/practice if concussion is suspected.
3/ Medical Evaluation by an Appropriate Medical Professional
4/ Contact parents/guardians with educational materials and specific instructions (Head Inj. Info Sheets)
a/ Recommend Physician Referral
5/ Stepwise Return to Play. Each stage, unless directed otherwise by evaluating physician, will be
Separated by 24 hours. Any recurrence of concussive symptoms during exercise will result in
discontinuing exercise for that day. When the athlete returns to asymptomatic, they will perform same
1/complete rest & no activity until asymptomatic. 2/ Light aerobic exercise 3/ sport-specific training
4/ Non-contact drills, 5/ Full Contact drills, 6/ Game play (must have written clearance by physician)

We Herby State that, to the best of our knowledge, the answers to the above are correct and accurate.

Signature of Player

Signature of Parent

Date

DUE DATE: MARCH 10, 2021

Send to: Jim Zauzig, 2401 Taylor Ave, Huntingdon, Pa 16652

Printed Player Name _____

Spell exactly how you want to be listed in game program

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Insurance Information and Medical Treatment Permission

The insurance we purchase for the Lezzer Lumber Football Classic is a secondary to insurance already covering a participant. This means that any other insurance is used first, then our policy begins coverage. The company must be informed how many players are covered by other insurance and how many are not – there is a different fee schedule for each type.

This is why we are asking for the following insurance information.

Name of Insurance Company _____

Group Name _____ **Group Number** _____

Name of Primary Policy Holder _____

Most of our players are over 18 years old. However, the following permission helps ensure a smoother access to treatment should that be necessary.

We give permission to the Trainers and staff of the Lezzer Lumber Classic to authorize necessary first aid and emergency treatment in the event we cannot be reached in person.

Printed Player Name

Date

Printed Parent/Guardian Name

Player Signature

Date

Parent/Guardian Signature

Cell Phone Number

Emergency Contact Information

Your Sponsor Page

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Each year, we ask players selected to the Classic to find a Business “sponsor” for the game program. The sponsor ad is a **one line** (23 characters) **recognition with your picture in the game program**. Since most people will look at the player pictures often, it is the best ad in the program!

Should you have difficulty finding a sponsor, check with your coach for assistance. **Some players find multiple sponsors which can still add up to \$150.** This is a critical part of our program preparation, so please start to work on it.

IMPORTANT! Please read on this PACKET’s cover page about your two pictures to be emailed to Mr. Irwin (Senior Picture and one in football uniform). Rob’s email is: rirwin3@comcast.net

Player Sponsor Forms

Players Name _____

Player’s Parent(s) Name _____
(To be listed in the Game Program)

Sponsor’s Name _____ Phone _____

Sponsor’s Address _____
STREET Town, State Zip

Sponsor’s one line identification (Name of Business) exactly as desired in the program.
(Please Print – Limit 23 characters per line)

PLAYER SPONSORSHIP COST \$150.00 ck # _____ Check for \$ _____ enclosed
(*Payment Due May 1*) if necessary ck # _____ Check for \$ _____

***** NEED HELP:** If you can’t find a sponsor for \$150, get two sponsors for \$75.....**these sponsors are the ‘backbone’ of the game.**

***** Make Check payable to: Central Pennsylvania Football Coaches Association (CPFCA)**

***** Each Player Sponsor will receive 5 Complimentary Tickets and a coupon for a Game Program.**

[This page **can be** submitted **anytime** before May 10, 2021.]

(PLAYER)

*****TICKETS**

PRE-SALE - \$5.00

GAME DAY - \$6.00

TOTALS

(in addition to the 2 complimentary tickets)

_____ @ \$5.00

TICKET TOTALS _____

*****T-SHIRTS**

PRE-SALE - \$10.00

GAME DAY - \$12.00

_____ (SIZES _____) @ \$10.00

_____ (SIZES _____) @ \$10.00

_____ (SIZES _____) @ \$10.00

T-SHIRT TOTAL _____

*****HATS** (Standard: Lezzzer Football Logo only)

PRE-SALE - \$12.00

GAME DAY - \$15.00

☐ NAVY (North) ☐ RED (South) _____ @ \$12.00 **HAT TOTAL** _____

Personalized Hat:

☐ NAVY (North) _____
+ Name _____ @ \$1.50
+ Number _____ @ \$1.50

☐ RED (South) _____
+ Name _____ @ \$1.50
+ Number _____ @ \$1.50

HAT Accessories TOTAL _____

*****COACHING (Polo) SHIRTS**

PRE-SALE - \$35.00 GAME - \$40.00

☐ WHITE w Navy insert (North) ☐ White w Red insert (South)

_____ (SIZES _____) @ \$45.00

_____ (SIZES _____) @ \$45.00

_____ (SIZES _____) @ \$45.00

SHIRT TOTAL _____

PLEASE MAKE CHECKS PAYABLE TO **CPFCA**

GRAND TOTAL _____

Please return this order to: Jim Zauzig
2401 Taylor Ave. Huntingdon, PA 16652
jzauzig2401@comcast.net

Lezzer Lumber Football Classic -- Parent/Fan Advertising Form

BUSINESS CARD ADS: \$40

Reproduction of business card in Game Program --Plus 3 General Admission Tickets & 1 Game Program

PATRON ADS: \$25

Listing as patron in Game Program --Plus 2 General Admission Tickets & 1 Game Program

_____ Business Card Ad -- \$40 Business Card enclosed: Yes No
_____ Patron Ad -- \$25 Patron Listing:
(Space is limited to box)

Contact Person _____

Address _____ City _____ Zip _____

Phone _____

Mail Advertising form to: Rob Irwin, PO Box 1125, Lemont, PA 16851

**LEZZER LUMBER CLASSIC
DVD ORDER FORM
DVD = \$30**

DVD copies of the Lezzer Lumber Football Classic will be available. The full color video has been a great memento in the past. DVD should be distributed by August 1 for all orders received before July 10.

DVD includes player introductions, pictures of players, 100's of game action pictures, half-time and post-game ceremonies, and video of game.

Please include a check payable to CPFCA. **(\$30.00)**

ORDER FORM: Lezzer Lumber Football Classic Video
c/o Rob Irwin
PO Box 1125
Lemont, PA 16851

NAME: _____
ADDRESS: _____

Lezzer Lumber Football Classic

General Advertising Form

CUSTOM ADVERTISING:

<u>FULL-PAGE AD</u>	<u>HALF-PAGE AD</u>	<u>QUARTER-PAGE AD</u>
\$225	\$175	\$125
8" X 10"	8" X 5"	4" X 5"
Plus 12 Game Tickets & 6 Game Programs	Plus 8 Game Tickets & 4 Game Programs	Plus 4 Game Tickets & 2 Game Programs

CAMERA READY PREFERRED

BUSINESS CARD ADS: \$40

Reproduction of business card in Game Program -- Plus 3 General Admission Tickets &
1 Game Program

PATRON ADS: \$25

Listing as patron in Game Program -- Plus 2 General Admission Tickets &
1 Game Program

Please enter your ad as follows:

Full-Page Ad -- \$225	Camera ready enclosed	Yes	No
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Half-Page Ad -- \$175	Camera ready enclosed	Yes	No
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Quarter-Page Ad -- \$125 Camera ready enclosed Yes No

Business Card Ad -- \$40	Business Card enclosed	Yes	No
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Patron Ad -- \$25 Patron Listing:

(Space is limited to box)

Contact Person

Address _____ City _____ Zip _____

Phone

Mail Advertising form to: Rob Irwin
PO Box 1125
Lemont, PA 16851

CONCUSSION INSTRUCTIONAL SHEET



A concussion is a bump, blow or jolt to the head or body in which the brain moves quickly back and forth inside the skull causing a “mild” traumatic brain injury.

SIGNS & SYMPTOMS

COGNITIVE (THINKING/REMEMBERING): Difficulty concentrating, difficulty remembering, confusion, feeling slowed down, feeling “in a fog”

PHYSICAL: Headache, nausea or vomiting, dizziness, blurred vision, neck pain, fatigue or low energy, sensitivity to light or noise, balance problems

EMOTIONAL: Irritable, sadness, emotional instability, nervous or anxious

SLEEP: Sleeping less or more than usual, drowsiness, trouble falling asleep

WHAT SHOULD I DO?

- » Remove the athlete from play immediately and seek medical attention
- » Never return to sports or recreational activities on the same day the injury occurred
- » Seek guidance from a healthcare professional experienced and trained in the evaluation and management of concussions to guide a step-based return to activities progression including work, school and play.
- » Take time to get better - The brain needs time to heal. Limit activities involving physical and cognitive exertion, such as watching TV, video games, working on computer, texting, driving a car and exercise. Such activities can cause the signs and symptoms of a concussion to worsen or prolong the healing process. These activities should be carefully managed and monitored by a health care professional.
- » Make sure that a concussion is reported. Repeat concussions in young athletes can result in more traumatic injuries involving increased swelling or permanent damage to the brain.

If the following symptoms worsen or develop, please contact your doctor or the nearest hospital emergency department *immediately*.

- | | | |
|--|--|--|
| » Drowsy and cannot be awakened | » Worsening headache | » Inability to recognize people or places |
| » Weakness, numbness or decreased coordination | » Repeat vomiting or nausea | » Loss of or fluctuating level of consciousness |
| » Pupils becoming unequal in size | » Convulsions or seizures | » Increasing irritability, agitation, unusual behavior |
| » Increasing confusion, restless | » Slurred speech or inability to speak | |

DO NOT:

- » Drink alcohol
- » Use prescription or OTC drugs without medical supervision
- » Drive a car or operate machinery
- » Engage in physical activity that makes symptoms worse (eg. exercise, weight lifting, sports)
- » Engage in mental activity that makes symptoms worse (eg. TV, video games, texting)

IT IS OK TO:

- » Use ice packs on head and neck as needed for comfort
- » Eat a carbohydrate-rich diet
- » Go to sleep
- » Rest (no strenuous mental or physical activity)

IF YOU HAVE QUESTIONS OR CONCERNS, PLEASE CONTACT YOUR ATHLETIC TRAINER.

ATHLETIC TRAINER: _____

CONTACT: _____

I acknowledge that ATC reviewed management of signs and symptoms for concussions and received the concussion instructional sheet.

ATHLETE NAME

PRINTED NAME OF PARENT/GUARDIAN

SIGNED NAME OF PARENT/GUARDIAN

DATE