

**FORK UNION MILITARY ACADEMY
DEPARTMENT OF ATHLETICS
FORK UNION, VIRGINIA 23055**

General Information for Reporting to Early Prep Football Practice:

The coaching staff hopes you have had a good summer and that you have worked hard in preparing for the upcoming season. You must be in good condition, for you have a lot of hard work ahead of you.

Members of the 2008 Prep and Jr. Prep Football Teams should report to school Sunday, 10 August between 8:00 am and 12:00 noon. Players must register in the Estes Dining Hall no later than 12:00 noon. All players must report by this time. A mandatory meeting for all parents and students will be held at 1:00 pm in the Academy Chapel, with the FUMA coaching staff and FUMA administration. Supper will be served at 5:30 pm. There will team meetings after supper. If there are any problems, please contact me at 434-842-4281.

Each player must have a **physical before he can practice**. Get this done immediately so you will not miss practice time. **The physical examination form must be submitted to our Infirmary**. The yellow form titled: Health Record and Questionnaire is **NOT** the physical examination form. Each player must have a proper haircut before he arrives. A **proper haircut** is approximately three inches on top and tapered above the ears and on the neck. I would advise all players to buy their **football shoes** (PREFERABLE BLACK) before they arrive for practice. You will need to break in these shoes. This will avoid getting blisters and missing practice time. We have a limited number of **arm pads** and **hand pads**, so if you have your own or want to buy your own this would be better. Also, I want every player to bring a **spiral notebook and some pencils**. These will be used in our team meetings. There will be cuts. We plan to keep 35-40 players. Ninth and tenth graders who don't make the team will be able to play Jr. Prep. No 11th graders will play Jr. Prep.

Follow the catalog as to what to bring when you report. You will wear FUMA athletic clothing while on campus. You will also be required to wear some form of shoes (no sandals or flip flops) at all times. You may want to bring a radio, stereo, and/or TV. **Do not bring CD's, computers, or cell phones.**

Please complete the preseason forms whether you are reporting or not on August 10 and return to me no later than August 1. The coaching staff will be looking forward to seeing you on the 10th.

If your travel plans require you to use public transportation, you must plan to arrive on Saturday 9 August, if possible. Notify me of your arrival time at the bus station or airport as soon as possible so that we can arrange transportation to school. Please make arrangements into either Charlottesville or Richmond, Virginia.

Sincerely,

Coach Sullivan

Phone: Work – 434-842-4281

Home – 434-589-6074

Athletic Dept. FAX: 434-842-4299

**** REMEMBER **** You must be in shape when you report. Do not plan on getting on shape after you arrive here.

PLEASE RETURN THE PRESEASON FORMS AS SOON AS POSSIBLE

ATTENTION

ATTENTION

HAVE YOUR PARENTS FILL OUT THE ATTACHED MATERIAL AND RETURN IT AS SOON AS POSSIBLE.

MAIL TO:

MICKY SULLIVAN
ATHLETIC DIRECTOR
FORK UNION MILITARY ACADEMY
P.O. BOX 278
FORK UNION, VA 23055

*****REMEMBER YOU MUST HAVE HAD A CURRENT PHYSICAL AND THE***
RECORD MUST BE ON FILE WITH OUR INFIRMARY BEFORE YOU WILL BE
ALLOWED TO PRACTICE!!!!!!**

Dear Parents or Guardians,

I hope this letter finds you all well and your summers going along as planned. As we at Fork Union Military Academy prepare for this up-coming year we would appreciate your help in reading and filling out and returning the following forms and cards, pertaining to your son's participation in athletics at FUMA this fall. This will allow us to better facilitate and care for your son's needs while he is under our care. We look forward to seeing you in August and look forward to another successful year.

Sports Medicine & Coaching Staff
Fork Union Military Academy

FORK UNION MILITARY ACADEMY

**Injury Understanding
Consent and Medical Release**

RE: Prospective FUMA Football Player

Dear Parent or Guardian,
Please read and sign and also have your son read and sign the following statement concerning the potential hazards and possible injuries resulting from participation in football.

I, _____ understand that my son can be injured while
(Parent or Guardian)
participating in the practice and participation in games of football. These injuries could be fatal or lead to permanent physical damage and disability.

With this understanding, I am also aware that the football helmet is not to be used to butt, ram or spear opposing players. This is in violation of the football rules and can result in severe head, brain or neck injury, paralysis or death to my son or opponent. Furthermore, I am aware there is a risk these injuries may also occur as a result of accidental contact without intent to butt, ram, or spear.

I am aware that the coaches of Fork Union Military Academy will instruct my son not to use his head or helmet in any way that would cause an injury. I also give permission for the Fork Union Military Academy sports medicine staff to evaluate and treat or seek the appropriate treatment for my son's injuries as needed.

I have read this statement and discussed it with my son and understand its contents and importance to the participation of football.

Signature of parent/guardian

Date

I have read this statement and discussed it with my parent/guardian and understand its contents and importance to the participation of football.

Signature of Player

Date

Print Cadet's Name: _____

HEALTH RECORD AND QUESTIONNAIRE
FORK UNION MILITARY ACADEMY

Date _____

Grade: FR / SOPH / JR / SR / PG

1. Personal:

Sport _____

Name _____

Address _____

Parent-Guardian _____ Home Phone _____

Work Phone _____

GENERAL – Have you ever had, or now have, any of the following?

	YES	NO	Explain
Asthma			
Tuberculosis			
Polio			
Diabetes			
Heart Problems			
Allergies			
medicine			
food			
bee stings, etc.			
High blood pressure			
Athletes' foot			
Jock Itch			
Staph (boils)			
Cyst or lumps			

Do you take any medicine routinely? Yes ___ No ___ Explain _____

ABDOMINAL – Have you ever had, or now have any of the following?

	YES	NO	Explain
Peptic ulcer			
Stomach trouble			
Rectal bleeding			
Hernia			
Appendicitis			
Spleen injury			

Are the following paired organs intact and normal so far as you know?

	YES	NO	Explain
Testes			
Kidneys			
Lungs			

NEUROLOGICAL – Have you ever had, or now have, any of the following?

	YES	NO	Explain
Head Injury			
Fracture			
Concussion			Number? When?
Unconscious			How long?
Neck injury			
Fracture			
Pinched nerve			When?
Surgery			
Recurrent headache			How often?
Epilepsy/Mental or			
Nervous disorder			
Heat problems			Number

DENTAL: Do you have?

	YES	NO	Explain
Dentist			Name
Missing teeth			Number
Cavities			
Bridge/false teeth			
Toothaches often			
Hot/cold sensitivity			

EAR-NOSE-THROAT – Have you ever had, or now have, any of the following?

	YES	NO	Explain
Hearing difficulty			
Frequent earache			
Difficulty breathing			
through nose			
Nose fracture			
Frequent tonsillitis			

EYE – Have you ever had eye surgery? _____ Do you wear glasses? _____
Contact lenses? _____ Hard/soft? _____

ORTHOPEDIC – Have you ever had or now have an injury to any of the following?
Please note whether injury was to right or left side.

	YES	NO	Explain
Foot			
Ankle			
Lower Leg			
Knee			
Thigh			
Hip/groin			
Back/ribs			
Shoulder			
Neck			
Elbow/wrist/hand			
Other			

Other health problems including hospitalizations or surgeries?
