

La Grande Optimist Club Inc.
P.O. Box 3091
La Grande, OR 97850
August, 2017



Dear Parents:

Enclosed is the information about the 2017 Optimist Football Program 4th-6th grade.

For all 4th, 5th, & 6th graders, equipment handout will be Tues, Wed, & Thurs Aug, 22, 23, & 24 from 5:30pm to 7:00pm at Pioneer Park, Optimist Field. Starting Monday, Aug. 28th we will be conducting a three week practice camp daily from 5:30pm until 7:00pm M-F. At the end of the practice camp, all players judged capable of competing safely, are eligible for a 5 week season playing against each other on teams of 15 to 20 players. The cost for Camp and Season is \$65. **The camp is mandatory for season play. There will be a mandatory parent meeting on August 28 @ 5:45 at Pioneer Park.**

A limited number of scholarships are available. The season should end around October 15th

Players must provide their own socks, supporter, mouth guard and shoes. Mouth guards are available from the Optimist Club at the time of equipment handout for \$1.00 or can be obtained along with other supplies from local merchants. Canvas or leather shoes are acceptable, but if they have cleats, they must be rubber cleats. They may be either low-cuts or high-tops. Official team jerseys will be issued to all players. A 'T' shirt, with team sponsor imprinted on it, will be given to all participants, for them to keep.

The fee of \$65.00 is due with the participation permit (payable to Optimist Football). **It does not include medical insurance. Medical Insurance coverage, is to be provided by you, and is mandatory. Please make sure your policy will cover your child for this activity.**

Each participant needs a current physical (within 3 years). A copy needs to be on file with the Optimist, (last years are on file). You must arrange a physical through your family physician at your expense. Please schedule your child's physical soon as possible. The physicals must be completed before your child is eligible to participate.

If you have any questions, please call Gary Oswald, 541-910-3068

Sincerely,

Dates to
Remember

Gary Oswald
Football Commissioner

August 22, 23, & 24 -- Equipment handout

August 28th-- Camp Starts, @ Pioneer Park, Optimist Field

August 28th – Participant must have had physical by this date!

August 28th – 5:45pm Mandatory parent meeting @ Pioneer Park

La Grande Optimist Club
Medical Report for Students

TO BE FILLED IN BY PARENT BEFORE PHYSICAL EXAM. (Please Print)

Grade _____ (this Fall)

Students in La Grande Optimist Football must have a physical examination performed by a physician licensed by the Oregon State Board of Medical Examiners, prior to practice and competition in athletics. This policy is standard in the La Grande School District and is mandatory for all participating in middle school athletics. The examination should be performed no earlier than May of the preceding school year.

Pupil's Name _____ Sex M F Birth ____/____/____
(Last) (First) (Mo) (day) (YR)

Address _____ Phone - ____ - ____
(Street) (Town)

- | | | |
|---|------------|---|
| <p>1. Past concussions Yes*__ No__ Yr__
 Past skull fractures Yes*__ No__ Yr__</p> <p>2. Neck injury Yes*__ No__ Yr__</p> <p>3. History of muscle Yr__
 bone, joint disease Yes*__ No__ Yr__</p> <p>4. Glasses or contact lenses for athletics Yes*__ No__ Yr__
 Loss or seriously impaired vision in one eye Yes*__ No__ Yr__</p> <p>5. Hearing problem Yes*__ No__ Yr__</p> <p>6. Pneumonia Yes*__ No__ Yr__</p> <p>7. Hernia Yes*__ No__ Yr__</p> <p>8. Diabetes Yes*__ No__ Yr__</p> <p>9. Rheumatic Fever Yes*__ No__ Yr__</p> <p>10. Kidney Disease Yes*__ No__ Yr__</p> <p>11. Fainting Spells Yes*__ No__ Yr__</p> <p>12. Epilepsy or other convulsive disorders or seizures Yes*__ No__ Yr__</p> | <p>13.</p> | <p>Communicable Diseases:</p> <p>German Measles (3 day) Yes*__ No__ Yr__</p> <p>Red Measles Yes*__ No__ Yr__</p> <p>Mumps Yes*__ No__</p> <p>Chicken Pox Yes*__ No__ Yr__</p> <p>Whooping Cough Yes*__ No__ Yr__</p> <p>Scarlet Fever Yes*__ No__ Yr__</p> <p>OTHER _____ Yes*__ No__ Yr__</p> <p>14 Allergies</p> <p>Asthma Yes*__ No__ Yr__</p> <p>Insects / Bee sting Yes*__ No__ Yr__</p> <p>Hay Fever Yes*__ No__ Yr__</p> <p>Poison Oak Yes*__ No__ Yr__</p> <p>Other _____ Yes*__ No__ Yr__</p> <p>15 Tonsils / Adenoids Removed Yes*__ No__ Yr__</p> <p>16 Currently taking medication or shots Yes*__ No__ Yr__</p> <p>17 Premature Birth Yes*__ No__</p> <p>18 Any other serious defect or operations Yes*__ No__ Yr__</p> |
|---|------------|---|

Parent's Comments on Yes _____

(over)

(Please retain a copy of completed form for your records)

Students Name

To Be Filled by Physician

2017

Doctor's Physical Examination

Height _____ Blood _____ Vision with Glasses ()
Weight _____ Vision without Glasses ()

Significant Illness or Injuries _____

<u>Examination</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Teeth	_____	_____
Hearing	_____	_____
Cardiovascular	_____	_____
Liver, Spleen, Kidneys, Hernia, Genitals	_____	_____
Extremities	_____	_____
Orthopedic / Posture	_____	_____
Neurological	_____	_____
Skin	_____	_____
Indicated Lab Tests	_____	_____
Urinalysis negative for sugar	_____	_____

Comments on unsatisfactory conditions _____

I have on this date examined the above student and recommend him / her as being physically able to participate in the supervised athletics EXCEPT FOR _____

*This student may be permitted weight loss to make a lower weight in WRESTLING. Yes__ No__
If "Yes", may lose _____ pounds

Date _____

(Signature of Examining Physician licensed by the Oregon State Board of Medical Examiners)