

RICHLAND BOMBER FOOTBALL

**2014 SPRING FOOTBALL
PARENT MEETING**

MAY 13, 2014

6 PM IN RHS CAFETERIA

For ALL players and parents who
will play football at Richland
High next year!

<http://www.bomberfootball.org/>

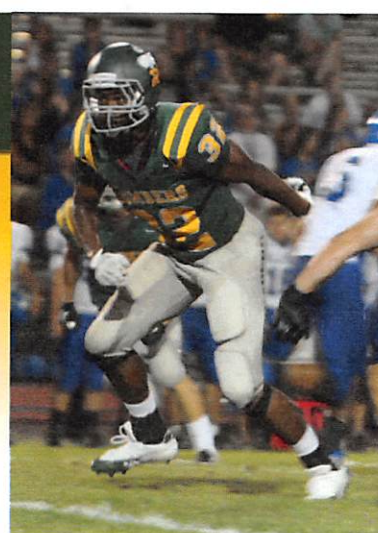
RICHLAND
HIGH SCHOOL

ARE YOU
READY TO
BE A
BOMBER?

COME
MEET THE
STAFF
AND GET
READY FOR
SPRING
FOOTBALL!



† BOMBER FOOTBALL †



Head Coach:
Mike Neidhold
Mike.neidhold@rsd.edu
(509)438-2697

RICHLAND BOMBER FOOTBALL

SPRING CAMP 2014

- BSU CAMP REGISTRATION FORM
- COPY OF INSURANCE CARD (FRONT & BACK)
- SUMMER CAMP PARTICIPANT EXPECTATIONS FORM
- ANTI HAZING AGREEMENT
- PHYSICAL - A copy of physical exam, expiring no earlier than 6/20/14, must be on file at RHS. You may turn in your physical to the bookkeeper. Physicals are good for 1 calendar year from date of physical)
- CLOTHING ORDER
 - <http://kimmel.itemorder.com>
 - Sale code: UX7SA
 - Grey T-shirt & grey short **REQUIRED**

- \$350 CAMP FEE(TO BOOKKEEPER'S OFFICE)
 - VISA/MASTERCARD ACCEPTED @ OFFICE

ALL PAPER WORK DUE BEFORE PADS WILL
BE ISSUED!

Team/Renegade Camp
Grades: 9-12 Date: 06/15 - 06/18/2014



PARENT/GUARDIAN INFORMATION

Parent Name: _____ Daytime Phone: _____
Email: _____ Evening Phone: _____
Address: _____
City: _____ State: _____ Zip/Postal Code: _____

INSURANCE INFORMATION:

Policy Holder's Name: _____
Policy Holder's Phone: _____ Policy Holder's Employer: _____
Insurance Company: _____
Insurance Address: _____
City: _____ State: _____ Zip/Postal Code: _____
Insurance Phone: _____ Group No: _____ Member No: _____

I have read and agree to the following:

- I understand the potential dangers and risks of participating in the subject Boise State program include, but are not limited to, death or serious injuries which may result in complete or partial impairment of my body, general health and well being.
- In consideration of Boise State permitting me to associate myself with the program, I hereby voluntarily assume all risks associated with participation and agree to discharge and release the State of Idaho, the Regents of Boise State University, their agents, servants and employees from and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to this Boise State program.
- The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.
- I am in good health. There is no medical reason why I am not able to participate in this program.
- I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries that I may sustain while participating in any activity associated with the program.
- I understand that it is my obligation to have a health and accident insurance policy in effect while participating in this program.
- I understand the camp staff will not be responsible for Brown Bag Campers during meal times.
- I understand that payment is due at the time of registration to ensure enrollment of the desired camp.

For participants who are not 18 years of age or older:

I certify that I am the parent or legal guardian of the named participant in this Boise State program. I have read the above agreement and certify that all information provided is true, accurate, complete and current. I assent to its terms and conditions. I acknowledge that my dependent and I have agreed to the terms and conditions, and I hereby give my consent to participation by my dependent in this program and to receive medical treatment as indicated if necessary. I further agree to hold harmless the State of Idaho, Boise State University, this sport camp, and employees and all other parties referenced above as specified above.

Printed Name _____ Signature _____ Date _____

Team/Renegade Camp
Grades: 9-12 Date: 06/15 - 06/18/2014



ATHLETE INFORMATION:

Athlete Name: _____

Cell phone: _____

Birthdate: ___/___/_____

Gender: M / F

School: _____

Grade: _____

Please list any and all physical conditions that Boise State program staff should know which may affect or be affected by participation in this program. (starts fall of this year)

Present medical problems or conditions:* (if none, please enter "none")

Medications taken regularly:* (if none, please enter "none")

Allergies:* (if none, please enter "none")

Limitations on physical activities:* (if none, please enter "none")

Emergency Contact: _____

Daytime Phone: _____

Alt. Phone: _____

TEAM/RENEGADE CAMP INFORMATION

Camp Type: Daily Commuter / Overnight

Preferred Roommate: _____

Height: _____

Weight: _____

Shirt Size: Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL Adult XXL

Primary Position: QB WR RB TE OL DL LB DB Undecided

TRAVEL INFORMATION

Please fill out the following travel form ONLY if you need transportation to and/or from the Boise Airport. Campers will be picked up/taken back by a BSU Staff Member or Coach . All of the following information must be completed before Jun 12. If there are any changes in schedule, please contact Brad Larrondo as soon as possible (208) 426-3940 or blarron@boisestate.edu.

Flight Information To Boise:

Arrival Date: _____

Arrival Time: _____

Airline: _____

Flight #: _____

Flight Information From Boise:

Departure Date: _____

Departure Time: _____

Airline: _____

Flight #: _____

SUMMER CAMP PARTICIPANT EXPECTATIONS FORM

We are pleased that your daughter or son has decided to attend an overnight summer camp. We believe that by bringing together the students in our school in a camp environment, we can make huge progress in preparation for our next school year. During the camp, we count on the students to behave in a mature and responsible manner and to remember that they are representing their school and community at all times. Because we wish to ensure the safety of your student as well as other participants, we have developed the following behavioral expectations that we would like you to review with your student.

All camp attendees are expected to:

1. Attend all camp activities at the designated times and places. Students who cannot commit to the entire camp may not attend, unless prior arrangements are made with the Activities Director, Athletic Director or Coach. For the duration of the camp, students cannot deviate from the stated schedule. Students may not accompany anyone else with alternate plans during the sports camp.
2. Always display the appropriate mode of attire and behavior that is representative of any student. Students may dress casually, but appropriately, when not participating in the camp activities, practices or games. Students wearing controversial clothing will be asked to change. No clothing with ads for alcohol, tobacco, drugs, or with profanity, sexual pictures, or inference to these items is allowed. Students will refrain from the use of electronic devices, including cell phones and hand-held games during any meeting, workshop or general session.
3. Respect the rights and safety of others. Students exhibiting irresponsible behavior that endangers the health, safety, or welfare of themselves, or any student engaging in inappropriate conduct as determined by the Richland School District and the Camp Coordinators, will be sent home immediately at his or her own expense.
4. Inform an adult if a problem arises. The safety and well being of all students attending this camp is of the utmost importance. For this reason, if at any time during the camp an incident occurs that makes the student feel threatened or intimidated, he or she should tell his or her advisor, coach or a Camp adult staff member.
5. Be courteous to the hosts. As guests at the camp, students should observe any reasonable requests or rules made by the hosts. All students must remain in assigned quarters for the duration of the sports camp. Once a student reaches the time of evening bed-check, they are expected to stay in their rooms.
6. Stay only in their assigned rooms and take care of that room. Students must notify their advisor/coach if they are having serious difficulties in a room. If necessary, another room will be assigned. Students should keep their rooms clean and neat during the camp. Students are responsible for any damage to the room during their stay there.
7. Understand that the use, sale, or possession of tobacco, alcohol, or illegal drugs as well as the possession of any type of weapon is strictly prohibited. Any student found possessing or under the influence of any illegal drug or alcohol, or possessing a weapon will be expelled from the camp, turned over to their advisor/coach and sent home immediately at participant's expense. The student's school principal and parents will be notified of the infraction. Participants should also be aware that they are subject to federal, state and local laws, and may be prosecuted by the appropriate authorities for alcohol or drug related offenses.
8. Stay in a safe, supervised environment. Unsupervised students may not leave the camp at any time.
9. Respect the property of others. Students are not to take objects from the camp areas or any property visited. Students are expected to leave the facilities cleaner than when they arrived. Students must take great care not to do any damage to the facilities that they use during camp.
10. Fill out all RSD clearance forms for camp.
11. Campers must travel to and from camp in RSD provided transportation unless prior arrangements are made with the Activities Director, Athletic Director or Coach. Campers may not transport themselves to camp. Campers may travel with a parent, or travel with a parent of another camper with their parent's, advisor's, Activities Director's, coach's or Athletic Director's prior permission and appropriate paperwork. There shall be NO driving of any motor vehicle (including motorcycles and mopeds) by student campers during the camp. Campers may not ride in a motor vehicle being operated by a student.

Your signatures below indicate that you have read and discussed the above guidelines with your student and are in agreement with these expectations.

Parent/Guardian Signature Date

Student Signature Date

School/Facility Name Camp Title

Location of Camp Dates of Camp

Richland School District #400

Participant Anti-Hazing Agreement

The Richland School District (RSD) recognizes that membership in co-curricular student organizations can significantly enhance the learning and growth experiences of students. In accordance with state and federal laws, the RSD adamantly prohibits any form of hazing by any student extra-curricular or co-curricular organizations. All new member orientation, initiation activities, and other group activities are expected to refrain from hazing in any form. Further, these activities should support the attainment of all purposes stated in the goals and objectives of the RSD.

No student activity, student team, individual student, volunteer, or employee shall conduct nor condone hazing activities. Hazing activities are defined as:

"...any action taken or situation created, intentionally, whether on or off RSD property, to produce mental or physical discomfort, embarrassment, harassment, or ridicule. Such activities may include but are not limited to the following: use of alcohol or other drugs; paddling in any form; creation of excessive fatigue; physical and psychological shocks; quests, treasure hunts, scavenger hunts, road trips, or any such activities carried on outside or inside of the confines of the RSD; wearing of public apparel that is conspicuous and not normally in good taste; engaging in public stunts and buffoonery; morally degrading or humiliating games and activities; and any other activities that are not consistent with academic achievement and/or the regulations and policies of the RSD, or applicable state and/or federal law(s)."

Any individual or organization suspected of authorizing or tolerating the occurrence of a hazing incident will be subject to an investigation by either the RSD or law enforcement officials. The investigation may be followed by formal charges or a formal disciplinary hearing in accordance with the student or employee conduct due process procedures outlined in the RSD policies and procedures and/or contracts. The express or implied consent of participants or victims will not be a defense.

All student organizations that are a part of the RSD must agree to the rules and policies of the RSD. The acceptance of this agreement will allow the organization to exist and represent their school and district.

I have been informed of and will comply with the RSD Anti-Hazing Policy.

Student Signature

Date

Parent Signature

Date

School Attending

School Year

June 2007

PREPARTICIPATION HISTORY AND PHYSICAL EXAMINATION
(Physicals are valid for one year after date of exam)

Name: _____ Birth Date: _____ Exam Date: _____
 Address: _____ City: _____ Zip: _____
 Phone: _____ Sport: _____

HISTORY

- | | Yes | No | |
|-------|--------------------------|--------------------------|--|
| 1 a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any illness/injury recently, or do you have an illness/injury now? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had a medical problem, illness or injury since your last exam? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any chronic or recurrent illness? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any illness lasting more than a week? |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been hospitalized overnight? |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any surgery other than tonsillectomy? |
| g. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any injuries requiring treatment by a physician? |
| h. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any organ missing other than tonsils (appendix, eye, kidney, testicle, etc.)? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Are you presently taking ANY medications (including birth control pill, vitamins, aspirin, etc.)? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have ANY allergies (medicines, bees, foods, or other factors)? |
| 4 a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had chest pain, dizziness, fainting, passing out during or after exercise? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Do you tire more easily or quickly than your friends during exercise? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any problem with your blood pressure or your heart? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have any close relatives had heart problems, heart attack or sudden death before they were age 50? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any skin problems (acne, itching, rashes, etc.)? |
| 6 a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had fainting, convulsions, seizures or severe dizziness? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have frequent severe headaches? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a "stinger" or "burner" or "pinched nerve"? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been "knocked out" or "passed out"? |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a neck or head injury? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had heat exhaustion, heat stroke, heat cramps or similar heat-related problems? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had asthma, or trouble breathing, or cough during or after exercise? |
| 9 a. | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear eyeglasses, contact lenses or protective eye wear? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had any problem with your eyes or vision? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Do you wear any dental appliance such as braces, bridge, plate, retainer? |
| 11 a. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a knee injury? |
| b. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had an ankle injury? |
| c. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever injured any other joint (shoulder, wrist, fingers, etc.)? |
| d. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a broken bone (fracture)? |
| e. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a cast, splint, or had to use crutches? |
| f. | <input type="checkbox"/> | <input type="checkbox"/> | Must you use special equipment for competition (pads, braces, neck roll, etc.)? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Has it been more than 5 years since your last tetanus booster shot? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Are you worried about your weight? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | PEMALES: Have you any menstrual problems? |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Have you any medical concerns about participating in your sport? |

***** ATHLETE SHOULD NOT WRITE BELOW THIS LINE *****

EXAMINER'S COMMENTS ON ALL "YES" ANSWERS (refer to question number):

PHYSICAL EXAMINATION

Age: _____ Pulse: _____

Height: _____ Blood Pressure: _____

Weight: _____ Visual Acuity: Left 20/ _____
 Right 20/ _____

Optional

Urinalysis:

Body Fat %

HCT:

EST VO2 Max:

Audiometry:

Normal		Abnormal
<input type="checkbox"/>	1. Head	<input type="checkbox"/>
<input type="checkbox"/>	2. Eyes (pupils), ENT	<input type="checkbox"/>
<input type="checkbox"/>	3. Teeth	<input type="checkbox"/>
<input type="checkbox"/>	4. Chest	<input type="checkbox"/>
<input type="checkbox"/>	5. Lungs	<input type="checkbox"/>
<input type="checkbox"/>	6. Heart	<input type="checkbox"/>
<input type="checkbox"/>	7. Abdomen	<input type="checkbox"/>
<input type="checkbox"/>	8. Genitalia	<input type="checkbox"/>
<input type="checkbox"/>	9. Neurologic	<input type="checkbox"/>
<input type="checkbox"/>	10. Skin	<input type="checkbox"/>
<input type="checkbox"/>	11. Physical Maturity	<input type="checkbox"/>
<input type="checkbox"/>	12. Spine, Back	<input type="checkbox"/>
<input type="checkbox"/>	13. Shoulders, Upper extremities	<input type="checkbox"/>
<input type="checkbox"/>	14. Lower extremities	<input type="checkbox"/>

Assessment: Full participation
 Limited participation (describe limitations, restrictions):

Participation contraindicated (list reasons):

Recommendations (equipment, taping, rehabilitation, etc.):

DATE: _____ EXAMINER'S SIGNATURE: _____

EXAMINER'S PHONE: () _____ PRINT EXAMINER'S NAME: _____

Orders will be compiled and delivered to the school approx. 3-4 weeks after the site closes. Order deadline is 5/3/14 at 11:59 pm. All Sales Are Final. No Returns or Exchanges.



Nike Legend S/S Tee
\$24.00 Dri-FIT fabric wicks away sweat to help keep you comfortable and dry. Short-sleeve construction is...



Gildan 50/50 Tee
\$10.00 5.6-ounce, 50/50 cotton/poly. Double-needle sleeves and hem. Taped neck and shoulders.



Nike Team Club Hoody
\$42.00 Long-sleeve hooded fleece with v at center front neck Knit rib sleeve cuff and waistband Drawcord at...



Russell Hooded Sweatshirt
\$27.00 Dri-Power moisture management fabric. Two-ply hood with grommets and matching draw cord. Contrast je...



Nike Team Club Pants
\$42.00 Fleece pant with side welt pockets. Drawcord at waistband for adjustability and open bottom hem. Emb...



Russell Open Bottom Sweatpant
\$27.00 HB Cloth - 50% Cotton/50% Polyester Classic Weight - 9 oz. sq. Moisture management finish. Multi-nee...



Nike Team Fly Short
\$28.00 The Nike Team Fly Short is made of 100% polyester Durasheen™. Features include a drawstring waist ...



Nike Team Woven Jacket
\$60.00 Full-zip Dri-FIT woven jacket with contrast color piping and insets on the side panel and sleeve. Si...



Nike Long Sleeve Training Top
\$60.00 92% Poly/ 8% Spandex Dri-fit technical fabric training top with four-way mechanical stretch, half-zi...



Richardson Beanie
\$12.00 100% acrylic fabric. Double layer construction. 8" length.



Nike Pro Combat Hyperstrong Football Short
\$72.00 Nike's hard plate short with 4-way stretch Dir-FIT material. Mesh insets create areas of increased ...



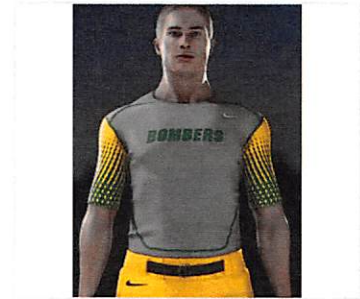
Russell Integrated Girdle
\$25.00 90% Poly/10% Spandex Integrated 5-pocket Girdle Hip, tail, and thigh padding consist of high density...



Nike NPC Core Core 2.0 Compression Top
\$25.00 Swoosh design trademark left chest, authentic Nike Pro Combat jock tag, NPC center back neck read. L...



Nike Hyperstrong 4-Pad Top
\$70.00 The Nike Pro Combat four pad top provides lightweight protection for the football athlete who wants ...



Nike Digital NPC Lockdown 1/2 Sleeve
\$53.00

Contact Paul Kimmel
Contact Coach

Website: www.kimmelathletic.com

2014 RICHLAND BOMBER FOOTBALL / SPRING PRACTICE

PARENT MEETING MAY 13TH, 2014, 6:00PM CAFETERIA

<u>#</u>	<u>DAY</u>	<u>WEEK #1</u>	<u>TIME</u>	<u>AGENDA</u>
1	MON	2-Jun	3:30 PM	OFF- 1
2	TUE	3-Jun	3:30 PM	DEF - 1
3	WED	4-Jun	3:30 PM	OFF - 2
4	THR	5-Jun	3:30 PM	DEF - 2
5	SAT	7-Jun	9:00 AM	COMBO - 1

<u>#</u>	<u>DAY</u>	<u>WEEK #2</u>	<u>TIME</u>	<u>AGENDA</u>
6	TUE	10-Jun	3:30 PM	OFF - 3
7	WED	11-Jun	9:00 AM	DEF - 3
8	THR	12-Jun	9:00 AM	OFF - 4
9	FRI	13-Jun	9:00 AM	DEF - 4

<u>#</u>	<u>DAY</u>	<u>WEEK #3</u>	<u>TIME</u>	<u>AGENDA</u>
10	SAT	14-Jun	9:00 AM	COMBO -3
11	SUN	15-Jun	ALL DAY	BSU CAMP
12-13	MON	16-Jun	ALL DAY	BSU CAMP
14-15	TUE	17-Jun	ALL DAY	BSU CAMP
16	WED	18-Jun	ALL DAY	BSU CAMP

JUNE / JULY EVENTS

BOMBER YOUTH CAMP

June 24th, 25th, & 26th

6:30 to 8:15 pm

MONDAY NIGHT FOOTBALL PRACTICES @ 7 PM

JUNE 23, 30, JULY 7th, 14th, 21th, 28th