

July 10, 2020

Hebron Volleyball Players and Parents,

Usually we have our "summer packet" out in the first of May. We have been holding off sending out any information because we don't have the information or it's constantly changing. In these unprecedented times, all of us will have to be flexible and in constant communication. With the number of cases rising nationwide, safety must, and will be, our first priority.

There have been so many scenarios with possible plans for the rest of summer and start of the school year. At this time UIL has not released any updates concerning the fall. We are aware that select/club sports are "open" way more than high school sports. However, we must follow UIL, TEA and of course our LISD district policies.

The packet that you are receiving is based on a "normal" season and school year. We need to get this information to you even though we know it may change. We have to start somewhere, and we are going to be cautiously optimistic that volleyball season will take place in some semblance.

Please continue to check emails and our website for any further information. Blasting out emails may be our best form of communication at this time. If you know of anyone who is not receiving information, please tell them to contact us at keeneyk@lisd.net.

We look forward to meeting/seeing you soon!

Thanks,

Karin Keeney
Hebron High School

July 2020

June 2020

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28	29	30				

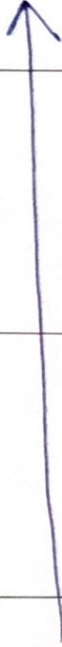
July 2020

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August 2020

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
	Skills and Conditioning 6:00 PM TAU Camp 10th-12th grade Session 1: Conditioning: Session 2:	Skills and Conditioning 6:00 PM TAU Camp 10th-12th grade 8:30-9:30 9:45-10:45 11:00-12:00	Skills and Conditioning	Skills and Conditioning	Skills and Conditioning	Skills and Conditioning



August 2020

July 2020							August 2020							September 2020																							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S																	
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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28	29	30	31	1
	Skills and Conditioning 8:00 PM TAY Camp 11th-12th grade	Skills and Conditioning 8:00 PM TAY Camp 10th-12th grade	Skills and Conditioning	Skills and Conditioning	Skills and Conditioning	
2	3	4	5	6	7	8
	TRYPOLIS 7:30 - 9:30 am 4:00 - 6:30 pm	TRYPOLIS	TRYPOLIS	TRYPOLIS	Scrimmages at Highland Snap Raise at 2:15pm	Scrimmages at Hebron 8:30 AM Parent Meeting
9	10	11	12	13	14	15
	Practice 8:30 PM Parent Meeting 7:30-9:30am 1:00-4:00 pm	Game Day	Practice 4pm-6pm School starts	Varsity 4pm-6pm J/9th Practice 6am-8am	Game Day Varsity Tourney	Varsity Tourney
16	17	18	19	20	21	22
	Varsity 4pm-6pm J/9th Practice 6am-8am	Game Day	Practice 4pm-6pm	Varsity Tourney J/9th Practice 6am-8am	Varsity Tourney Game Day	Varsity Tourney
23	24	25	26	27	28	29
	J/9th Practice 6am-8am Varsity 4pm-6pm	Game Day	No Subarsity Practice Varsity Tourney	No Subarsity Practice Varsity Tourney	No Subarsity Practice Varsity Tourney	Varsity Tourney
30	31					
	Varsity 4pm-6pm J/9th Practice 6am-8am					

Online Form Instructions

Parent/Guardian: Before your child is able to participate in athletics you will need to complete the following:

- Navigate to <https://lewisvilleisd.rankonesport.com>
- Select Electronic Participation Forms drop down tab (Available in Spanish)
 - Complete the page (***you will need your athlete's first name, last name, student ID#, and school attending***)
 - You will need to check that you have read and agree with the presented material:
 - UIL Steroid Form
 - UIL Acknowledge of Rules
 - UIL Cardiac Awareness Form
 - UIL Concussion Form
 - Extracurricular Code of Conduct Form
 - Emergency Travel Card
 - Medical Info Release
 - Student and Parent/Guardian will need to provide signature at the end of the page along with a working email address.

- **Once you have completed the online forms, medical history, physical exam, athlete contact information portion of this form and turned it in to the Athletic Trainers (High School)/Coach (Middle School), then your child will be eligible to participate in athletics (this includes practices during, before, after school, and offseason).**

STUDENT NAME (LAST, FIRST) _____

ID# _____ GRADE (2020-21): _____ School: _____

SPORT(S): _____

PREPARTICIPATION PHYSICAL EVALUATION-MEDICAL HISTORY

Please answer each question by circling "YES" or "NO". If you do not know the answer circle the question.

- Have you had a medical illness or injury since your last check up or sports physical? YES NO
- Have you been hospitalized overnight in the past year? YES NO
Have you ever had surgery? YES NO
- Have you ever had prior testing for the heart ordered by a physician? YES NO
Have you ever passed out during or after exercise? YES NO
Have you ever had chest pain during or after exercise? YES NO
Do you get tired more quickly than your friends do during exercise? YES NO
Have you ever had racing of your heart or skipped heartbeats? YES NO
Have you had high blood pressure or high cholesterol? YES NO
Have you ever been told you have a heart murmur? YES NO
Has any family member or relative died of heart problems or of sudden unexpected death before age 50? YES NO
Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome), Marfan's syndrome, or abnormal heart rhythm? YES NO
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? YES NO
Has a physician ever denied or restricted your participation in sports for any heart problems? YES NO
- Have you ever had a head injury or concussion? YES NO
Have you ever been knocked out, become unconscious, or lost your memory? YES NO
If yes, how many times? _____ When was the last concussion? _____
How severe was each one? (Explain below) _____
Have you ever had a seizure? YES NO
Do you have frequent or severe headaches? YES NO
Have you ever had numbness or tingling in your arms, hands, legs, or feet? YES NO
Have you ever had a stinger, burner, or pinched nerve? YES NO
- Are you missing any paired organs? YES NO
- Are you under a doctor's care? YES NO
- Are you currently taking any prescription or non-prescription (over the counter) medication or pills or using an inhaler? YES NO
- Do you have any allergies (to pollen, medicine, food, or stinging insects)? YES NO
- Have you ever been dizzy during or after exercise? YES NO
- Do you have any current skin problems (itching, rashes, acne, warts, fungus, or blisters)? YES NO
- Have you ever become ill from exercising in the heat? YES NO
- Have you had any problems with your eyes or vision? YES NO
- Have you ever gotten unexpectedly short of breath with exercise? YES NO
Do you have asthma? YES NO
Do you have seasonal allergies that require medical treatment? YES NO
- Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? YES NO
- Have you ever had a sprain, strain, or swelling after injury? YES NO
Have you broken or fractured any bones or dislocated any joints? YES NO
Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? YES NO

If yes, check appropriate box and explain below.

Head ___ Elbow ___ Hip ___ Neck ___ Forearm ___ Thigh ___ Back ___
Wrist ___ Knee ___ Chest ___ Hand ___ Shin/Calf ___ Shoulder ___
Finger ___ Ankle ___ Upper Arm ___ Foot ___

- Do you want to weigh more or less than you do now? YES NO
Do you lose weight regularly to meet weight requirements for your sport? YES NO
- Do you feel stressed out? YES NO
- Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? YES NO

Females Only

- When was your first menstrual period? _____ When was your most recent menstrual period? _____
How much time do you usually have from the start of one period to the start of another? _____
How many periods have you had in the last year? _____
What was the longest time between periods in the last year? _____

Males Only

- Do you have two testicles? _____
- Do you have any testicular swelling or masses? _____

"Explain "Yes" answers here: A "yes" on questions 1, 2, 3, 4, 5, or 6 requires a further medical evaluation, which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches)

THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

It is understood that even though protective equipment is worn by the athlete, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

Student Signature: _____

Parent Signature: _____

PREPARTICIPATION PHYSICAL EVALUATION- PHYSICAL EXAMINATION

As a minimum requirement, this Physical Examination Form must be completed prior to junior high athletic participation and again prior to first and third years of high school athletic participation. It must be completed if there are yes answers to specific questions on the students Medical History Form. The LISD requires annual completion of this form.

Sex: _____ Age: _____ Date of Birth _____
Height _____ Weight _____ %Body Fat _____ Pulse _____
BP _____ / _____ (_____ / _____, _____ / _____)-brachial blood pressure while sitting
Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal OR Unequal

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position			
Heart-Auscultation of the heart in the standing position			
Heart-Lower extremity pulse			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's Stigmata			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

CLEARANCE (Please check one)

Cleared (No restrictions)

Cleared **after** completing evaluation/rehabilitation for: _____

Not cleared for: _____
Reason: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner will not be accepted.

Physician Name (print/type): _____

Address: _____

Phone Number: _____

Physician Signature: _____

Date: _____

An electrocardiogram (ECG) is not required. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

FOR SCHOOL USE ONLY:

This medical history form was reviewed by:

Printed Name: _____

Signature: _____ Date: _____

TENTATIVE TRYOUT PRACTICE TIMES 2020

MONDAY, August 3RD

Practice at HHS Big Gym 7:30 a.m. - 9:30 a.m. and 4:00 p.m. – 6:30 p.m.

TUESDAY, August 4TH

Practice at HHS Big Gym 7:30 a.m. - 9:30 a.m. and 4:00 p.m. – 6:30 p.m.

Wednesday, August 5TH

Practice at HHS Big Gym 7:30 a.m. - 9:30 a.m. and 4:00 p.m. – 6:30 p.m.

Thursday, August 6TH

Practice at HHS Big Gym 7:30 a.m. - 9:30 a.m. and 4:00 p.m. – 6:30 p.m.

FRIDAY, August 7TH - SNAP Fundraiser

***Bring an iPad or Phone - Players report at 2:15 p.m. ***

Scrimmages start @ 5:00 p.m. **at Highland Park**

SATURDAY, August 8TH

Players report at 8:30 a.m. and **PARENT's Score Keeping Meeting** at 8:30 a.m. in HHS Library

Scrimmages start @ 10:00 a.m.

MONDAY, August 10TH

Practice at HHS Big Gym 7:30 a.m. - 9:30 a.m. and 1:00 p.m. – 4:00 p.m.

Mandatory Parent Meeting in the HHS Cafeteria at 6:30 p.m. – 8:30 p.m.

TUESDAY, August 11TH

Game Day!

Wednesday, August 12TH

1st Day of School!

All teams practice after school – 4:00-6:00 p.m.

THURSDAY, August 13th

9th and JV practice 6:00am – 8:00am

Varsity - 4:00 p.m. - 6:00 p.m.

FRIDAY, August 14th

Game Day! Players report at 3:45 p.m.

Varsity tournament @ Marcus

SATURDAY, August 15th

Varsity tournament @ Marcus

Weekly Practice Schedule once school starts:

9th and JV - **Monday, Thursday: 6:00am – 8:00am (be there by 5:45am)**

Wednesday: 4:00pm – 6:00pm

Varsity - **Monday, Wednesday and Thursday: 4:00pm – 6:00pm**

TENTATIVE: Hebron Volleyball 2020-2021 Master Schedule

DATE	TEAMS	OPPONENT	SITE	TIMES
8/7	All	Scrimmages	Highland Park	TBA
8/8	All	Scrimmages	Hebron	TBA
8/11	JV&A/V&B	Prosper	Hebron	5:30/6:30
8/14	B/A/JV1	Frisco Liberty	Hebron	5/6/7
8/14-8/15	V	Marcus Showcase	Marcus	TBA
8/18	JV&A/V&B	McKinney	McKinney	5:30/6:30
	JV2	Plano West JV2	Shepton	5:30
8/20-8/22	V	Northwest Tournament	Northwest ISD	TBA
8/21	A&B/JV	Denton Guyer	Denton Guyer	5:30/6:30
8/25	JV&A/V&B	Byron Nelson	Byron Nelson	5/6
8/26-8/29	V	Volleypalooza	TBA	TBA
9/1	JV&A/V&B	Prosper Rock Hill	Rock Hill	5:30/6:30
	JV2	PSHS JV2	Clark	5:30
9/3	JV1	Allen JV Tournament	Allen	TBA
9/4	JV&A/V&B	Allen	Hebron	5:30/6:30
9/5	JV1	Allen JV Tournament	Allen	TBA
9/8	JV&A/V&B	Lovejoy	Hebron	5:30/6:30
9/10	JV2	Garland JV Tournament	Garland ISD	TBA
9/11	JV&A/V&B	Lewisville	Lewisville	5:30/6:30
	JV2	Lovejoy	Lovejoy	6:00
9/12	A&B	Denton Guyer 9th Tournament	Guyer	TBA
	JV1	ASC/LISD JV Tournament	ASC	TBA
	JV2	Garland JV Tournament	Garland ISD	TBA
9/15	JV/V	Plano	Hebron	5:30/6:30
	A/B/JV2	Plano	Hebron	5:30/6:30/7:30
9/18	JV/V	Plano West	Hebron	5:30/6:30
	A/B/JV2	Plano West	Hebron	5:30/6:30/7:30
9/19	JV2	Frisco Tournament	Frisco ISD	TBA
	A&B	ASC/LISD 9th Tournament	ASC	TBA
9/22	JV&A/V&B	Coppell	Coppell	5:30/6:30
9/25	JV/V	Plano East	Plano East	5:30/6:30
	A/B/JV2	Plano East	Plano McMillen	5:30/6:30/7:30
9/26	All Teams	Hosting Middle School Tournament	Hebron	TBA
9/29	JV/V	Marcus	Hebron	5:30/6:30
	A/B/JV2	Marcus	Hebron	5/6/7
10/2	JV/V	Flower Mound	Hebron	5:30/6:30
	A/B/JV2	Flower Mound	Hebron	5/6/7
10/6	JV/V	Lewisville	Hebron	5:30/6:30
	A/B/JV2	Lewisville/Lovejoy	Hebron	5/6/7
10/9	JV/V	Plano	Plano	5:30/6:30
	A/B/JV2	Plano	Plano Clark	5:30/6:30/7:30
10/13	JV/V	Plano West	Plano West	5:30/6:30
	A/B/JV2	Plano West	Plano Shepton	5:30/6:30/7:30
10/16	JV&A/V&B	Coppell	Hebron	5:30/6:30
10/20	JV/V	Plano East (<i>Senior Night</i>)	Hebron	5:30/6:30
	A/B/JV2	Plano East	Hebron	5:30/6:30/7:30
10/23	JV/V	Marcus	Marcus	5:30/6:30
	A/B/JV2	Marcus	Marcus	5/6/7
10/27	JV/V	Flower Mound	FlowerMound	5:30/6:30
	A/B/JV2	Flower Mound	FlowerMound	5/6/7
11/2-11/3		District Certification/Warm-up Match		