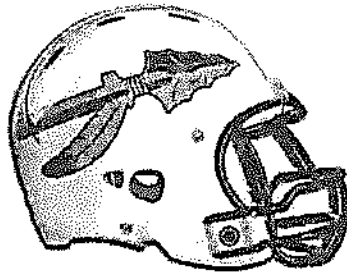


2019 SPRING FOOTBALL PACKET



www.kellerathleticboosters.com

www.kellerhsfootball.mobi

[@kellerindiansfb](#)

IMPORTANT DATES!!!!

1. Physicals will be available at KHS Tuesday 4/23 for \$15.00 (Flyer attached)
2. Physicals and Medical History forms due by May 3rd.
3. Online forms will be available starting on April 8th

(<https://kellerisd.rankonesport.com>) they are due by May 1st.

4. Spring Game-Thursday, May 16th.
5. Strength and Conditioning Camp Starts June 3rd.
6. 7th-9th Grade Football Camp (July 29th-August 1st)
7. Football Parent Meeting – Thursday August 1st (KHS Gym).
8. Fall Practice will begin on these dates:
Incoming Freshmen– Monday August 5th.
Grades 10-12 – Monday August 12th.

*8. Spirit wear order is open April 1st- June 7th. Online orders will be shipped directly to the address you provide. (Form attached)

*The online store will NOT re-open in August. A Sweatshirt/Pant order will open after the Football Season.

KHS Physical Information 2019

All athletes are ***required*** to have a yearly physical exam.

North Texas Orthopedic Physicians will provide a full orthopedic evaluation for your student. Their expertise in sports medicine will ensure that your student's musculoskeletal system is cleared for athletic performance and will fulfill the UIL Requirement for Athletic Participation.



Keller High School
Tuesday, April 23, 2019

High School Athletes 3:30 pm — 5:00 pm
Middle School Athletes 5:00 pm — 6:00 pm



Check in at the Front Main Gym Entrance
Cost: \$15.00*

*Cash or checks will be accepted, payable to Keller High School

TICKET SALES INFORMATION

Tickets are required to ensure that your student athlete will be seen by a NTO physician. Walk-Ins will be seen at a first-come, first-served basis, but will not be guaranteed.

Tickets can be purchased *ON CAMPUS* during the following times and dates.

Keller HS

- March 25th - April 19th: 7:30 am - 4:30 pm (Indoor Athletic Training Room and Field House)

Keller MS

- Tuesday, April 2: Lunch (11:40 am - 1:15 pm)
- Thursday, April 18: Lunch (11:40 am - 1:15 pm)



Indian Springs MS

- Thursday, April 4: Lunch (11:50 am - 1:15 pm)
- Tuesday, April 16: Lunch (11:50 am - 1:15 pm)



ALL paperwork MUST be completed online!!!

Instructions for completing the online (Rank One) paperwork beginning April 8th.

- Go to www.kellerisd.org and scroll over the "Students & Families" Tab and click on "Athletics"
- Click on "UIL Physical and Medical History Forms". Print and bring to your physical
- Click on "Required Electronic Participation Forms".
 - You may need to create a new account if you do not have one already

NOTE: You **MUST** have your **online paperwork** completed *and* a completed **Medical History Form** in order to see a team doctor for your physical. Please contact one of the Athletic Trainers (Ethan Campbell, Jennifer Corder, or Javiet Errisuriz) if you have any questions.

Athletic Training Room Phone: 817-744-1501

PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY

This MEDICAL HISTORY FORM must be completed *annually* by parent (or guardian) and student in order for the student to participate in athletic activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an athletic event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____
In case of emergency, contact:
 Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to.

<p>1. Have you had a medical illness or injury since your last check up or sports physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever had prior testing for the heart ordered by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had high blood pressure or high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any family member or relative died of heart problems or of sudden unexpected death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long-QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a physician ever denied or restricted your participation in sports for any heart problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? _____ When was your last concussion? _____ How severe was each one? (Explain below) _____ Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had numbness or tingling in your arms, hands, legs or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a stinger, burner, or pinched nerve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you missing any paired organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13. Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check appropriate box and explain below: <input type="checkbox"/> Head <input type="checkbox"/> Elbow <input type="checkbox"/> Hip <input type="checkbox"/> Neck <input type="checkbox"/> Forearm <input type="checkbox"/> Thigh <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Shin/Calf <input type="checkbox"/> Shoulder <input type="checkbox"/> Finger <input type="checkbox"/> Ankle <input type="checkbox"/> Upper Arm <input type="checkbox"/> Foot</p> <p>16. Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Females Only</i> 19. 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? _____</p> <p><i>Males Only</i> 20. Do you have two testicles? _____ 21. Do you have any testicular swelling or masses? _____</p>
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An individual answering in the affirmative to any question relating to a possible cardiovascular health issue (question three above), as identified on the form, should be restricted from further participation until the individual is examined and cleared by a physician, physician assistant, chiropractor, or nurse practitioner.

****EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary):**

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 athletic competition, 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.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL.

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires 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.**

For School Use Only:
 This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____ (____ / _____, ____ / _____)
brachial blood pressure while sitting

Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal Unequal

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 student's **MEDICAL HISTORY FORM** on the reverse side. * *Local district policy may require an annual physical exam.*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
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 pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

MUSCULOSKELETAL			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

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.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.



Keller Indian Football



2019 Schedule

VARSITY			
<u>DATE</u>	<u>OPPONENT</u>	<u>SITE</u>	<u>TIME</u>
Aug. 23	(Scrimmage) Mansfield Summit	KISD	6:00
Aug. 30	Abilene Cooper (H)	KISD Stadium	7:00pm
Sept. 6	Richardson Berkner (A)	Wildcat/Ram Stadium	7:30pm
Sept. 12	(Thursday-Homecoming) Grand Prairie (H)	KISD Stadium	7:00pm
Sept. 20	OPEN	OPEN	OPEN
Sept. 27	*Southlake Carroll (A)	Dragon Stadium	7:00pm
Oct. 4	*Timber Creek (H)	KISD Stadium	7:00pm
Oct. 11	*V.R. Eaton (A)	NISD Stadium	7:00pm
Oct. 18	*Denton Guyer (A)	Denton Collins Stadium	7:00pm
Oct. 24	(Thursday) *Byron Nelson (H)	KISD Stadium	7:00pm
Nov. 1	*Fossil Ridge (A)	KISD Stadium (Away)	7:00pm
Nov. 8	(Senior Night) *Central (H)	KISD Stadium	7:00pm

HOME GAMES ARE IN BOLD *** DISTRICT OPPONENT**

JV GOLD				JV BLUE			
<u>DATE</u>	<u>OPPONENT</u>	<u>SITE</u>	<u>TIME</u>	<u>DATE</u>	<u>OPPONENT</u>	<u>SITE</u>	<u>TIME</u>
Aug. 23	Summit (Scrimmage)	KISD	4:30pm	Aug. 23	Summit (Scrimmage)	KISD	4:30pm
Aug. 29	Cooper	TBA	5:30pm	Aug. 29	Cooper	TBA	5:30pm
Sept. 5	TBA	TBA	TBA	Sept. 5	Berkner	KMS	TBA
Sept. 11	TBA	TBA	TBA	Sept. 11	Grand Prairie	GPHS	TBA
Sept. 19	OPEN	OPEN	OPEN	Sept. 19	OPEN	OPEN	OPEN
Sept. 26	Southlake Carroll	KMS	5:30pm	Sept. 26	Southlake Carroll	KMS	7:00pm
Oct. 3	Timber Creek	TCHS	5:30pm	Oct. 3	Timber Creek	TCHS	7:00pm
Oct. 10	Eaton	ISMS	5:30pm	Oct. 10	Eaton	ISMS	7:00pm
Oct. 17	Guyer	KMS	5:30pm	Oct. 17	Guyer	KMS	7:00pm
Oct. 23	Byron Nelson	BNHS	5:30pm	Oct. 23	Byron Nelson	BNHS	7:00pm
Oct. 31	Fossil Ridge	ISMS	5:30pm	Oct. 31	Fossil Ridge	ISMS	7:00pm
Nov. 7	Central	CHS	5:30pm	Nov. 7	Central	CHS	7:00pm

9TH WHITE				9TH NAVY			
<u>DATE</u>	<u>OPPONENT</u>	<u>SITE</u>	<u>TIME</u>	<u>DATE</u>	<u>OPPONENT</u>	<u>SITE</u>	<u>TIME</u>
Aug. 23	Summit (Scrimmage)	KISD	4:30pm	Aug. 23	Summit (Scrimmage)	KISD	4:30pm
Aug. 29	Cooper	KMS	5:30pm	Aug. 29	Cooper	ISMS	5:30pm
Sept. 5	Berkner/TBA	TBA	TBA	Sept. 5	Berkner	BHS	TBA
Sept. 11	TBA	KISD	TBA	Sept. 11	Grand Prairie	KISD	TBA
Sept. 19	OPEN	OPEN	OPEN	Sept. 19	OPEN	OPEN	OPEN
Sept. 26	Southlake Carroll	DRAGON	5:30pm	Sept. 26	Southlake Carroll	DRAGON	7:00pm
Oct. 3	Timber Creek	KMS	5:30pm	Oct. 3	Timber Creek	KMS	7:00pm
Oct. 10	Eaton	EHS	5:30pm	Oct. 10	Eaton	EHS	7:00pm
Oct. 17	Guyer	GHS	5:30pm	Oct. 17	Guyer	GHS	7:00pm
Oct. 23	Byron Nelson	KISD	5:30pm	Oct. 23	Byron Nelson	KISD	7:00pm
Oct. 31	Fossil Ridge	FRHS	5:30pm	Oct. 31	Fossil Ridge	FRHS	7:00pm
Nov. 7	Central	ISMS	5:30pm	Nov. 7	Central	ISMS	7:00pm

Keller Football 2014

You may place your orders beginning **April 1st** through **June 15th** .

The site will close at **6AM** on **June 15th**

NO LATE ORDERS WILL BE ACCEPTED.

1. Go to: www.barefootathletics.com/cof ENTER CODE: **COF141879**
2. Read and acknowledge online Terms and Conditions.
3. Enter sizes and quantities for each item, enter the student's full name, and click "Add to Cart".
4. Check your selections and make any necessary corrections. **NO** changes may be made after your order is placed.
5. Once your order is correct click "Proceed to Checkout"
6. Enter your shipping and billing information.
7. Verify that your order is correct. No changes may be made to an order once placed. Read our terms and conditions. Check the box next to "Yes, I agree with the terms and conditions", and then click "Continue".
8. Enter your payment information and click "Pay for Order". You will receive a confirmation email.

*****NOTE*** All orders will ship directly to the address you provide.**



If you have any questions or concerns please contact Barefoot Athletics 254-918-0511



2019 KELLER INDIANS STRENGTH & CONDITIONING



Dates: June 3rd– June 27th (Monday –Thursday)
 July 8, 11, 12, 16, 17, 18, 24, 25, 26 (Days are set by the UIL)
 *There will be no workouts the week of July 1-5—KISD will be closed.

Location: K.I.S.D . Stadium / Field House @ Keller High School

Eligibility: 10th-12th grade (8:00am-9:30) 7th-9th grade (10:00-11:30)

Cost: \$130.00

What To Bring: Football Cleats, Sneakers, Water bottle, Shorts and T-Shirt

Benefits:
 *Strength, Speed, and Quickness training .
 *Improving overall athleticism.
 *Age and ability specific training.

Mail to: Coach Carl Stralow
 601 N. Pate Orr Rd.
 Keller, TX 76248

Make Checks Payable to: Keller ISD

Strength and Conditioning Camp

Name _____ Grade Fall of 2019 _____

Street _____ City _____ Zip _____

School Attending in Fall of 2019 _____ Male Female

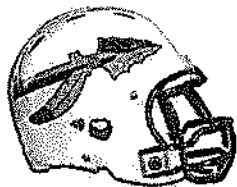
Parent's Name _____ Work # _____ Cell # _____

Parent's Email _____

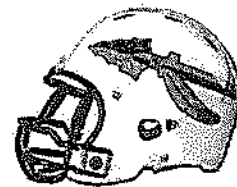
T-shirt size (please circle) Youth L XL / Adult S M L XL XXL

PARENTAL CONSENT: The signature below gives my consent for the mentioned athlete to participate in the Keller High School Strength and Conditioning Camp. It is understood that even though preventive measures are taken, the possibility of an accident still remains. The Keller Independent School District and the Keller High School coaching staff, or any other camp clinicians assumes no responsibility should and accident occur.

PARENT SIGNATURE: _____



INDIAN FOOTBALL CAMP



GRADES 7-9

Dates:

July 29th– August 1st , 2019

8:00am-11:30am (Awards ceremony Thursday at 11:00am)

Location:

KISD Stadium @ Keller High School

Eligibility:

Future Indians entering grades 7th—9th.

Cost:

\$100.00 prior to July 20th. \$110.00 after July 15th.

What To Bring:

Football Cleats (not mandatory) and Water bottle. (Footballs will be provided for practice)
Each player will receive a camp T-Shirt.

Benefits:

*Development of foundational skills necessary for football.

*Keller High School Football coaches will teach you to become the best football player you can be. Each camper will learn Offense, Defense, and Special Teams.

Make Checks Payable to:

INDIAN FOOTBALL CAMP

Mail Checks to:

C/O Carl Stralow

P.O. Box 212

Keller, TX 76244

REGISTRATION FORM (7th-8th-9th CAMP)

Name _____ Grade Fall of 2019 _____

Street _____ City _____ Zip _____

School Attending in Fall of 2019 _____

Parent's Name _____ Work # _____ Cell # _____

Parent's Email _____

T-Shirt size (please circle)

Youth L XL

Adult S M L XL XXL

PARENTAL CONSENT: The signature below gives my consent for the mentioned athlete to participate in the Keller High School Football Camp. It is understood that even though preventive measures are taken, the possibility of an accident still remains. The Keller Independent School District and the Keller High School coaching staff, or any other camp clinicians assumes not responsibility should and accident occur.

PARENT SIGNATURE: _____