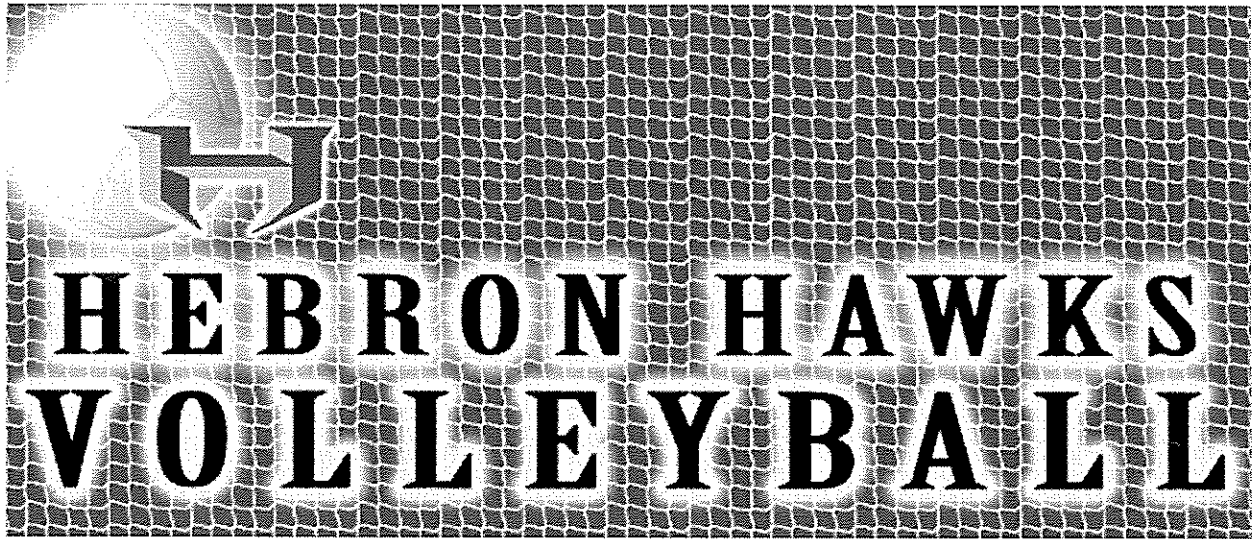


INCOMING 10th-12th GRADE SUMMER PACKET 2022



Coach Karin Keeney

keeneyk@lisd.net

469-948-3084



GROSSFIT ISO

6 week strength and conditioning training camp

Every Tuesday and Thursday

7:30am-8:30am

June 14th – July 21st

PROGRAM DETAILS:

This Summer improve YOUR Endurance, Strength, Flexibility, Power, Speed, Coordination, Agility, Balance AND Accuracy.

Drew is the Owner and Head Trainer of CrossFit ISO with 17+ years of experience as a strength and conditioning coach.

This will be Drew's 8th Summer with The Hawks Volleyball Team.



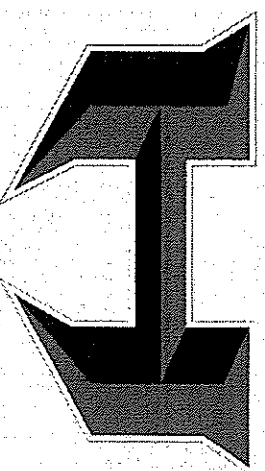
LOCATION:
4125 OLD DENTON RD
CARROLLTON, TX 75010
(Across from Kohl's)

COST:
\$165 for the 6 week camp.

Register



DREW DENNY
479.619.5423
DDENNY1@GMAIL.COM
WWW.CROSSFITISO.COM







PLW SATELLITE CAMP

PERFORMANCE LEADERSHIP WARRIORHOOD

Hebron H. S. Satellite Camp

4207 Plano Pkwy

Carrollton, TX 75010

July 27-29th

\$175

For more information contact:

Coach Karin Keeney **469-948-3084** or keeneyk@lisd.net

*Per NCAA rules, a member institution's sports camp or clinic shall be open to any and all entrants (limited only by number, age, grade level and/ or gender).

**PENNY LUCAS-WHITE VOLLEYBALL CAMP
RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER**

Please make checks payable to: Penny Lucas White

Check Level: ___7th ___8th ___9th ___10th ___11th ___12th

Check T-shirt size: ___small ___medium ___large ___extra large

Player Name: _____ Player Email: _____

Street Address: _____ City/State/Zip _____

Parent E-mail: _____

PENNY LUCAS-WHITE VOLLEYBALL CAMP

Date: _____

Read this document completely before signing. Its effect is to release the University from any liability resulting from participation in the above-name PENNY LUCAS-WHITE VOLLEYBALL CAMP and waives all claims for damages or losses against Penny Lucas-White or employees.

In consideration of my being permitted by PLW, PENNY LUCAS-WHITE VOLLEYBALL CAMP to participate in the above-named camp, I (please PRINT name) _____, exercising my own free choice to participate voluntarily in the above named activities, and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless the PLW PENNY LUCAS-WHITE, and their members, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against all claims, demands, and causes of action whatsoever, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participating in and/or presence at the above listed activities.

I acknowledge that I am aware of the hazards and risks which may be associated with my participation in the above-named activities including, but not limited to, pulled/strained muscles, injuries or damages to joints and ligaments, cuts and bruises, concussions, sprains, broken bones, and damage that can result from increased heart rate including heart attack and stroke. I understand, accept, and assume those hazards and risks, and waive all claims against PLW, PENNY LUCAS-WHITE VOLLEYBALL CAMP, and other person as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participating in normal or unusual acts associated with the above-named activities.

Name of Athlete Date

I, (please PRINT name) _____, am the parent or legal guardian of the participant who is listed above. I have read and understand the provisions of this document. I consent to the participation in the activities described above, and I fully enter into and agree to the above Release from Responsibility, Assumption of Risk, and Waiver.

I further request and authorize the proper personnel of the above-named camp/club/clinic or refer to an appropriate medical facility, for treatment of illness, injury or both; and I further authorize the physician(s) selected by the camp personnel to treat said injury or illness as they think best for the most advantageous welfare of the patient if that should be a circumstance.

Signature of Parent or Guardian Date

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name (please PRINT) Emergency Phone# Cell Phone#

Medical Insurance Company Medical Insurance Company Phone#

Policy Number Medical Insurance Address

Member ID# Group ID#

Parent/Guardian Signature Date

ATHLETIC FORMS CHECKLIST

Parents - Go to:

<https://lewisvilleisd.rankonesport.com/New/NewInstructionsPage.aspx>

- Medical History form
- UIL Concussion form
- Cardiac Awareness form
- UIL Steroid form
- UIL Acknowledgement of Rules
- Extracurricular Code of Conduct
- Emergency Travel Card
- Pre-Participating Physical
 - completed by a physician
 - upload into Rank One



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 participation and again prior to first and third years of high school 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) if indicated			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

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 performance/games/matches

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 activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an 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 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 unexplained 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 activities 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 activity 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:</p> <table border="0"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td><input type="checkbox"/> Foot</td> <td></td> </tr> </table> <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></p> <p>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></p> <p>20. Are you missing a testicle? _____</p> <p>21. Do you have any testicular swelling or masses? _____</p>	<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	
<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																		

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

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

It is understood that even though protective equipment is worn by athletes, 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.

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, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

TENTATIVE PRACTICE TIMES 2022

MONDAY, August 1st –

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

TUESDAY, August 2nd –

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

Wednesday, August 3rd –

Practice at the **Eastside Aquatic Center** 7:30 a.m. – 9:30 a.m. and 4:00 p.m. – 6:30 p.m.

Thursday, August 4th –

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

FRIDAY, August 5th –

Scrimmages start @ 5:00 p.m. **at Flower Mound**

SATURDAY, August 6th –

Players report at 8:30 a.m. and **PARENT's Score Keeping Meeting** at 8:30 a.m. in HHS9 Cafeteria
Scrimmages start @ 10:00 a.m.

MONDAY, August 8th –

Practice at the **Eastside Aquatic Center** 7:30 a.m. – 9:30 a.m. and at HHS Arena 2:00 p.m. – 4:30 p.m.
Mandatory Parent Meeting at 6:30 p.m.

TUESDAY, August 9th –

Game Day!

Wednesday, August 10TH –

1st Day of School! **Team and Individual Pictures**
All teams practice after school – 4:00-6:00 p.m.

THURSDAY, August 11th –

9th and JV practice 6:00am – 8:00am
Varsity - 4:00 p.m. - 6:00 p.m.

FRIDAY, August 12th –

Game Day! Players report at 3:45 p.m.
Varsity tournament @ Marcus

SATURDAY, August 13th

Varsity tournament @ Marcus

Weekly Practice Schedule once school starts:

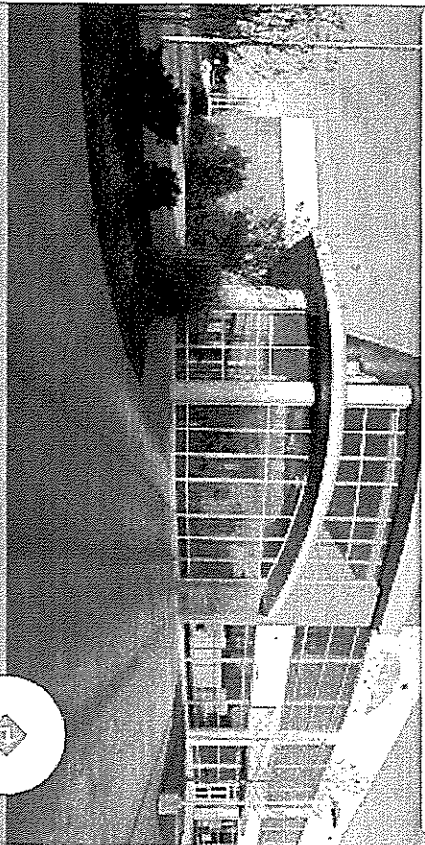
9th and JV - **Monday, Thursday: 6:00am – 8:00am (be there by 5:45am)**

Wednesday: 4:00pm – 6:00pm

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



LISD Eastside Aquatic Center

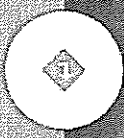


LISD Eastside Aquatic Center

2 reviews

Indoor Swimming Pool

Directions



SAVE



NEARBY



SEND TO YOUR PHONE



SHARE



5729 Memorial Dr, The Colony, TX 75056



(469) 948-2750



Claim this business



Suggest an edit

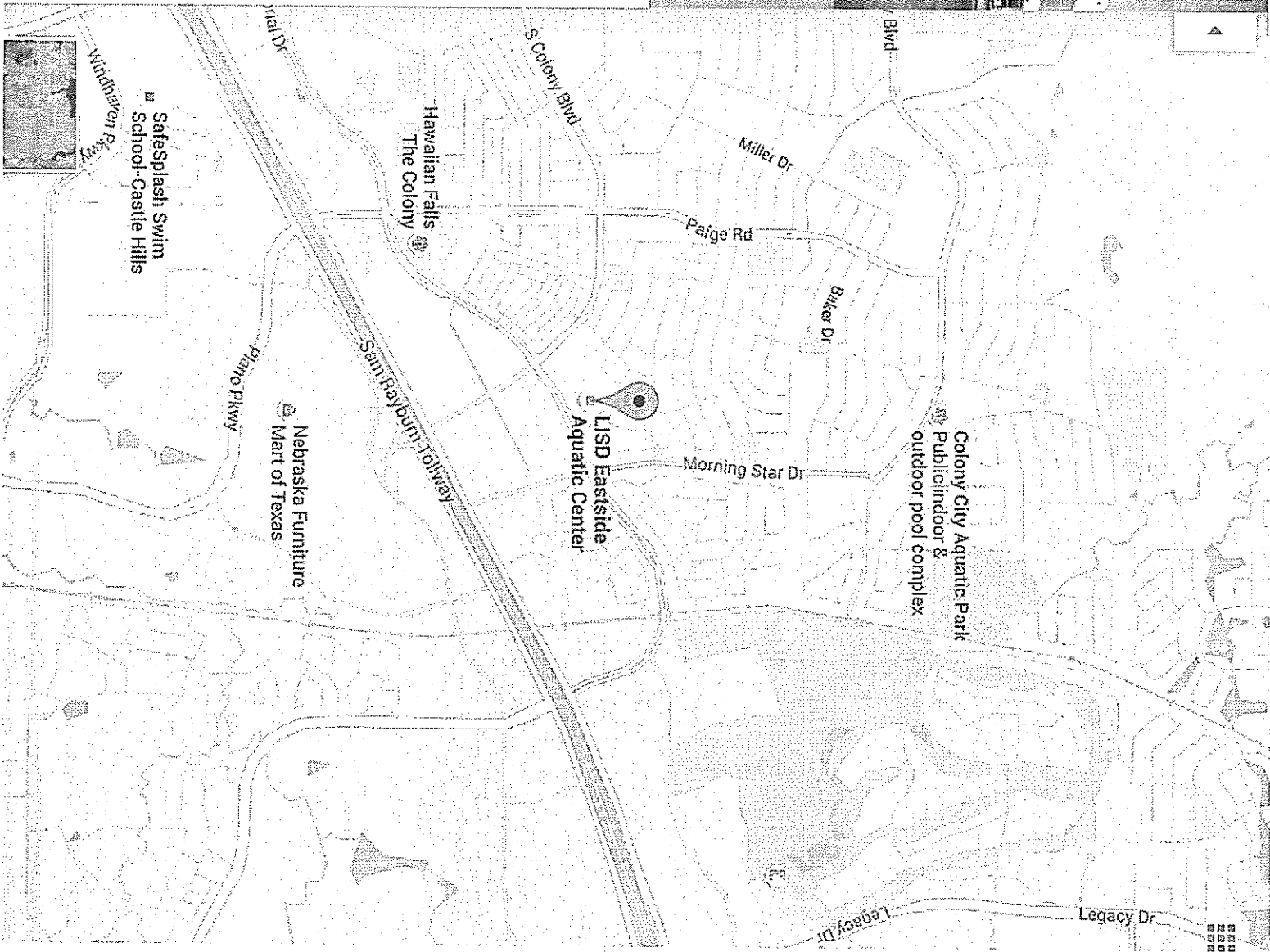
Add missing information



Add hours



Add website



JUNE 2022

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		31) Hebron Volleyball Camp	1) Hebron Volleyball Camp <i>9th Mandatory Parent Meeting</i> 6:30pm ~ HHS Arena	2) Hebron Volleyball Camp	3) Hebron Volleyball Camp	4)
5)	6)	7)	8)	9)	10)	11)
12)	13)	14) Cross-fit 7:30-8:30am V-ball Skills: 10th-12th: 9:30-10:30am 7th-9th: 10:45-11:45 am	15) HAWK Workouts 8:30 -9:30	16) Cross-fit 7:30-8:30am V-ball Skills: 10th-12th: 9:30-10:30am 7th-9th: 10:45-11:45 am	17)	18)
19)	20)	21) Cross-fit 7:30-8:30am V-ball Skills: 10th-12th: 9:30-10:30am 7th-9th: 10:45-11:45 am	22) HAWK Workouts 8:30 -9:30	23) Cross-fit 7:30-8:30am V-ball Skills: 10th-12th: 9:30-10:30am 7th-9th: 10:45-11:45 am	24)	25)
26)	27)	28) Cross-fit 7:30-8:30am V-ball Skills: 10th-12th: 9:30-10:30am 7th-9th: 10:45-11:45 am	29) HAWK Workouts 8:30 -9:30	30) Cross-fit 7:30-8:30am V-ball Skills: 10th-12th: 9:30-10:30am 7th-9th: 10:45-11:45 am		

JULY 2022

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1)	2)
3)	4)	5) Cross-fit 7:30-8:30am V-ball Skills: 10th-12th: 9:30-10:30am 7th-9th: 10:45-11:45 am	6) HAWK Workouts 8:30 - 9:30	7) Cross-fit 7:30-8:30am V-ball Skills: 10th-12th: 9:30-10:30am 7th-9th: 10:45-11:45 am	8)	9)
10)	11)	12) Cross-fit 7:30-8:30am V-ball Skills: 10th-12th: 9:30-10:30am 7th-9th: 10:45-11:45 am	13) HAWK Workouts 8:30 - 9:30	14) Cross-fit 7:30-8:30am V-ball Skills: 10th-12th: 9:30-10:30am 7th-9th: 10:45-11:45 am	15)	16)
17)	18)	19) Cross-fit 7:30-8:30am V-ball Skills: 10th-12th: 9:30-10:30am 7th-9th: 10:45-11:45 am	20) HAWK Workouts 8:30 - 9:30	21) Cross-fit 7:30-8:30am V-ball Skills: 10th-12th: 9:30-10:30am 7th-9th: 10:45-11:45 am	22)	23)
24)	25)	26)	27) 9th Grade Orientation PLW Team Camp 9am-12, 1:30-4:30	28) PLW Team Camp 9am-12, 1:30-4:30	29) PLW Team Camp 9am-12	30)

AUGUST 2022

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1) Tryouts 7:30-9:30 4:00-6:30	2) Tryouts 7:30-9:30 4:00-6:30	3) Tryouts 7:30-9:30 4:00-6:30	4) Tryouts 7:30-9:30 4:00-6:30	5) Scrimmages @ Flower Mound (all teams)	6) Scrimmages @ Hebron Scorekeeping Parent Meeting 8:30
7) Practice: (Pool) 7:30-9:30 & 2:00-4:30pm ***** Mandatory Parent Mtg 6:30 pm	8) Practice: (Pool) 7:30-9:30 & 2:00-4:30pm ***** Mandatory Parent Mtg 6:30 pm	9) Snap Fundraiser Starts @ 2:30 @ McK. Boyd 9A & JV: 5 9B & V: 6 @ East JV2: 6	10) School Starts! (Team Pictures) All teams practice after school 4:00 - 6:00	11) Marcus Showcase (V) Home vs. Liberty 9A: 5 9B: 6 JV: 7	12) Marcus Showcase (V) Home vs. Liberty 9A: 5 9B: 6 JV: 7	13) →
14) →	15) →	16) Home V McKinney 9A/JV: 5:30 9B/N: 6:30	17) →	18) Northwest Varsity Tourney _____	19) Home V. Wakeland & Naaman Forest 9A: 5 & 6; JV: 7 9B: 5 & 6; JV2: 7	20) →
21) →	22) →	23) Home V. Pearce 9A: 5 JV: 5:30 9B: 6 9B: 6:30 JV2: 7	24) Leave for Volleypalooza Tourney (V)	25) Volleypalooza Tourney (V) _____	26) _____	27) →
28) →	29) →	30) Home V. Memorial 9A/JV: 5:30 9B/N: 6:30	31) →			

SEPTEMBER 2022

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1)	2) @ Allen A/B: 5 & B/V:6	3) Garland 9th Tourney (A&B) Time TBD
4) No School - All teams will practice (Times TBD)	5) Home v. Denton Guyer A/V: 5:30 & B/V: 6:30	6) Kick-Off BBQ	7)	8) Garland JV Tourney (JV2) Time: TBD	9) District Starts! ***** Home vs Marcus. A/B/JV2: 5, 6, 7 JV2 v. Lovejoy JV/V: 5:30, 6:30	10) 9A: Frisco 9B: Wylie Tourney JV: Frisco Tourney JV2:
11)	12) 13) @ East JV/V: 5:30, 6:30 A/B/JV2 @ McMillen A/B/JV2: 5:30, 6:30, 7:30	14)	15)	16) Home v. Plano ***** MS NIGHT A/B/JV2: 5:30, 6:30, 7:30 & JV/V: 5:30, 6:30	17)	
18)	19) 20) @ Flower Mound A/V: 5:30 & B/V: 6:30 ***** JV2 Home v. Highland Park JV2: 6	21) Homecoming Parade!	22) JV: Flyers Tourney TIME TBD	23) @ Coppell A/V: 5:30 & V/B: 6:30 JV2 @ Bishop Lynch JV2: 5:30 ***** Homecoming	24) JV: Flyers Tourney (Time TBD)	
25)	26) 27) Home V. West ***** MS Night A/B/JV2: 5:30, 6:30, 7:30 JV/V: 5:30, 6:30	28)	29)	30) @ Lewisville A/V: 5:30 V/B: 6:30 JV2 @ McK. North. JV2: 6	31)	

OCTOBER 2022

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1) Varsity Camping Trip
2)	3)	4) @ Marcus A/JV: 5:30 & V/B: 6:30 JV2 @ Lovejoy JV2: 5	5)	6)	7) Home v. East A/B/JV2: 5:30, 6:30, 7:30 JV/N: 5:30, 6:30	8) Varsity Camping Trip
9)	10) No School - Pratices (All Teams)	11) @ Plano JV/N: 5:30, 6:30 A/B/JV2 @ Clark A/B/JV2: 5:30, 6:30, 7:30	12)	13)	14) Home v. Flower Mound A/JV: 5:30 & V/B: 6:30 JV2 @ Highland Park JV2: 7	15)
16)	17)	18) Home v. Coppell JV2 v. Bishop Lynch ***** Teacher Appreciation Night! A/B/JV2: 5, 6, 7 JV/N: 5:30, 6:30	19)	20)	21) @ West JV/N: 5:30, 6:30 A/B @ Shepton A/B/JV2: 5:30, 6:30, 7:30	22)
23)	24)	25) Home v. Lewisville. A/B/JV2: 5, 6, 7 JV2 v. Mck. North JV/N: 5:30, 6:30 ***** Se nior Night	26)	27)	28) Playoff/Warm-up Match (Varsity Only)	29)

Hebron Volleyball 2022-2023 Master Schedule

DATE	TEAMS	OPPONENT	SITE	TIMES
8/5	All Teams	Scrimmages	Flower Mound	TBA
8/6	All Teams	Scrimmages	Hebron	TBA
8/9	JV&A/V&B	McKinney Boyd	McKinney North	5:00/6:00
	JV2	Plano East	Plano East	6:00
8/12	A/B/JV1	Frisco Liberty	Hebron	5/6/7
	JV2			
8/12-8/13	V	Marcus Showcase	Marcus	TBA
8/16	JV&A/V&B	McKinney	Hebron	5:30/6:30
	JV2			
8/18-8/20	V	Northwest Tournament	Northwest ISD	TBA
8/19	A/B/JV1	Frisco Wakeland	Hebron	5/6/7
	B/A/JV2	Naaman Forest	Hebron	5/6/7
8/23	JV/V	Pearce	Hebron	5:30/6:30
	A/B/JV2	Pearce/Plano	Hebron	5/6/7
8/24-8/27	V	Volleypalooza	TBA	TBA
8/30	JV&A/V&B	Frisco Memorial	Memorial	5:30/6:30
	JV2			
9/2	JV&A/V&B	Allen	Allen	5:00/6:00
	JV2			
9/3	A&B	Garland 9th Tournament	Garland ISD	TBA
9/6	JV&A/V&B	Denton Guyer	Hebron	5:30/6:30
	JV2			
9/8	JV2	Garland JV Tournament	Garland ISD	TBA
9/9	JV/V	Marcus	Hebron	5:30/6:30
	A/B/JV2	Marcus/Lovejoy	Hebron	5/6/7
9/10	JV1	Frisco JV Tournament	Frisco ISD	TBA
	JV2	Garland JV Tournament	Garland ISD	TBA
	9	Frisco 9th Tournament	Frisco ISD	TBA
	9	Wylie 9th Tournament	Wylie HS	TBA
9/13	JV/V	Plano East	Plano East	5:30/6:30
	A/B/JV2	Plano East at McMillen	Plano McMillen	5:30/6:30/7:30
9/16	JV/V	Plano	Hebron	5:30/6:30
	A/B/JV2	Plano	Hebron	5:30/6:30/7:30
9/20	JV&A/V&B	Flower Mound	Flower Mound	5:30/6:30
	JV2	Highland Park	Hebron	6:00
9/22	JV1	Frisco Flyers JV Tournament	Flyers Facility	TBA
9/23	JV&A/V&B	Coppell	Coppell	5:30/6:30
	JV2	Bishop Lynch	Bishop Lynch	5:30
9/24	JV1	Frisco Flyers JV Tournament	Flyers Facility	TBA
9/27	JV/V	Plano West	Hebron	5:30/6:30
	A/B/JV2	Plano West	Hebron	5:30/6:30/7:30
9/30	JV&A/V&B	Lewisville	Lewisville	5:30/6:30
	JV2	McKinney North	McKinney North	6:00
10/4	JV&A/V&B	Marcus	Marcus	5:30/6:30
	JV2	Lovejoy	Lovejoy	5:00
10/7	JV/V	Plano East	Hebron	5:30/6:30
	A/B/JV2	Plano East	Hebron	5:30/6:30/7:30
10/11	JV/V	Plano	Plano	5:30/6:30
	A/B/JV2	Plano at Clark	Plano Clark	5:30/6:30/7:30
10/14	JV&A/V&B	Flower Mound	Hebron	5:30/6:30
	JV2	Highland Park	Highland Park	7:00
10/18	JV/V	Coppell	Hebron	5:30/6:30
	A/B/JV2	Coppell/Bishop Lynch	Hebron	5/6/7
10/21	JV/V	Plano West	West	5:30/6:30
	A/B	Plano West at Shepton	Plano Shepton	5:30/6:30/7:30
10/25	JV/V	Lewisville (<i>Senior Night</i>)	Hebron	5:30/6:30
	A/B/JV2	Lewisville/McKinney North	Hebron	5/6/7
10/29-10/30		District Certification/Warm-up Match		

Hebron High School Scrimmage Schedule: 8/6/2022

Varsity:	Ct. 1 - Hawk Activity Center		
10:00 - 10:45	Hebron	vs	Arlington Martin
11:00 - 11:45	F. Centennial	vs	Arlington Martin
12:00 - 12:45	Hebron	vs	Lake Dallas
1:00 - 1:45	Lake Dallas	vs	F. Centennial
2:00 - 2:45	Hebron	vs	F. Centennial

JV:	Ct. 2 - Hawk Activity Center		
10:00 - 10:45	Hebron	vs	Arlington Martin
11:00 - 11:45	F. Centennial	vs	Arlington Martin
12:00 - 12:45	Hebron	vs	Lake Dallas
1:00 - 1:45	Lake Dallas	vs	F. Centennial
2:00 - 2:45	Hebron	vs	F. Centennial

9th A:	Ct. 3 - 9th Grade Campus OR Main Gym		
10:00 - 10:45	Hebron	vs	Arlington Martin
11:00 - 11:45	F. Centennial	vs	Arlington Martin
12:00 - 12:45	Hebron	vs	Lake Dallas
1:00 - 1:45	Lake Dallas	vs	F. Centennial
2:00 - 2:45	Hebron	vs	F. Centennial

9th B:	Ct. 4 - 9th Grade Campus OR Small Gym		
10:00 - 11:00	Hebron	vs	Arlington Martin
11:15 - 12:15	F. Centennial	vs	Arlington Martin
12:30 - 1:30	Hebron	vs	F. Centennial

There will be a concession stand available.