

INCOMING 9th GRADE SUMMER PACKET 2021



Coach Karin Keeney

keeneyk@lisd.net

469-948-3068

IMPORTANT INFORMATION

PHYSICALS -Must have physical BEFORE TRYOUTS!

AUGUST 2nd IS THE FIRST DAY OF TRYOUTS!!

HEBRON HAWKS VOLLEYBALL CAMP - HHS New arena

- Incoming 9th graders will be June 1st-4th 6:00-9:00 p.m.
- Incoming **9th parent meeting** June 2nd @ 6:30 p.m. in HHS Arena
- Tournament and Picnic will be Friday, June 4th at 1:30 p.m.

PLW TEAM CAMP - Directed by Penny Lucas-White HHS New Arena

- Monday, July 26th - Wednesday, July 28th
- Registration Monday @ 8:30am, HHS arena
- Monday & Tuesday are 9am-Noon & 1:30-4:30 p.m. Wednesday is 9am-Noon.
- Cost is \$150.
- Important for all those players wanting to make a team at Hebron next year!
- **BRING PAYMENT (No Checks) & FORMS TO CAMP ON MONDAY!!!**

SUMMER CONDITIONING CAMP - at Isorropia Facility on Old Denton

- Don't be caught out of shape August 1st.
- ISORROPIA - Cross Fit conditioning program for 9th - 12th graders (see flier)

SKILLS CLINICS - HHS New Arena

- June 14th - June 30th - Mondays and Wednesdays
- July 5th - July 23rd - Mondays, Wednesdays & Fridays
- 9:30am - 10:30am for 10th-12th graders
- 10:30am - 11:30am for 7th-9th graders
- Drills will be led by Hebron High School volleyball coaches.
- Clinics will prepare them for tryouts and allow them to keep getting touches over the summer.

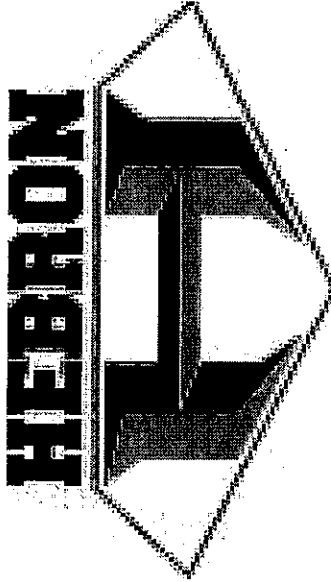
PACKET INCLUDES

- Camp Registrations
- Physical and Online Paperwork
- Tentative Volleyball Schedule
- August Practice Dates and Times
- Calendar for Entire Season
- August 7th scrimmage schedule



HEBRON VOLLEYBALL

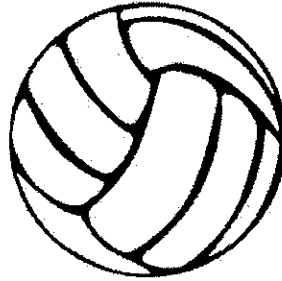
**HAVE A GREAT SUMMER! LET'S CONTINUE THE HAWKS CHAMPIONSHIP
TRADITION IN 2021!**



Hebron Hawk

Volleyball Camp

June 1st – June 4, 2021



Session I: 4th-6th Grade 8:30-11:30 a.m.

Session II: 7th-8th Grade 1:30-4:30 p.m.

Session III: 9th Grade Tues-Thursday
6:00-9:00 pm and Friday 1:30-4:30

Hebron Hawk Volleyball Camp will consist of skills training, fundamentals, offense/defense, and team play. Each day athletes will learn the fundamental skills from a high quality coaching staff consisting of Division I athletes and top club, middle school, and high school coaches. Campers will be awarded prizes daily for fundamental competitions, spirit, and overall attitude. Campers will also have the opportunity to compete in a tournament on Friday which will involve campers being divided into teams and competing. A picnic and award ceremony will follow the tournament. Concession stand will be available all sessions with proceeds going to the Hebron Hawk Volleyball Booster Club. Hawk Volleyball camp will be open to all athletes regardless of attendance zone and/or district.

June 2021

S	M	T	W	T	F	S
		1	2	3	4	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			

***MASKS ARE MANDATORY AT THIS TIME!**

*** WE WILL REGISTER/MEET AT THE MAIN ENTRANCE OF THE HEBRON ARENA.**

Students Name: _____
 Age at Camp date: _____
 Grade Level 2021-2022: _____
 Parents Name: _____
 Parents Email: _____
 Address: _____
 Cell Phone: _____
 Session Number and Time: _____

Liability Release ON BACK OF FORM

T-Shirt Sizes - Please *circle one*:

Youth Sizes: YM - YL

Adult Sizes: S - M - L - XL

SEND REGISTRATION TO:

HEBRON HIGH SCHOOL

ATTN: KARIN KEENEY

4207 PLANO PKWY.

CARROLLTON, TX 75010

Use a separate registration form for each camper that plans to attend.

Fee: \$75.00 per session

Make checks out to KARIN KEENEY.

ALL QUESTIONS SHOULD BE DIRECTED TO
 KARIN KEENEY - PHONE: 469-713-5183
keeneyk@lisd.net

Check #: _____

HEBRON VOLLEYBALL CAMP WAIVER AND RELEASE FROM LIABILITY

In consideration of being permitted to for any purpose any event, or being permitted to compete, officiate, observe, work or, or any purpose participate in any way in the event, each of the undersigned, for himself, his personal representatives, heirs, next of kin, acknowledges agrees, and represents the he has, or will immediately upon entering any of such event areas, and will continuously thereafter, inspect such event area or areas and all portions thereof which he enters and with which he comes in contact, and he does further warrant that his entry upon such that he finds and accepts same as being safe and reasonably suited for the purpose of his use, and he further agrees and warrants that if, at any time, he is in or about event areas and he feels anything to be unsafe, he will immediately advise officials of such and will leave the event area(s);

1. Hereby releases, waives, discharges, and covenants not to sue HEBRON VOLLEBALL, the promoters, other participants, operators, officials, any person in any event area, sponsors, advertisers, owners and lessees of premises used to conduct such event and each of them, their officers and employees, all for the purpose herein referred to as "releases", from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any and all damage, and any claim or demands thereof on account of injury to the other person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in or upon the event area, and/or competing, officiating in, observing, or working for, or for any purpose participating in the event;
2. Hereby agrees to indemnify and save and hold harmless the releases and each of them for any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon the event area or in any way competing, officiating, observing, or working for, or for any purpose participating in the event and whether caused by the negligence of the releases or otherwise.
3. Hereby assumes full responsibility for and risk of bodily injury, death, or property damage due to the negligence of the releases or otherwise while in or upon the event area and/or while competing, officiating, observing, or working for, or for any purpose participating in the event.
4. Each of the undersigned expressly acknowledges and agrees that the activities at the event and adjacent areas are dangerous and involve the risk of serious injury and/or death and/or property damage. Each of the undersigned further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and as inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has read and voluntarily signs the release and waiver and indemnity agreement, and further agrees that no oral representations, statements, or inducement apart from the forgoing written agreement have been made. This waiver, release, and indemnification agreement specifically embraces each and every sanctioned, authorized, or promoted by said releases during the entire season and applies to each and every event, or activity herein above mentioned, and has the same effect as if executed after each and every activity or event in which the undersigned participates so that the parties herein intended to be released and indemnified shall be fully and effectively released and indemnified as to each and every event herein described.

PARENT/GAURDIAN WAIVER-RELEASE FROM LIABILITY

(If applicant is under 18 years of age, the parent(s) or guardian(s) must execute in addition to the above, this following waiver.)

The undersigned, referred to as the parent(s) and natural guardian(s) of said participant, does hereby represent that he/she (they) is (are), in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever may be imposed upon said releases because of any defect in or lack of such capacity to so act and release said releasees on behalf of both the undersigned.

I hereby give my permission to HEBRON VOLLEYBALL for the use of my picture or likeness thereof, which picture or likeness may be taken or may have been taken at any HEBRON VOLLEYBALL activity or event. This picture or likeness may be used in any advertising or promotional materials or other publications of Rise Volleyball Club.

I, the undersigned, hereby certify that I have read, understand, and agree to be bound by the terms and conditions set forth on this application regarding the Waiver and Release from Liability, as well as the use of my likeness for promotional purposes. I also agree to abide by all Rise Volleyball Club rules, policies, and decisions.

If applicant is under 18, parent's signature required.

Player Name: _____ Date _____

Parent's Signature: _____

Email _____



DREW DENNY

OWNER. TRAINER. CROSSFITTER.

479.619.5423

DDENNY1@GMAILCOM

WWW.CROSSFITISORROPIA.COM

CERTIFICATIONS:

- B.A. KINESIOLOGY / EXERCISE SCIENCE
- CROSSFIT LEVEL I
- CROSSFIT LEVEL II
- CROSSFIT COMPETITORS COURSE
- CROSSFIT MOBILITY
- CROSSFIT ENDURANCE
- USA WEIGHTLIFTING
- VSP PERFORMANCE COACH
- AMERICAN COUNCIL ON EXERCISE
- SPARQ TRAINER CERTIFIED
- FIRST AID/CPR CERTIFIED

You are purchasing:

Hebron Volleyball 6 Week Camp

Programs: Hebron Volleyball

Hebron Volleyball

Initial Commitment:	6 Weeks
Start Date:	06/16/2021
Expiration Date:	07/28/2021
Commitment Cost:	\$165.00
Commitment Tax:	\$0.00
Commitment Total:	\$165.00
Billed on:	June 16, 2021

Initial Payment (Due Now): **\$165.00**

Copy this link to Register:

<https://crossfitiso.wodify.com/OnlineSalesPortal/PlanPurchaseEntry.aspx?OnlineMembershipId=186217&OnlineMembershipPaymentOptionId=714018&IsMobile=False&AuthenticationToken=>

PLW Satellite Camp

Hebron High School

4207 Plano Parkway

Carrollton, Texas 75010

July 26th – 28th

\$150.00

July 26th: 9:00am – 12noon

1:30 – 4:30pm

July 27th: 9:00am – 12noon

1:30 – 4:30pm

July 28th: 9:00am – 12noon

*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).

For more information contact:

Coach Karin Keeney (972) 998-7541

or keeneyk@lisd.net

Penny Lucas-White Satellite Camp

Play...Lead...Win



Success doesn't come from what you
comes from what you

**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

- ☐ Pre-Participating Physical (paper copy to be completed by a physician)
- ☐ Medical History Form (paper copy to be completed by parents and athlete)
 - Needs to be signed at the bottom by both parent and athlete with yes answers described in the box

ONLINE FORMS (Only print a copy of the Emergency Travel Card)

- ☐ UIL Concussion form
- ☐ UIL Steroid Form
- ☐ Extracurricular Code of Conduct
- ☐ Cardiac Awareness Form
- ☐ Emergency Travel Card (please print a copy for coach's records)
- ☐ Medical Release Form
- ☐ UIL Acknowledgement of Rules
- ☐ IMPACT baseline (incoming freshmen only for volleyball, football, basketball, soccer and wrestling)



Hebron Athletics Physical, Rank One Electronic Forms, and ImPACT Testing Information

Physicals

- Must be turned into the **Athletic Training Room BEFORE** any organized team workouts.
- Must have the date of the exam after May 1st in order to be eligible for the entire school year.

Rank One

- Rank One consists of all the LISD and UIL eligibility paperwork including concussion awareness, steroid awareness, sudden cardiac awareness and LISD Extracurricular Code of Conduct.
- All electronic forms must be completed **BEFORE** any organized team workouts.
- All information can be found at <https://lewisvilleisd.rankonesport.com/New/Home.aspx>

ImPACT Neurocognitive Testing

- Completed by all athletes in their freshmen and junior year of athletics.
- Takes a "picture" of the brain in action to be used for comparison purposes in concussion injuries.
- Easily completed at home in a quiet environment with a wired mouse.
- Must be completed **BEFORE** any organized workout.

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)			
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 performance/

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

2017

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.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or physical?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you ever gotten unexpectedly short of breath with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been hospitalized overnight in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have seasonal allergies that require medical treatment?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had prior testing for the heart ordered by a physician?	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	<input type="checkbox"/>
Have you ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever had a sprain, strain, or swelling after injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you broken or fractured any bones or dislocated any joints?	<input type="checkbox"/>	<input type="checkbox"/>
Do you get tired more quickly than your friends do during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had racing of your heart or skipped heartbeats?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, check appropriate box and explain below:		
Have you had high blood pressure or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip
Have you ever been told you have a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh
Has any family member or relative died of heart problems or of sudden unexpected death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee
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"/>	<input type="checkbox"/>	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf
Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle
Has a physician ever denied or restricted your participation in activities for any heart problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
4. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you want to weigh more or less than you do now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been knocked out, become unconscious, or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>	17. Do you feel stressed out?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many times? _____			18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
When was your last concussion? _____			<i>Females Only</i>		
How severe was each one? (Explain below)			19. When was your first menstrual period? _____		
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	When was your most recent menstrual period? _____		
Do you have frequent or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	How much time do you usually have from the start of one period to the start of another? _____		
Have you ever had numbness or tingling in your arms, hands, legs or feet?	<input type="checkbox"/>	<input type="checkbox"/>	How many periods have you had in the last year? _____		
Have you ever had a stinger, burner, or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	What was the longest time between periods in the last year? _____		
5. Are you missing any paired organs?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Males Only</i>		
6. Are you under a doctor's care?	<input type="checkbox"/>	<input type="checkbox"/>	20. Do you have two testicles? _____		
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	21. Do you have any testicular swelling or masses? _____		
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Have you ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	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.		
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	<input type="checkbox"/>	<input type="checkbox"/>	**EXPLAIN 'YES' ANSWERS IN THE BOX BELOW (attach another sheet if necessary): _____ _____ _____		
11. Have you ever become ill from exercising in the heat?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>			

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 _____

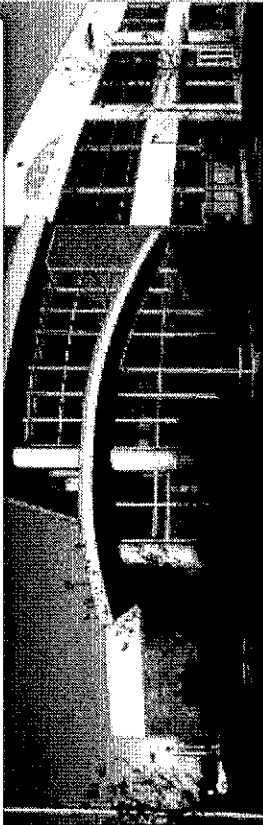


ImPACT Neurocognitive Testing Instructions

- *Test must be taken with a MOUSE, preferably on a desktop computer.*
 - *Environment must be **FREE FROM DISTRACTIONS (NO TV, NO CELL PHONE, NO TABLET, NO VIDEO GAMES, NO RADIO)***
 - *You cannot pass or fail this test - it's an individual measurement of different brain functions*
 - *Testing time is about 45 minutes*
1. Go to the link: www.impacttestonline.com/benhogan
 2. Click on "Launch Baseline Test"
 3. In the "Enter Customer ID Code" type in **JMGG46676W**
 4. Click on "English" or "Spanish" (choose the language that is most comfortable for you)
 5. Read the instructions: "Before you begin....." then click "next".
 6. Read: "The ImPACT testing process is made up three components..." then click "next"
 7. Begin filling in the **Sport and Health History** boxes
 8. In the "School/Organization" box, click on the down arrow and select "Hebron High School"
 9. Continue filling in your information and begin the exam.
 10. **DIRECTIONS ARE LISTED AT THE BEGINNING OF EACH MODULE. READ CAREFULLY. INSTRUCTIONS ARE NOT TIMED, BUT THE TESTS ARE.**

*** MUST BE COMPLETED IN AN AREA WITHOUT DISTRACTIONS BY TV, RADIO, CELL PHONES, TABLETS, VIDEO GAMES, PETS, SIBLINGS, OR OTHERS. ****

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

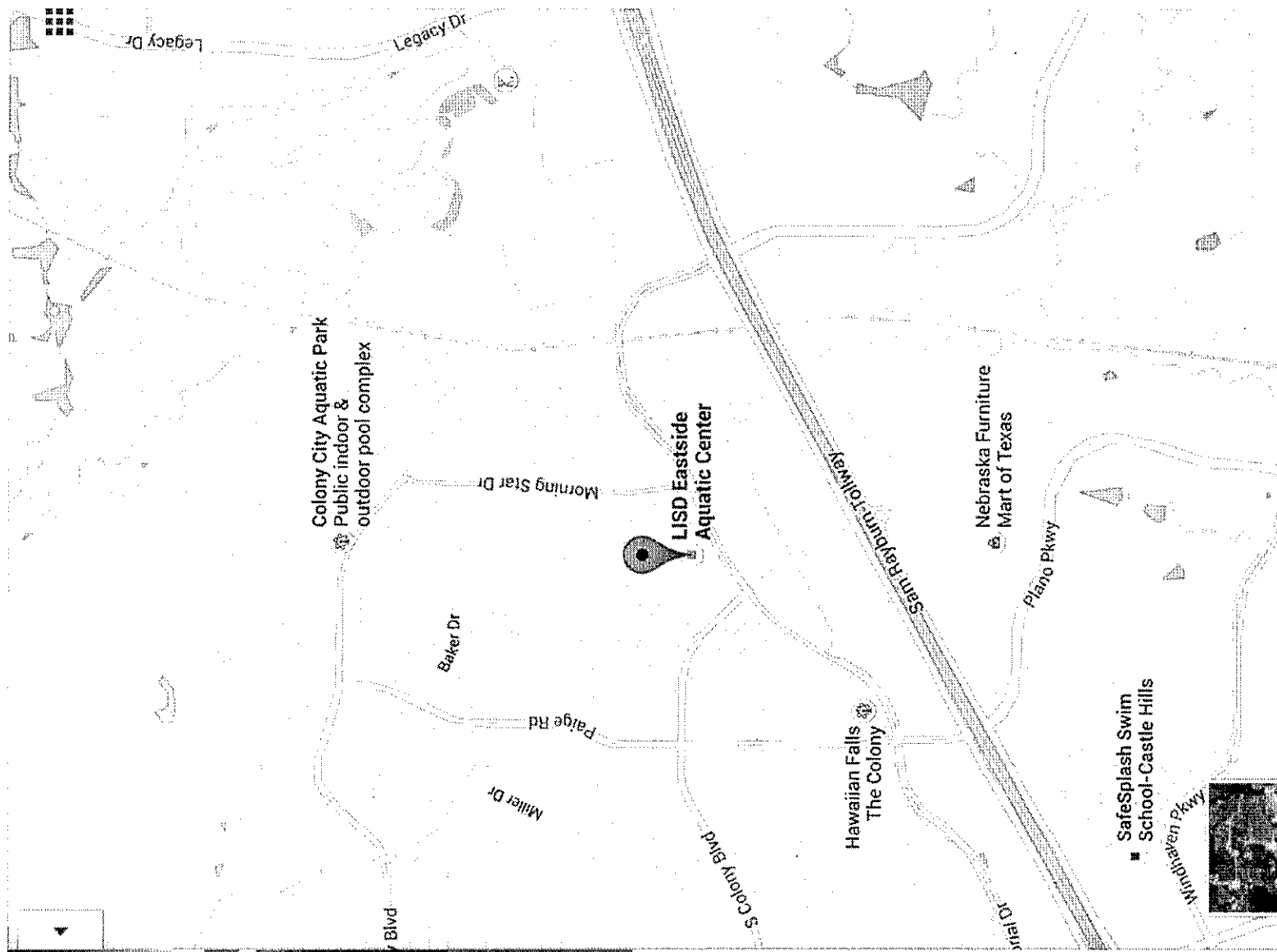
Add missing information ②



Add hours



Add website



TENTATIVE PRACTICE TIMES 2021

MONDAY, August 2nd –

Practice at HHS Arena 6:00 a.m. – 8:00 a.m. and 4:00 p.m. – 6:30 p.m.

TUESDAY, August 3rd –

Practice at HHS Arena 6:00 a.m. – 8:00 a.m. and 4:00 p.m. – 6:30 p.m.

Wednesday, August 4TH

Practice at HHS Arena 6:00 a.m. – 8:00 a.m. and 4:00 p.m. – 6:30 p.m.

Thursday, August 5TH

Practice at HHS Arena 6:00 a.m. – 8:00 a.m. and 4:00 p.m. – 6:30 p.m.

FRIDAY, August 6TH -

Scrimmages start @ 5:00 p.m. at Highland Park & Plano East

SATURDAY, August 7TH

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 9TH -

Practice at the Eastside Aquatic Center 8:00 a.m. – 10:00 a.m. and at HHS Arena 2:00 p.m. – 4:30 p.m.

Mandatory Parent Meeting at 6:30 p.m.

TUESDAY, August 10TH

Game Day!

Wednesday, August 11TH

1st Day of School! Team and Individual Pictures

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

THURSDAY, August 12th - SNAP fundraiser kickoff (1st period)

9th and JV practice 6:00am – 8:00am

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

FRIDAY, August 13th

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

Varsity tournament @ Marcus

SATURDAY, August 14th

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

JUNE 2021

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

JULY 2021

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				1) 	2) Cross-fit 7:30-8:30am	3)
4) 	5) Cross-fit 7:30-8:30am V-ball Skills: TBA	6) 	7) Cross-fit 7:30-8:30am V-ball Skills: TBA	8) 	9) Cross-fit 7:30-8:30am V-ball Skills: TBA	10)
11) 	12) Cross-fit 7:30-8:30am V-ball Skills: TBA	13) 	14) Cross-fit 7:30-8:30am V-ball Skills: TBA	15) 	16) Cross-fit 7:30-8:30am V-ball Skills: TBA	17)
18) 	19) Cross-fit 7:30-8:30am V-ball Skills: TBA	20) 	21) Cross-fit 7:30-8:30am V-ball Skills: TBA	8) 	23) Cross-fit 7:30-8:30am V-ball Skills: TBA	24)
25) 	26) PLW Team Camp 9am-12, 1:30-4:30 ***** TAV Team Camp 6- 9pm	27) PLW Team Camp 9am-12, 1:30-4:30 ***** TAV Team Camp 6- 9pm	28) PLW Team Camp 9am-12	29) 	30) 	31)

AUGUST 2021

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1)	2) Tryouts: 6:00-8:00am & 4:00-6:30pm	3)	4)	5) →	6) Scrimmages at Highland Park HS/MS & Plano East	7) Scrimmages @ Hebron & Scorekeeping Parent Meeting
8)	9) Practice: (Pool) 8:00-10:00am & 2:00-4:30pm *Mandatory Parent Mtg 6:30 pm	10) @ McKinney North (A,B,IV,V)	11) School Starts! (Team Pictures)	12) Snap Fundraiser starts!	13) Marcus Showcase (V) vs. Frisco Liberty (A,B,IV)	14) →
15)	16)	17) vs. The Colony (IV2) vs. McKinney (A,B,IV,V)	18)	19) Northwest Varsity Tourney	20) vs. Wakeland (A,B,IV)	21) →
22)	23)	24) @ Plano Clark (IV2) @Lovejoy (A,B,IV,V)	25) Leave for Volleypalooza Tourney (V)	26) Volleypalooza Tourney (V)	27)	28) →
29)	30)	31) vs. Plano East (IV2). vs. Rock Hill (A,B,IV,V)				

SEPTEMBER 2021

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1) 1)	2) 2)	3) vs. Plano West (JV2). vs. Allen (A,B,JV,V)	4) Garland 9th Tourney (A&B)
5) No School - Practices (All Teams)	6) @ Denton Guyer	7) Kick-Off BBQ	8) Garland JV Tourney (JV2)	9) District Starts! ***** vs Lewisville/ Bishop Lynch	10) Frisco JV Tourney (JV) *****	11) Garland JV Tourney (JV2)
12) 13)	14) @ Plano/Plano Clark	15) 16)	17) Allen JV Tourney (JV)	18) Allen JV Tourney (JV)	19) 20) vs. Coppell/ Lovejoy	21) The Colony JV Tourney (JV2)
26) 27)	28) @ The Colony (V2) @ Marcus (A,B,JV,V)	29) 30)	31) 32)	33) 34)	35) 36)	37) 38)

OCTOBER 2021

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1) @ Highland Park (JV2) @ Flower Mound (A,B,IV,V)	2)
3)	4)	5) @ Bishop Lynch (JV2) @ Lewisville (A,B,IV,V)	6)	7)	8) vs. Plano	9)
10)	11) No School - Practices (All Teams)	12) vs. Plano West	13)	14) <i>Middle School: Arbor Creek vs Killian</i>	15) @ Lovejoy (JV2) @ Coppell (A,B,IV,V)	16)
17)	18)	19) @ Plano East/ Plano McMillen	20)	21) <i>Middle School: Creek Valley vs Killian</i>	22) vs. Marcus/The Colony (Homecoming)	23)
24)	25)	26) vs. Flower Mound/Highland Park (Senior Night)	27)	28)	29) Playoff/Warm-up Match (Varsity Only)	30)

Hebron Volleyball 2021-2022 Master Schedule

DATE	TEAMS	OPPONENT	SITE	TIMES
8/6	All	Scrimmages	Highland Park	TBA
8/6	JV2	Scrimmages	East	3:30&4:30
8/7	All	Scrimmages	Hebron	TBA
8/10	JV&A/V&B	McKinney North	McKinney	5:30/6:30
8/13	A/B/JV1	Frisco Liberty	Hebron	5/6/7
8/13-8/14	V	Marcus Showcase	Marcus	TBA
8/17	JV/V	McKinney	Hebron	5:30/6:30
	A/B/JV2	McKinney/The Colony	Hebron	5/6/7
8/19-8/21	V	Northwest Tournament	Northwest ISD	TBA
8/20	A/B/JV1	Frisco Wakeland	Hebron	5/6/7
8/24	JV&A/V&B	Lovejoy	Lovejoy	5:30/6:30
	JV2	Plano JV2	Clark	7:30
8/25-8/28	V	Volleypalooza	TBA	TBA
8/31	JV/V	Prosper Rock Hill	Hebron	5:30/6:30
	A/B/JV2	Prosper Rock Hill/East JV2	Hebron	5/6/7
9/3	JV/V	Allen	Hebron	5:30/6:30
	A/B/JV2	Allen/Plano West	Hebron	5/6/7
9/4	A&B	Garland 9th Tournament	Garland ISD	TBA
9/7	JV&A/V&B	Guyer	Guyer	5:30/6:30
9/9	JV2	Garland JV Tournament	Garland ISD	TBA
9/10	JV/V	Lewisville	Hebron	5:30/6:30
	A/B/JV2	Lewisville/Bishop Lynch	Hebron	5/6/7
9/11	JV1	Frisco Tournament	Frisco ISD	TBA
	JV2	Garland JV Tournament	Garland ISD	TBA
9/14	JV/V	Plano	Plano	5:30/6:30
	A/B/JV2	Plano	Plano Clark	5:30/6:30/7:30
9/16	JV1	Allen JV Tournament	Allen	TBA
9/17	JV/V	Plano West	Plano West	5:30/6:30
	A/B/JV2	Plano West	Plano Shepton	5:30/6:30/7:30
9/18	JV1	Allen JV Tournament	Allen	TBA
9/21	JV/V	Coppell	Hebron	5:30/6:30
	A/B/JV2	Coppell/Lovejoy	Hebron	5/6/7
9/24	JV/V	Plano East	Hebron	5:30/6:30
	A/B/JV2	Plano East	Hebron	5:30/6:30/7:30
9/25	JV2	The Colony JV Tournament	The Colony	TBA
9/28	JV&A/V&B	Marcus	Marcus	5:30/6:30
	JV2	The Colony	The Colony	6:00
10/1	JV&A/V&B	Flower Mound	FlowerMound	5:30/6:30
	JV2	Highland Park	Highland Park	5:30
10/5	JV&A/V&B	Lewisville	Lewisville	5:30/6:30
	JV2	Bishop Lynch	Bishop Lynch	6:00
10/8	JV/V	Plano	Hebron	5:30/6:30
	A/B/JV2	Plano	Hebron	5:30/6:30/7:30
10/12	JV/V	Plano West	Hebron	5:30/6:30
	A/B/JV2	Plano West	Hebron	5:30/6:30/7:30
10/15	JV&A/V&B	Coppell	Coppell	5:30/6:30
	JV2	Lovejoy	Lovejoy	6:00
10/19	JV/V	Plano East	Plano East	5:30/6:30
	A/B/JV2	Plano East	Plano McMillen	5:30/6:30/7:30
10/22	JV/V	Marcus	Hebron	5:30/6:30
	A/B/JV2	Marcus/The Colony	Hebron	5/6/7
10/26	JV/V	Flower Mound (<i>Senior Night</i>)	Hebron	5:30/6:30
	A/B/JV2	Flower Mound/Highland Park	Hebron	5/6/7
10/29-10/30		District Certification/Warm-up Match		

Hebron High School Scrimmage Schedule: 8/7/2021

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 at the at the main campus.