

The Macomb Mustangs'
mission is to teach young athletes
the fundamental skills, techniques,
and strategies necessary for longterm success in the sports of football
and cheerleading by providing the
opportunity to participate in controlled
competition in a safe, organized, and fun
environment, while also empowering
young people to value teamwork,
resilience, self-discipline, and
the contributions of each
individual.

### SO... what's in here?





## a quick word from the President.



I have tried thinking of something more fulfilling than watching young athletes, like your child, pour their hearts passionately into sport. But I came up empty. The way our athletes strive for greatness, whether at practice, at games, or during competitions, is an inspiration to me, the board, and the coaches. We can't wait to get out on that field for the 2023 football and cheer season!

The Macomb Mustangs Youth Football and Cheer Club is dedicated to providing a fun, encouraging, and safe environment where your child will learn the fundamentals of football and cheer. Naturally developing from the way that we approach coaching and teaching, your child will also learn self-confidence, cooperation, and respect for others.

Our coaches are as dedicated to the sports of football and cheer as our athletes are, with many of them having played and/ or coached at high school or collegiate levels. This experience is imparted to our athletes, who put it into practice against our MYFCC league opponents. The MYFCC is widely regarded in SE Michigan as one of the toughest, most competitive, and skilled leagues. Your athlete will learn a lot about their sport, and a lot about themselves, during the 2023 season.

While the season officially begins in August 2023, this packet contains a wealth of information you'll find helpful. We have some exciting events coming up before spring/summer conditioning starts, like a fundraising golf outing! Stay tuned to your email and contact me or other board members with questions (contact information is included in this packet).

Can't wait to see you on the field!

Sincerely,

Wendell McIlwain, Jr. President, Macomb Mustangs

# let's set a date

### May

Make-Up Uniform Fitting (5/6)

### June

- Macomb Twp Football Camp (6/5-6/8)
- Golf Outing (6/10)
- Registration Closes (6/30)
- Cheer Camp/Dakota Clinic (TBD)

### July

- Parent Meeting (7/13)
- Equipment Hand-Out (7/29)

### August

- First Day of Practice (8/7)
- First Day of Pads (8/10)
- Picture Day (8/17)
- Pep Rally & Scrimmage (8/19)
- First Game (8/26)

### September

Homecoming (Gold teams 9/16;
 Blue teams and Varsity 9/24)

### October

- Pink Out Game (10/7)
- Jr. Freshmen Jamboree (10/22)
- Super Cheer (10/29)

### **November**

- Equipment Turn-In (11/12)
- Banquet (11/17)





pro tip: when the MYFCC provides the official season schedule, it will be sent out.

\*Images provided by Hawkeye Image, LLC

## it's all about location, location.

HOME

Cougar Stadium Dakota High School 21051 21 Mile Rd Macomb, MI 48044



## RACTICE

Macomb Town Center Park 54111 Broughton Rd Macomb, MI 48042





pro tips: ① don't park where that red "x" is; it's the emergency vehicle field access. ② if it's raining, cheer will practice at the Macomb Twp Rec Center, on Broughton Rd. Football coaches will give their teams instructions in the case of weather concerns.









### gonna need a little more.

We provide your athlete with most of what they need, but there are still some outfitting/ equipment purchases that are up to each athlete's family. Below is a list of required and recommended items for football and cheer athletes.



pro tip: don't rush out to buy these items quite yet. One of our sponsors, DICK'S Sporting Goods, provides a discount weekend to our organization. Watch for info on that.





### 2023 season prep is a passion.

Getting ready for the football & cheer season is something we're passionate about.

It's a great way for our athletes to come together and form the bonds that will enhance their play on the field. Plus, staying active and healthy helps keep our athletes in peak condition.

Check out our Off-Season Prep Events for more.

### MONTHLY CLINICS

The Macomb Mustangs will host indoor or outdoor (weather permitting) clinics.

Participants will learn the fundamentals, strategy, and FUN of football or cheer.

Info availabe online and through email. Clinics are open to all.

### PRE-SEASON CONDITIONING

Designed exclusively for the 2023 Macomb Mustang roster, we will meet weekly, indoors or outdoors (weather permitting).

Coaches will work with our athletes to condition and prepare them for the upcoming season. Watch your email and online for info.

### ATHLETE READINESS

Even though it's the off-season, there's a lot you can do to get ready:

- Stay hydrated
- Stretch every day
- Get a sports physical prior to official practice start (must be dated this calendar year)









For an organization like the Macomb Mustangs, which is entirely volunteer driven, the help of all of our fantastic Mustang families is crucial in making each season a fun, safe, and enjoyable time for every athlete.

With that in mind, there are some requirements that each Mustang family is expected to complete by the conclusion of the season.

All Mustang athletes are expected to be present at **practices and games**. We understand that life happens, though, so good communication with your coach is important.

### **August Practice Schedule:**

Monday - Friday 6p - 8p

### "School" Practice Schedule:

will notify you in advance of any meetings.

Tuesday - Thursday 6p -8p



pro tip: MYFCC rules require every football athlete to complete three days of conditioning before they can start wearing pads, so the first week of practice is really important to attend.

Occasionally, we may host a parent meeting. During these meetings, we will share critical information about a specific event or about the season or organization in general. Attendance at these parent meetings is mandatory. We

Volunteer commitments are essential to maintaining a positive and realistic game-day experience for our athletes, guest athletes, and all youth sports supporters at our games.

Each athlete's family is responsible for fulfilling **four (4) volunteer commitment slots per athlete (up to eight (8) per family)** throughout the course of the 2023 season home games.

At equipment hand out, a \$200 deposit check will be collected. At the conclusion of the season, if you have not completed your volunteer commitments, your check will be cashed.

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## together, we can make great things happen.

Check out these voluntary activities to enhance our athletes' 2023 season.

### **Board Meetings**

Attend our monthly board meetings to stay up-to-date with the latest news, happenings, and events. Plus, it's a chance to have your voice heard. For the really passionate Mustang guardian, consider running for a board position.

### **Committees**

Macomb Mustangs events are fun...but that fun takes work and planning. Join an event committee to help make our athletes' season events fun, memorable, and smooth sailing!

### **Events**

Speaking of events, make sure your athlete participates in as many non-game events and activities as possible. Bonus - most of our non-game events are family-focused and open to your whole crew. Our events typically include things like our season-opening Pep Rally, the Bay-Rama parade, team-specific events organized by your athlete's coaches, etc.

### **Fundraising**

A youth sports league is a labor of love. But it's also an expensive undertaking, so we enlist the help of fundraising campaigns to close the gap. Your voluntary participation is so greatly appreciated and permits us to offer the safest and most enjoyable premier football and cheer club in central Macomb County.

## let's put the FUN in fundraising.

### **Golf Outing**

This is a new event for the Mustangs this year! We are looking forward to a fun event, full of golf, prizes, and more! Check out the event on our website and register early; space is limited.



### Additional Fundraising Events

Periodically, we will host additional fundraising events, like a cornhole tournament or a Night at the Races, for example. More info will be shared as we approach events.



### **Business Sponsorships**

Partnerships with local, regional, or national businesses that share a passion for furthering the benefits for youth sports are always appreciated! If you know of a business that may be interested in sponsoring the Macomb Mustangs, contact our Sponsorship & Fundraising Director, Antonio Zucca.

\*Images provided by Hawkeye Image, LLC





### don't be a stranger.

Keep in touch with us online and on our socials! Like us on Facebook and join us on Insta and Twitter!



www.macombmustangs.com



@macombmustangs1



@macomb.mustangs



@mustangs\_macomb



### Macomb Youth Football Club

We use TeamSnap as our main method of communication as an organization. All email blasts, announcements, and chat groups will be via TeamSnap. You will be established as part of the Macomb Youth Football Club TeamSnap league. Watch for news coming to an inbox near you!



pro tip: if you need specific assistance, reach out to the board member that oversees the area in which you need assistance. Check the next page for board member contact info!



### 2023 Board Member Contact Information

President	Wendell McIlwain, Jr. president@macombmustangs.com
First Vice President	Jimmy Ciaramitaro vp@macombmustangs.com
Second Vice President	Kyle Burg vpfootball@macombmustangs.com
Treasurer	Luigi Lampasona treasurer@macombmustangs.com
Secretary	Alisha McIlwain secretary@macombmustangs.com
Commitment Director	Erica Ferretti commitments@macombmustangs.com
Communications Director	Rebecca Judkins communications@macombmustangs.com
Equipment Manager	Ron Knight equipment_manager@macombmustangs.com
Sponsorship & Fundraising Director	Antonio Zucca sponsorship@macombmustangs.com
Web Director	Dara Kulisek web_director@macombmustangs.com
Cheer Director	Aubrey Ciaramitaro cheerdirector@macombmustangs.com

### Concussion Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

### What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

### How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion.
     Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



### How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to or after a hit or fall

### **Symptoms Reported by Children and Teens**

- · Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.* 



### CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

### What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously
- while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

### What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

- 1. Remove your child or teen from play.
- 2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
- 3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to cdc.gov/HEADSUP





Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

O I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury		
Athlete's Name Printed:	Date:	
Athlete's Signature:		
O I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion other serious brain injury.		
Parent or Legal Guardian's Name Printed:	Date:	
Parent or Legal Guardian's Signature:		

### **MEDICAL HISTORY:** Completed by Parent or Guardian or 18-Year-Old Student Name: Date of Birth: Doctor's Phone: \_\_\_ Doctor: Date of Exam: - GENERAL QUESTIONS - MEDICAL QUESTIONS Do you cough, wheeze or have difficulty breathing during or after exercise? Has a doctor ever denied or restricted your participation in sports for any reason? Do you have any ongoing medical conditions? If so, please identify below: Have you ever used an inhaler or taken asthma medicine? □ Asthma □ Anemia □ Diabetes □ Infections □ Other: Is there anyone in your family who has asthma? Have you ever spent the night in the hospital or have you ever had surgery? Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ? - HEART HEALTH QUESTIONS ABOUT YOU Do you have groin pain or a painful bulge or hernia in the groin area? Have you ever passed out or nearly passed out DURING or AFTER exercise? Have you had infectious mononucleosis (mono) within the last month? Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? Do you have any rashes, pressure sores or other skin problems? Have you had a herpes or MRSA skin infection? Does your heart ever race or skip beats (irregular beats) during exercise? Has a doctor ever told you that you have any heart problems? Check all that apply: Do you have headaches or get frequent muscle cramps when exercising? ☐ High blood pressure ☐ Heart murmur ☐ Heart infection ☐ High cholesterol Have you ever become ill while exercising in the heat? ☐ Kawasaki disease ☐ Other: Do you or someone in your family have sickle cell trait or disease? Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram) Have you had any problems with your eyes or vision or any eye injuries? Do you get lightheaded or feel more short of breath than expected during exercise? Do you wear glasses or contact lenses? Do you wear protective eyewear such as goggles or a face shield? Do you have a history of seizure disorder or had an unexplained seizure? Do you get more tired or short of breath more quickly than your friends during exercise? Immunization History: Are you missing any recommended vaccines? - HEART HEALTH QUESTIONS ABOUT YOUR FAMILY Do you have any allergies? Has anyone in your family had unexplained fainting, unexplained seizures or near drowning? Have you ever had a head injury or concussion? Does anyone in your family have a heart problem, pacemaker or implanted defibrillator? Do you have any concerns that you would like to discuss with a doctor? Has any family member or relative died of heart problems or had an unexpected or unexplained sudden Have you ever received a blow to the head that caused confusion, prolonged headache or death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)? Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic Have you ever had numbness, tingling, weakness or inability to move your arms or legs right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia? after being hit or falling? BONE AND JOINT QUESTIONS Have you ever had an eating disorder? Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game? Do you worry about your weight? Have you ever had any broken or fractured bones, dislocated joints or stress fracture? Are you trying to or has anyone recommended that you gain or lose weight? Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches? Are you on a special diet or do you avoid certain types of foods? Do you regularly use a brace, orthotics or other assistive device? - FEMALES ONLY (Optional) Do you have a bone, muscle or joint injury that bothers you? Have you ever had a menstrual period? Do any of your joints become painful, swollen, feel warm or look red? How old were you when you had your first menstrual period? Do you have any history of juvenile arthritis or connective tissue disease? How many periods have you had in the last 12 months? Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)? CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT **EXAMINATION**: Height: Weight: ☐ Male ☐ Female Pulse: Vision: R 20/ Corrected: Y MEDICAL NORMAL **ABNORMAL** MUSCUL OSKELETAL NORMAL **ABNORMAL** Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, Neck arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) Eyes/Ears/Nose/Throat: Pupils Equal Hearing Back Lymph nodes Shoulder/Arm Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) Flhow/Forearm Pulses: Simultaneous femoral and radial pulses Wrist/Hand/Fingers Lungs Hip/Thigh Knee Abdomen Genitourinary (males only) Leg/Ankle Lesions suggestive of MRSA, tinea corporis Skin: Foot/Toes Neurologic Functional Duck Walk RECOMMENDATIONS: I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below. BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS - ICE HOCKEY LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING/DIVING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING Name of Examiner (print/type): \_\_\_ Date: **EXAMINER** (Check One): ☐ MD ☐ DO Signature of Examiner: - - - - (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) - - - - -EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD Grade: Doctor: Student:

IN EMERGENCY (1): Home #: ( Cell #: ( \_\_\_\_\_ Cell #: ( IN EMERGENCY (2): \_\_\_\_\_ Home #: (\_\_\_\_\_ Drug Reactions: Current Medications: Allergies:

### PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE



Shaded headline areas are to be completed by student, parent/guardian or 18-year-old



There are **FOUR** (4) signatures on this page 4 to be completed by student, parent/guardian and/or 18-year-old

### A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Student Name:		FIRST	MIDDLE INITIAL
Student Address:			
STREET		CITY	ZIP
Gender: M D F Age: Date of Birth:	Place of	Birth (City/State):	
School:		Circle Grade: 6 7	8 9 10 11 12
Father/Guardian Name:			
Phone (home):			
Mother/Guardian Name:			
Phone (home):			
Email Address: Parent/Guardian/18-Year-Old:			
STUDENT PARTICIE	ATION & PARENT or GUARDI	AN or 18-YEAR-OLD CONSENT	
The information submitted herein is truthful to the best of m concussion educational information that meets Michiga			have received
<b>3</b>			
Further, in consideration of my/my child's participation in MI	•	, ,	ŭ .
that participation in such athletics is purely voluntary; to personal injury associated with participation in such ac			
actions, or causes of action against the MHSAA, its member			
affiliates based on any injury to me, my child, or any person	•		
child's participation in an MHSAA-sponsored sport.			
I/we understand that I am/we are expected to adhere firmly above student to engage in interscholastic athletics and for			
determining eligibility for interscholastic athletics. My child h			
Signature of STUDENT:			Date:
Signature of PARENT or GUARDIAN or 18-	/EAR-OLD:		Date:
	INSURANCE STATEM		
Our son/daughter will comply with the specific insu			
The student-athlete has health insurance: ☐ YE	S 🗆 NO		
If YES, Family Insurance Co:	Insura	nce ID #:	
Additionally, I hereby state that, to the best of my k	nowledge, my answers to the me	edical history questions (see revers	se) are complete and correct
Signature of PARENT or GUARDIAN or 18-	'EAR-OLD:		Date:
(DET/	ACH HERE IF NEEDED TO ACCOMPAN	Y STUDENT-ATHLETE)	
MEDICAL TREATMENT C	ONSENT: COMPLETED BY PA	RENT or GUARDIAN or 18-YEAR	R-OLD
I,, an 18-	year-old, or the parent or guardian of		, recognize that as a result of
athletic participation, medical treatment on an emergency basis may be care. I do hereby consent in advance to such emergency care, including			
Signature of PARENT or GUARDIAN or 18-	/EAR-OLD:		Date: