

Knights,

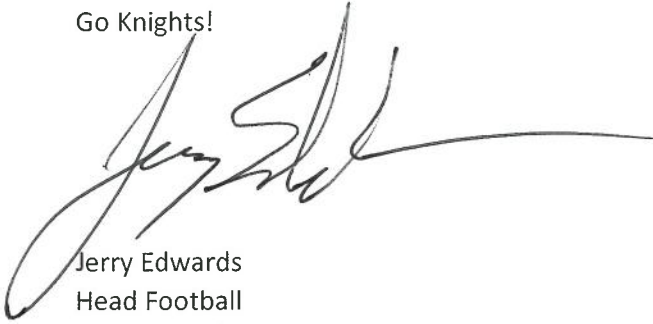
I hope you are getting a chance to relax and enjoy the summer a little while maintaining that desire to get better every day and putting in the work to be successful. Summer Strength is in full swing and we need to have everyone in the weight room building towards a successful fall season. Expectations are very high for all three levels this year. Our Knights will come is as favorites in our district and the area. We have all set our sights on a return trip to the playoffs for the fourth straight year and we intend to compete for a district championship. This will require us to work hard and be committed to the entire process. We still face several hurdles and new obstacles are sure to arise so we must proceed with laser focus.

We wanted to send out a few reminders for the upcoming season and in this email you will find lots of important information along with an attachment. Please look over the entire attachment it includes schedules, forms, and other important information to get the season started. Here are a few quick reminders and key dates to keep in mind:

- Physicals: Incoming 9th and 11th graders must have a physical this year. **EVERYONE** must complete the medical history and online forms. Physicals, medical history, and online forms must be completed prior to the start of fall practices. No one can participate without all paperwork completed. Please see link to forms and online information: <https://killeenisd.rankonesport.com/New/Home.aspx>
Any questions regarding physicals please email andy.wilson@killeenisd.org or call 254.702.9776
- Soft Gear must be purchased prior to equipment being issued. It is \$13 for the shirt and \$12 for the shorts (\$25). An order form is included in this email. You can bring it on equipment pickup day or drop it off at the fieldhouse.
- Equipment Pickup: July 27th, *Must have all paperwork, physical, and soft gear purchased.
Varsity – 10:00am – 11:00am JV – 11:00am – 12:00pm
- Freshman Football Academy: July 27th 12:30pm. Highly encouraged. Cost is \$50
- Incoming freshman will start on August 1st. Report time is 6:30am
- Upper classman will start on August 8th. Report time is 5:30am
- Meet the Knights parent meeting is August 9th in the HHHS cafeteria at 6:30pm.
This is a mandatory meeting and all parents of the program need to login. Lots of information distributed at this event.
- Team Pictures will be Aug. 11th at 6:00pm
- We will have a program fundraiser on August 12th at 10:30am in auditorium. All players must attend.
- We will have a program Mom's clinic will be held on August 12th at 6:30pm, HHHS Cafeteria. We encourage all moms to attend this fun event and learn a little about the game. Exclusively for moms only!
- Fruit Fest is August 13th at 12:00pm for JV and Varsity teams. Please sign up to help bring fruit for all our players.
- Decals with dads for Varsity players will be Aug. 19th at 7:15am at Fieldhouse.

Please make sure to download our sportsYou app for latest updated information. We can also be found on twitter and Facebook. We also post lots of information on our website at www.harkerheightsknights.com. The fieldhouse will be open Monday-Thursday from 8:00am-4:00pm if you have any additional questions or can call 254.336.0860. I hope everyone makes the most of summer and enjoys the extra time with family. We are extremely excited for the upcoming season and can't wait to hit the grass this fall! Go Knights!

Go Knights!



Jerry Edwards
Head Football
Harker Heights HS

Email: jerry.edwards@killeenisd.org
Office: 254.336.0860



2022 Players Football Schedule						HEIGHTS
Sun	Mon	Tue	Wed	Thu	Fri	Sat
17 JULY	18 No Camps	19 No Camps	20 Summer Strength 8:00-10:00am FB Skills 10:00-11:00am	21 Summer Strength 8:00-10:00am FB Skills 10:00-11:00am	22 Summer Strength 8:00-10:00am	23
24	25 Summer Strength 8:00-10:00am	26 Summer Strength 8:00-10:00am FB Skills 10:00-11:00am Varsity Home Visits Start	27 Summer Strength 8:00-10:00am Equipment Issue Varsity: 10:00-11:00am JV: 11:00am-12:00pm Freshman FB Academy 12:30-6:00pm	28	29	30
31	1 AUGUST <u>Freshman Start</u> Report: 6:30am Practice: 7:00am-9:00am	2 9 th Practice: 4:00-6:00pm OWR: 4:00-6:00pm FB Skills: 6:00-7:00pm	3 9 th Practice: 4:00-6:00pm OWR: 4:00-6:00pm FB Skills: 6:00-7:00pm	4 9 th Practice: 4:00-6:00pm OWR: 4:00-6:00pm FB Skills: 6:00-7:00pm	5 9 th Practice: 2:45-4:45pm	6
7	8 1 st Day Practice Report 5:30am Practice: 6:00am-9:00am Freshman: PM Practice 3:30pm-5:30pm	9 Report 6:00am Practice: 6:30am-9:00am Freshman: PM Practice 3:30pm-5:30pm Meet the Knights Mandatory Parent Meeting 6:30pm Cafeteria	10 Report 6:00am Practice: 6:30am-9:00am Weights PM Freshman: PM Practice 3:30pm-5:30pm	11 Varsity/JV: 7:00-9:00am Freshman Scrimmage Vs. Killen @Buckley 10:00am Team Pictures All Levels: 6:00pm	12 Practice 6:00am-10:00am Freshman: Film/Weights 8:30am Telethon Fundraiser 10:30am Mom's Clinic – 6:30pm	13 Full Pads Inter-Squad Scrimmages JV: 8:00-9:15am Varsity: 9:30-11:00am Fruit Fest after Practice
14	15 School Starts Report: 5:30am Practice 6:00am-9:30am Freshman: PM Practice 3:45pm-6:30pm	16 Report: 5:30am Practice 6:00am-9:30am Freshman: PM Practice 3:45pm-5:45pm	17 Report: 5:30am Practice 6:00am-9:30am Freshman: PM Practice 3:45pm-5:45pm	18 Scrimmage vs. Round Rock Freshman/JV @ 5:00pm Varsity @ 6:30pm	19 Decals with Dads 7:15am Film/Weights Varsity/JV: 8:00am Freshman: 3:30pm	20

*OWR: Open Weight Room

*All times are subject to change.

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.

1. Have you had a medical illness or injury since your last check up or physical? Yes No
2. Have you been hospitalized overnight in the past year? Have you ever had surgery?
3. Have you ever had prior testing for the heart ordered by a physician? Have you ever passed out during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise?
4. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? If yes, how many times? When was your last concussion? How severe was each one? (Explain below) Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs or feet? Have you ever had a stinger, burner, or pinched nerve?
5. Are you missing any paired organs?
6. Are you under a doctor's care?
7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler?
8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?
9. Have you ever been dizzy during or after exercise?
10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?
11. Have you ever become ill from exercising in the heat?
12. Have you had any problems with your eyes or vision?
13. Have you ever gotten unexpectedly short of breath with exercise? Do you have asthma? Do you have seasonal allergies that require medical treatment?
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)?
15. Have you ever had a sprain, strain, or swelling after injury? Have you broken or fractured any bones or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, check appropriate box and explain below:
16. Do you want to weigh more or less than you do now?
17. Do you feel stressed out?
18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?
Females Only:
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?
Males Only:
20. Do you have two testicles?
21. Do you have any testicular swelling or masses?
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.

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/

Knights Football Information

SportsYou:

Download app or visit sportsyou.com and enter code(s):

All Football: 4PNY-LSE2

Freshman: 3BAC-S5UP

*This is our primary means of communication.

Website:

www.harkerheightsknightscourt.com

Twitter:

Knights Football: @HHKnights_FB

Knights Strength: @Knight_Strength

Facebook:

Harker Heights Knights Football





Harker Heights

Football Schedules 2022

Varsity



Date	Opponent	Home/Away	Stadium/Time
Thursday, Aug. 18	Round Rock (Scrimmage)	Away	Round Rock – 6:30pm
Thursday, Aug. 25	Ellison	Away	Leo Buckley - 7:00pm
Friday, Sept. 2	Smithson Valley	Away	Ranger - 7:00pm
Friday, Sept. 9	Cedar Ridge <small>Senior Night</small>	Home	KISD Regional #2 - 7:30pm
Friday, Sept. 16	Odessa Permian	Away	Ratliff - 7:00pm
Thursday, Sept. 22	Pflugerville Weiss	Away	PField - 7:00pm
Friday, Sept. 30	Midway <small>Homecoming</small>	Home	Leo Buckley – 7:30pm
Friday, Oct. 7	Hutto	Away	Hutto - 7:30pm
Friday, Oct. 21	Temple <small>Cancer Night</small>	Home	Leo Buckley - 7:30pm
Friday, Oct. 28	Copperas Cove	Away	Bulldog - 7:30pm
Friday, Nov. 4	Bryan <small>Military Night</small>	Home	KISD Regional #2 - 7:30pm

JV – Black/Red

Date	Opponent	Home/Away	Time
Thurs, Aug 18	Round Rock (Scrimmage)	Away	Round Rock – 5:30pm
Wed, Aug 25	Ellison	Home	Red 5:00/Black 6:30pm
Thurs, Sept 1	Smithson Valley	Home	Red 5:00/Black 6:30pm
Thurs, Sept 8	Cedar Ridge	Away	Red 6:00/Black 6:00pm
Thurs, Sept 15	TBA		Red 5:00/Black 6:30pm
Wed, Sept 21	Pflugerville Weiss	Home	Red 5:00/Black 6:30pm
Thurs, Sept 29	Midway	Away	Red 5:00/Black 6:30pm
Thurs, Oct 6	Hutto	Home	Red 5:00/Black 6:30pm
Thurs, Oct 20	Temple	Away	Red 5:00/Black 6:30pm
Thurs, Oct. 27	Copperas Cove	Home	Red 5:00/Black 6:30pm
Thurs, Nov. 3	Bryan	Away	Red 5:00/Black 6:30pm

Freshman – Black/Red

Date	Opponent	Home/Away	Time
Thurs, Aug 18	Round Rock (Scrimmage)	Away	Harker Heights – 4:30pm
Wed, Aug 25	Ellison	Away	Red 5:00/Black 6:30pm
Thurs, Sept 1	Smithson Valley	Away	Red 5:00/Black 6:30pm
Thurs, Sept 8	Cedar Ridge	Home	Red 5:00/Black 6:30pm
Thurs, Sept 15	TBA		Red 5:00/Black 6:30pm
Wed, Sept 21	Pflugerville Weiss	Away	Red 5:00/Black 6:30pm
Thurs, Sept 29	Midway	Home	Red 5:00/Black 6:30pm
Thurs, Oct 6	Hutto	Away	Red 5:00/Black 6:30pm
Thurs, Oct 20	Temple	Home	Red 5:00/Black 6:30pm
Thurs, Oct. 27	Copperas Cove	Away	Red 5:00/Black 6:30pm
Thurs, Nov. 3	Bryan	Home	Red 5:00/Black 6:30pm

Harker Heights Football
Soft Gear Order Form
2022-2023

Last Name: _____

First Name: _____

Grade: _____

Required for all players

	Price	Size	Total
1. T-Shirt	\$13.00	<input type="text"/>	\$13.00
2. Shorts	\$12.00	<input type="text"/>	\$12.00
			Total \$25.00

Please make checks payable to Knights Court Booster Club

Office Use only

Method of Payment

_____ Check

_____ Cash

*Please note that freshman who attend Freshman Academy on July 27th will be provided soft gear as part of the camp fee.