



Fondy Preseason Organizational Meeting Agenda

I. Welcome

II. Meet the coaches

III. Logistics

- a. Paperwork Collection/ Survey / Fee --First Day Requirements**
- b. practice schedule / Team Meet Practice**
- c. lettering**
- d. special practices-Camping, Time Trial (waiver form and procedures)**
- e. Team Event: Brewer Game**

IV. Home Invitational (Friday, September 28)

- a. Sign Up-- volunteers**
 - 1. Concessions**
 - 2. Registration/ Packet Pick Up**
 - 3. Course Marshals**
 - 4. other**

V. Questions



Fondy Cross Country 2012 Schedule



Meet Schedule Released Date Meet Time (Tentative)

8/06-Mon Preseason Meeting @ FHS 7:00PM

8/13-Mon First Day of Practice @ FHS 8:30 AM

8/25-Sat West Bend Invite 9:20AM

8/31-Fri Neenah Invite 4:30PM

9/8-Sat Menomonee Falls Invite 9:40AM

9/15--Sat New London 8:30 AM

9/20-Thurs Oshkosh Sparten Invite 4:00PM

9/22-Sat Janesville Midwest Invite 10:00AM

9/28-Fri Fondy Relays 4:15PM

10/4-Thur Port Washington 4:00 PM

10/11 FVA Conference Meet (Kaukauna) 3:30 PM

10/19-Fri WIAA Sectional 4:00PM

10/27-Sat WIAA State 11:00AM



Fondy Cross Country First 2 Week Practice Schedule



Date	Meeting Place	Practice at a Glance Practice Time
Monday, August 13	FondyTrack	8:30 AM
Tuesday, August 14	FondyTrack	8:30 AM
Tuesday, August 14*	Goose Trail	6:00 PM
Wednesday, August 15	Kiekaefer	8:30 AM
Thursday, August 16* TEAM Function: Brewers		4:00 PM
Thursday, August 16	Fondy -District Farm	8:30 AM
Friday, August 17	FondyTrack	8:30 AM
Saturday, August 18	(Varied) -	
Sunday, August 19*	Goose Trail	6:00 PM
Monday, August 20	FondyTrack	8:30 AM
<i>Monday, August 20</i>	<i>Fondy to Camp</i>	<i>5:00 PM</i>
<i>(Tentative: Depends on numbers)</i>		
<i>Tuesday, August 21</i>	<i>Leave Camp</i>	<i>9:30 AM</i>
Tuesday, August 21* TBA: Time Trial		5:00 PM
Wednesday, August 22	Fondy High *Pictures @ 4PM	8:30 AM
Thursday, August 23	Fondy to Mauthe Lake	3:15 PM
Friday, August 24	FondyTrack	3:30 PM
Friday, August 24	Team Dinner ??	5:30 PM
Saturday, August 25 (Meet 1) West Bend		7:00 AM **
Sunday, August 26*	Goose Trail	6:00 PM



Fondy Cross Country Brewer Permission Trip



When: Thursday, August 16 @ 4:15 pm

What: Brewers vs Phillies

Where: Miller Park, Milwaukee

How: Coach Bus: Meet and Return at School

How much: \$10.00

Other: Must fill required district field trip form.

RSVP: ASAP

RSVP

___ Yes, I intend to go to the Brewer game on August 16.

Name:_____ Year:

FOND DU LAC SCHOOL DISTRICT – SCHOOL HEALTH PROGRAMS
72 W. Ninth Street, Fond du Lac, WI 54935 Telephone 920-906-6548 FAX 920-906-6563

FIELD TRIP PARENT PERMISSION

Student _____ **School:** *Fond du Lac High School Trip* **Grade** _____

Destination: *Miller Park: Brewer Game* **Date(s):** Thursday, August 16 **Time:** 4:15PM

Teacher(s): Mr. Barribeau **Mode of Transportation:** Bus

Completed Form & Fees are due back: / / **Amount:** \$10.00 (enclosed)

Bring a sack lunch in a disposable container. _____ Yes _____ No

PARENT INFORMATION

In order to assure that we have the most current information on your child, please complete the following:

Parent/Guardian: _____ (h)Phone: _____ (w)Phone: _____ (c)Phone: _____

Emergency Contact: _____ (h)Phone: _____ (w)Phone: _____ (c)Phone: _____

HEALTH INFORMATION

ALLERGIES

Does your child have any allergies? _____ Yes _____ No

If yes, List: _____

Please explain symptoms/treatment needed: _____

Does your child require an Epi-pen? _____ Yes _____ No

Is the required District form complete and on file at school? _____ Yes _____ No

ASTHMA

Does your child ever experience symptoms of asthma? _____ Yes _____ No

If yes, explain usual symptoms and any treatment needed: _____

Does your child require use of an inhaler? _____ Yes _____ No

Is the required District form complete and on file at school? _____ Yes _____ No

MEDICATION

Does your child require prescribed medication (daily or PRN)? _____ Yes _____ No

Is the required District form complete and on file at school? _____ Yes _____ No

HEALTH CONCERNS/PHYSICAL IMPAIRMENTS

Please note any physical impairments, health concerns, special accommodations, etc. needed for your child on this trip.

Is there an emergency or health care plan arranged for your child at school? _____ Yes _____ No

Is the required District form complete and on file at school? _____ Yes _____ No

I give permission for my child to attend this field trip. I give school personnel permission to provide first aid and/or carry out any of the above procedures needed during field trip hours. In the event of serious illness or injury on the trip, I also authorize personnel to transport my child to the nearest medical facility for treatment, or call the ambulance if it is deemed necessary. I understand that any financial responsibility for emergency treatment/transportation is the responsibility of the parent/guardian.

Parent/Guardian Signature

Date

TEACHERS: Please take completed forms along on field trip & return to office following trip.