

# **Lezzer Lumber Classic Player Packet**

**DUE DATE:**

***February, 17 2024***

*Page 1 -Congratulations Letter*

*Page 2 -Checklist (You may keep page 1 & 2)*

***Just return page 3, 4 & 5 to Larry Wiser (NORTH) or Tom Shearer (SOUTH)  
with Physical Papers from the Athletic Trainer.....plus 7,8 and 9.***

***Page 3 -Agreement and Acceptance of Invitation  
-Player Consent and Release***

***Page 4 -DRAYER Medical Release Form  
(this form goes to Head Trainer for completion  
and attach the Physical papers)***

***Page 5 -Player Information/ PRESS RELEASE***

***Page 7, 8 and 9 – Medical, Insurance and Sponsor Page  
(\*\*\*\* Page 9 can be delayed a couple of weeks if other pages are submitted)***

***RED PAGES are to be DELIVERED***

***To NorthTeam: Larry Wiser lwiser72@gmail.com  
South Team Tom Shearer shearertom70@gmail.com***

***Other DUE DATES***

***Page 10 and 11- Pre-Order Sales, Fan Advertising***

***Page 12 -General Advertising This page may be of interest to some parents---***

***Page 13 – Drayer Physical Form***

***Page 14 – Business Ads***

***<https://lezzerlumberclassic.org/>***

***LEZZER LUMBER H.S. FOOTBALL ALL-STAR GAME 2024***

# Central Pennsylvania Football Coaches Association

(Pg 1)

## 40<sup>TH</sup> LEZZER LUMBER FOOTBALL CLASSIC

Larry Wiser, North Game Director  
164 Westwood Dr.  
Clarion, PA 16214  
Cell: 814-758-1300  
Email: [lwiser72@gmail.com](mailto:lwiser72@gmail.com)

Tom Shearer, South Game Director  
211 Betty Circle  
Reedsville, PA 17084  
Cell: 717 250- 1535  
E-Mail: [tes26@mcsdk12.org](mailto:tes26@mcsdk12.org)

February 2, 2024

Dear Classic Player:

Sincere congratulations from the Central Pennsylvania Football Coaches' Association for being selected to play in the **Thirty-ninth Annual Lezzer Lumber Football Classic**. As a graduate, you will have an opportunity to practice and play one more high school football game. This time, many of your teammates will be former opponents.

The game is set to be played **Sunday, June 16<sup>th</sup>, 2024 @ TBA**.

Practices will begin **"around"** June 10th (meet & greet) through June 15<sup>TH</sup>, 2024. The Head Coach of your squad will pin down exact dates later .....**NORTH, \_\_\_\_\_ SOUTH \_\_\_\_\_**..  
Since you will be out of school, your practice times may possibly be in the evenings the week before. Don't let missing a practice or two keep you from playing in this game.

You will need to make arrangements to borrow equipment from your high school coach, and secure the following pieces of equipment which are not provided by the game:

Helmet	Shoulder Pads	Girdle/Hip Pads
Knee/Thigh Pads	Practice Jersey	Practice Pants
Mouthpieces	Shoes (if available)	Socks
Supporter	Any Special Pads	Water Bottle
1 Pair New <b>White or Gray</b> Pants to be used as game pants		

Once again, congratulations on being selected to the **Lezzer Lumber Football Classic**. Please call or e-mail me if you have questions. We are looking forward to meeting you in preparation for the game. **Practice sites and times will be given to you in the April 2024.**

Sincerely yours,  
Larry Wiser & Tom Shearer, Co-Game Directors

**Game Week Important Dates**  
**TBA**

***REMEMBER: There is an ALTERNATE list of players that want to play in this game. If you can't play, then let us know immediately so we can fill your spot.***

# PLAYERS CHECKLIST

## REQUIRED FORMS AND PROCEDURES

(Pg. 2)

### Due Date

	INTRO LETTER	Page 1
	CHECKLIST	Page 2
<input type="checkbox"/> February 23	Agreement and Acceptance of Invitation	<b>PAGE 3</b>
<input type="checkbox"/> February 23	Parent Consent and <u>Release</u>	<b>PAGE 3</b>
<input type="checkbox"/> February 23	DRAYER <u>Release Form</u>	<b>PAGE 4</b>
<input type="checkbox"/> February 23	Player Information/ PRESS RELEASE	<b>PAGE 5</b>
	Give these signed RELEASE forms (Pg 3 & 4) to your high school Trainer so they can attach them to your Physical papers.	

**THEN, send Larry and Tom Pg 3, 4, 5, 7, 8, & 9 with Physical Papers**

**Another good resource is to submit your high school coach**

	FACT SHEET	page 6
<input type="checkbox"/> February 23	Player Medical History	<b>PAGE 7</b>
<input type="checkbox"/> February 23	Insurance Information	<b>PAGE 8</b>
<input type="checkbox"/> February 23	Player Sponsor Form <b><u>(IMPORTANT)</u></b>	<b>PAGE 9 **</b>

These pages DUE Feb 23<sup>rd</sup>

(\*\* Page 9 can wait till March as long as the other pages are submitted)

### These pages due

<input type="checkbox"/> up til April 10th	Sales Order Form (Pre-Sale)	page 10
<input type="checkbox"/> up til April 10th	Patron / Business Card Ads and DVD Order Form	page 11
<input type="checkbox"/> up til April 10th	Parents Patron OPPORTUNITY due June 1 <sup>st</sup>	page 12
<input type="checkbox"/> up til April 10th	Drayer Concussion Instructional Sheet	page 13
<input type="checkbox"/> up til April 10th	Business Program Ads	page 14

**\*\*\*\*If two players want the same number, the player returning all forms of PACKET #1 quickest will be given FIRST choice of his game jersey number.**

Each player is expected to have all forms (pg. 3,4,5, and 7,8 and 9) submitted by MARCH 1st (the **HARD DEADLINE**). If a player does not have the required forms, he will be given a one week notice to complete all forms. If the required forms are not returned, the player will be dropped from the Lezzer Football Classic roster and the coach will then go to his ALTERNATES list.

If, at any time, a Player decides not to participate in the Classic, it is the responsibility of the player to notify the Game Director or the All-Star Head Coach. **If the player drops out of the Classic on or after April 20th, the sponsor fee will not be refundable and it will be the parent's responsibility to pay/reimburse the sponsor's \$150 sponsorship fee.**

**Due Date- February 23rd**

**North Return to: Larry R. Wiser 164 Westwood Drive Clarion PA, 16214**

**South Tom Shearer**

IMPORTANT: Corporate Sponsor (\$150) **PAGE 9** can be delayed a couple weeks as long as the pages (3, 4, 5, 7, and 8) are completed by **FEBRUARY 23<sup>rd</sup>**. I realize getting a sponsor doesn't happen over night. At least get the other papers sent to me.

***DON'T worry about the check if it's late--- just get your papers submitted!!***

**Due Date- February 23rd**

**North** Return to: Larry R. Wiser 164 Westwood Drive Clarion PA, 16214

**South** Tom Shearer 211 Betty Circle Reedsville PA, 17084

**[Print]** Name \_\_\_\_\_

## **Lumber Football Classic**

### **Agreement and Acceptance of Invitation to Participate**

I agree to report for and follow the practice schedule, participate in all activities, and follow all regulations which may be established by the organizers and consultants of the game. Further, I will exercise care in the pursuit of good safety and health practices in all activities involving the game and practices.

It is understood that football is a violent physical activity. I hereby release the Central Pennsylvania Football Coaches Association, all game sponsors, and the game consultants from all liability for injuries or losses of any kind which may occur in connection with my participation in the Lezzer Lumber Football Classic, directly and/or indirectly. This includes any travel associated with said contest, and any losses of any kind which may result from any act or omission of the Central Pennsylvania Football Coaches Association, the game sponsors, and the game consultants.

Dated \_\_\_\_\_  
Participant's Signature

### **Parental Consent and Release**

We are aware that our son has been selected to play in the Lezzer Lumber Football Classic. We consent to his Participation, and in consideration for the invitation and the benefits provided to him, release the Central Pennsylvania Football Coaches Association, the game sponsors, the coaches, and the game consultants from all liability or losses of any kind which he might sustain as a result of any activities in which he participates in connection with the game. This includes transportation to and from practices and games, any injuries incurred in any practice, in or on the facilities provided during the week of said practices, or injuries incurred during the game regardless of whether the injury or loss resulted from any act or omission of the Central Pennsylvania Football Coaches Association, game sponsors, the coaches, or the game consultants. *If the player drops out of the Classic on or after April 20th, the sponsorship fee becomes non-refundable and it becomes the parent's responsibility to reimburse the sponsor's \$150 fee.*

Dated \_\_\_\_\_  
Parent or Guardian  
\_\_\_\_\_  
Parent or Guardian





## ATHLETE AUTHORIZATION TO RELEASE INFORMATION

(Pg. 4)

*The content of my medical record is confidential and protected under state and federal law as per the HIPAA Notice of Privacy Practice posted in the school athletic training room. I understand that in an effort to provide quality athletic training services and maintain my safety, it is imperative that the athletic trainer for Lezzer Lumber Football Classic, who is employed by Drayer Physical Therapy Institute (DPTI), and any other DPTI employee who assists the athletic trainer with my care, keep other Lezzer Lumber Football Classic personnel informed, on a need to know basis, of my health care status and pertinent health care needs related to my participation in the game.*

*Therefore, I, or my parent/legal guardian, hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand this authorization is voluntary. I understand that if the organization authorized to receive this information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations, and that it may be re-disclosed by the recipient.*

**Student Athlete's Name:** [Print] \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Organization Providing the Information:** DRAYER PHYSICAL THERAPY INSTITUTE

**Organization(s) or Person(s) Receiving the Information:** Head Coach, Assistant Coach(es), Team Physician, Equipment Manager, Representatives from Lezzer Lumber Football Classic.,

**Other:** \_\_\_\_\_

**Specific Description of Information Disclosed:** ☒ Athletic Training Medical Record

**Purpose of Disclosure:** Coordination of Athlete's Athletic Training and Medical Services in conjunction with participation in The Lezzer Lumber Football Classic and related activities.

**This Authorization is not for marketing purposes.**

**By signing and initialing the following statements, I authorize the release of such information to the persons listed above.**

1. I understand this Authorization will expire one year from the date of signature or on the following event: Termination of the student athlete/athletic trainer relationship. Initials: \_\_\_\_\_
2. I understand that I may revoke this Authorization at any time by notifying DPTI's Privacy Officer in writing, but if I do, it will not have any effect on any actions DPTI took before they received the revocation. Initials: \_\_\_\_\_

(Authorize)

Signature of Athlete, Athlete's Parent or Legal Guardian	Date	Relationship to Student Athlete
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**You may refuse to sign this Authorization. We cannot condition treatment on your signing this Authorization.**

**By signing and initialing the following statements, I do not authorize the release of such information to the persons listed above.**

3. I understand that by not signing this Authorization, I have limited the athletic trainers' ability to release specific health information regarding injuries sustained or pre-existing conditions, on a need to know basis, to the persons listed above. Initials: \_\_\_\_\_
4. I have read and understand the purpose of this form and DO NOT authorize the release of such information to the persons listed above. Initials: \_\_\_\_\_

(Decline)

Signature of Athlete, Athlete's Parent or Legal Guardian	Date	Relationship to Student Athlete
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### For Internal Use Only

### Accounting of Disclosures

Date Request is Made	Date of Release by DPTI (w/in 60 days of request)	Specific PHI Released (if other than entire record)	Released By (employee's signature)

**PLAYER INFORMATION / CLASSIC****FOR PRESS RELEASE (Pg. 5)**

Please provide the following information so we may use it for the compile lists and press releases as necessary for the Classic. Don't be shy, as we are proud of the athletes representing their schools in the Classic.

**Player's Name** \_\_\_\_\_**School** \_\_\_\_\_**Parent/Guardian Name** \_\_\_\_\_**Phone -Parents** \_\_\_\_\_**Cell** \_\_\_\_\_**Players Cell** \_\_\_\_\_**Size to Order by Player: Game Jersey** \_\_\_\_\_ **T-Shirt** \_\_\_\_\_**PREFERRED GAME JERSEY NUMBER**    **1<sup>st</sup> CHOICE** \_\_\_\_\_ **2<sup>nd</sup> CHOICE** \_\_\_\_\_ **3<sup>rd</sup>** \_\_\_\_\_**PARENT EMAIL ADDRESS** \_\_\_\_\_ **(PRINT)****PLAYER EMAIL ADDRESS** \_\_\_\_\_ **(PRINT)****Future Plans:**    **List College / Trade****School** \_\_\_\_\_**Area of Study**

\_\_\_\_\_

**Armed Services – Branch**

\_\_\_\_\_

**Work – Type of Work)**

\_\_\_\_\_

**CLASSIC PLAYER INFO****DUE DATE – FEBRUARY 23, 2024**

# LEZZER LUMBER FOOTBALL CLASSIC

## PLAYER FACT SHEET

**Equipment**- You will need to make arrangements with **your high school coach** to get the following pieces of equipment:

Helmet	Shoulder Pads	Girdle/Hip Pads
Knee/Thigh Pads	Practice Jersey	Practice Pants
Mouthpieces	Shoes (Field Grass)	1 Pair New White Pants

**\*Be sure to arrange for return of this equipment before the football season**

**Personal Items (you provide)** - socks/athletic supporter/practice T-shirts, water bottle and shorts. You will be practicing two sessions most days.

**Pictures will be taken Tuesday, May 31** (see schedule below) - Game Jersey, (2) complimentary Game Tickets, and complimentary T-Shirt will be given to you on picture day.

**Physical Conditioning** -- Please report to practice in good physical condition. Not only is it risky for you not to be in “shape”, but it would be unfair to your teammates and coaches.

**Shoes**- The game will be played **at PHILIPSBURG HS. The stadium has a “Artificial Grass”** --

**If you cannot be present for team orthopedic evaluation on the first day of practice, you must report to the Athletic Trainer prior to your first practice session. If you miss pictures –chances are “slim” that we can replace it!**

### Practice Dates/Sites

**North- TBA**

**South- TBA**

**Practice Site: BEA**

**Practice Site : TBA**

**Pictures- Tuesday, May 31, 2022**

***Break meals will be provided***

**Pictures- Tuesday, May 31, 2022**

***Break meals will be provided***

### Coaches

**North**

**Head Coach**

**NORTH – Jessie Nagle**

**Cell # 814-404-7115**

**Email address – jesse.nagle@beasd.net**

**South**

**Head Coach**

**SOUTH- Homer**

**Cell # 814-207-0231**

**Email address--nal@blwd.k12.pa.us**

**Questions or Concerns:**

**Game Director:**

**GAME TIME & SITE: Sunday, June 16, 2022 at TBA (time 6PM)**



# PRE-PARTICIPATION HISTORY AND PHYSICAL EVALUATION

*(Accurate completion helps our trainer to be prepared for treating your son)*

PLAYER'S NAME \_\_\_\_\_  
(First Name, MI, Last Name)

## MEDICAL HISTORY

**Chronic Illness (Diabetes, Asthma, Other)**

**Seasonal or Food Allergies or other known allergies (bee sting or other insects)**

**Current Medications (Please List)**

**Chronic Injuries/ Surgeries/ Fractures etc.**

**Heart Problems/ Seizures/ Blood Pressure or other Medical Problems**

**Family History (Stroke/ Heart Attack/ Heart Disease)**

**Date of Last Tetanus Shot**

**Date of Last Measles Immunization**

## Explain "YES" Answers

- |   |   |   |   |
|---|---|---|---|
| 1 | Have you ever been Hospitalized?  | Y | N |
|   | Have you ever had surgery?  | Y | N |
| 2 | Have you ever passed out during or after exercise?                                  | Y | N |
|   | Have you ever had chest pains during or after exercise?                             | Y | N |
|   | Have you ever been dizzy during or after exercise?                                  | Y | N |
|   | Do you tier more quickly than your friends during exercise                          | Y | N |
|   | Have you ever had high blood pressure?  | Y | N |
|   | Have you ever been told you had a heart murmur?                                     | Y | N |
|   | Have you ever had racing of your heart or skipped heart beats?                      | Y | N |
|   | Has anyone in your family died from heart problems or a sudden death before age 50? | Y | N |
| 3 | Do you have any skin problems (itching, rashes, acne)?                              | Y | N |
| 4 | Have you ever had a head injury?  | Y | N |
|   | Have you ever been knocked out or unconscious?                                      | Y | N |
|   | Have you ever had seizures?   | Y | N |
|   | Have you ever had a stinger, burner, or pinched nerve?                              | Y | N |
| 5 | Have you ever had heat or muscle cramps?  | Y | N |
|   | Have you ever been dizzy or passed out in the heat?                                 | Y | N |
| 6 | Do you have trouble breathing or cough during or after activity?                    | Y | N |
| 7 | Do you us any special equipment (pads, braces, neck rolls, etc.)?                   | Y | N |
| 8 | Have you had any problems with your eyes or vision?                                 | Y | N |

Do you wear glasses or contacts or protective eye wear? Y N

9 Have you ever sprained/ strains, dislocated, fractured, broken or had repeated swelling or other injures of any bones or joints? Y N

Please Check all that Apply

\_\_\_\_ Head      \_\_\_\_ Shoulder      \_\_\_\_ Thigh      \_\_\_\_ Neck      \_\_\_\_ Elbow  
\_\_\_\_ Chest      \_\_\_\_ Forearm      \_\_\_\_ Shin/ Calf      \_\_\_\_ Back      \_\_\_\_ Wrist  
\_\_\_\_ Ankle      \_\_\_\_ Hip      \_\_\_\_ Knee      \_\_\_\_ Hand      \_\_\_\_ Foot

10 Have you had any medical problems (infectious mononucleosis, diabetes, etc.)? Y N

11 Have you had any Medical problems or injuries since your last school/ sports or medical evaluation? Y N

Explain "YES" answers:

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LEZZER LUMBER CONCUSSION PROTOCOL
If a head injury/concussion is suspected during practice or a game, the following protocol will be implement:
1/ Athlete removed from game/practice following signs/symptoms of concussion.
2/ No return to play in current game/practice if concussion is suspected.
3/ Medical Evaluation by an Appropriate Medical Professional
4/ Contact parents/guardians with educational materials and specific instructions (Head Inj. Info Sheets)
a/ Recommend Physician Referral
5/ Stepwise Return to Play. Each stage, unless directed otherwise by evaluating physician, will be decided by the trainer and team doctor
Any recurrence of concussive symptoms during exercise will result in a 4-day rest
1/complete rest & no activity until asymptomatic symptoms return 2/ Light aerobic exercise 3/ sport-specific training. 4/ Non-contact drills, 5/ Full Contact drills, 6/ Game play ( must have written clearance by physician)

We Hereby State that, to the best of our knowledge, the answers to the above are correct and accurate.

\_\_\_\_\_  
Signature of Player

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**DUE DATE: FEBRUARY 23, 2024**

**Due Date- February 23rd**

**North Return to: Larry R. Wiser 164 Westwood Drive Clarion PA, 16214**

**South Tom Shearer**

Printed Player Name \_\_\_\_\_  
Spell exactly how you want to be listed in game program

## **Insurance Information and Medical Treatment Permission**

The insurance we purchase for the Lezzer Lumber Football Classic is a secondary to insurance already covering a participant. This means that any other insurance is used first, then our policy begins coverage. The company must be informed how many players are covered by other insurance and how many are not – there is a different fee schedule for each type.

This is why we are asking for the following insurance information.

Name of Insurance Company \_\_\_\_\_

Group Name \_\_\_\_\_ Group Number \_\_\_\_\_

Name of Primary Policy Holder \_\_\_\_\_

Most of our players are over 18 years old. However, the following permission helps ensure a smoother access to treatment should that be necessary.

**We give permission to the Trainers and staff of the Lezzer Lumber Classic to authorize necessary first aid and emergency treatment in the event we cannot be reached in person.**

\_\_\_\_\_  
Printed Player Name                      Date                      Printed Parent/Guardian Name

\_\_\_\_\_  
Player Signature                      Date                      Parent/Guardian Signature

\_\_\_\_\_  
Cell Phone Number                      Emergency Contact Information

SEND To:



**Your Sponsor Page**

(Pg. 9)

Each year, we ask players selected to the Classic to find a Business “sponsor” for the game program. The sponsor ad is a **one line** (23 characters) **recognition with your picture in the game program**. Since most people will look at the player pictures often, it is the best ad in the program!

Should you have difficulty finding a sponsor, check with your coach for assistance. **Some players find multiple sponsors which can still add up to \$150.** This is a critical part of our program preparation, so please start to work on it.

**IMPORTANT!** Please read on this PACKET’s cover page about your two pictures to be emailed to Mr. Irwin (Senior Picture and one in football uniform). Rob’s email is: [rirwin3@comcast.net](mailto:rirwin3@comcast.net)

**Player Sponsor Forms -- Due MARCH 1, 2024**

**Players Name** \_\_\_\_\_

**Player’s Parent(s) Name** \_\_\_\_\_  
(To be listed in the Game Program)

**Sponsor’s Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Sponsor’s Address** \_\_\_\_\_  
**STREET** \_\_\_\_\_ **Town, State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Sponsor’s Email Address** \_\_\_\_\_

**Sponsor’s one line identification (Name of Business)** exactly as desired in the program.  
**(Please Print – Limit 23 characters per line)**

**PLAYER SPONSORSHIP COST \$150.00** \_\_\_\_\_ck # \_\_\_\_\_ Check for \$ \_\_\_\_\_ enclosed  
(Payment Due March 1<sup>st</sup>)

**\*\*\* NEED HELP:** If you can’t find a sponsor for \$150, get two sponsors for \$75.....**these sponsors are the ‘backbone’ of the game.**

**\*\*\* Make Check payable to: Central Pennsylvania Football Coaches Association (CPFCA)**  
**\*\*\* Each Player Sponsor will receive 5 Complimentary Tickets and a coupon for a Game Program.**

**\*OPTIONAL**

# LEZZER LUMBER CLASSIC

(Pg. 10)

PRE-SALE ORDER FORM / OPTIONAL ITEMS

[This page **can be** submitted **anytime** before May 10, 2021.]

\_\_\_\_\_  
(PLAYER)

\*\*\*TICKETS PRE-SALE - \$5.00

GAME DAY - \$6.00

**TOTALS**

(in addition to the 2 complimentary tickets)

\_\_\_\_\_ @ \$5.00

**TICKET TOTALS** \_\_\_\_\_

\*\*\*T-SHIRTS

PRE-SALE - \$10.00

GAME DAY - \$12.00

\_\_\_\_\_ (SIZES \_\_\_\_\_) @ \$12.00

\_\_\_\_\_ (SIZES \_\_\_\_\_) @ \$12.00

\_\_\_\_\_ (SIZES \_\_\_\_\_) @ \$12.00

**T-SHIRT TOTAL** \_\_\_\_\_

\*\*\*HATS (Standard: Lezzer Football Logo only)

PRE-SALE - \$15.00

GAME DAY - \$20.00

☐ NAVY (North) \_\_\_\_\_ ☐ RED (South) \_\_\_\_\_ @ \$12.00

**HAT TOTAL** \_\_\_\_\_

Personalized Hat:

☐ NAVY (North) \_\_\_\_\_  
+ Name \_\_\_\_\_ @ \$1.50  
+ Number \_\_\_\_\_ @ \$1.50

☐ RED (South) \_\_\_\_\_  
+ Name \_\_\_\_\_ @ \$1.50  
+ Number \_\_\_\_\_ @ \$1.50

**HAT Accessories TOTAL** \_\_\_\_\_

\*\*\*COACHING (Polo) SHIRTS

PRE-SALE - \$40.00

GAME - \$45.00

☐ WHITE w Navy insert (North) ☐ White w Red insert (South)

\_\_\_\_\_ (SIZES \_\_\_\_\_) @ \$45.00

\_\_\_\_\_ (SIZES \_\_\_\_\_) @ \$45.00

\_\_\_\_\_ (SIZES \_\_\_\_\_) @ \$45.00

**SHIRT TOTAL** \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO **CPFCA**

**GRAND TOTAL** \_\_\_\_\_

Please return this order to:

Mail Advertising form to: Rob Irwin

PO Box 1125

Lemont, PA 16851

**\*OPTIONAL**

**C.P.F.C.A.**

**(Pg. 11)**

**Lezzer Lumber Football Classic -- Parent/Fan Advertising Form  
DUE APRIL 15, 2022**

**BUSINESS CARD ADS: \$40**

Reproduction of business card in Game Program --Plus 3 General Admission Tickets & 1 Game Program

**PATRON ADS: \$25**

Listing as patron in Game Program --Plus 2 General Admission Tickets & 1 Game Program

\_\_\_\_\_ Business Card Ad -- \$40      Business Card enclosed:      Yes      No

\_\_\_\_\_ Patron Ad -- \$25

Patron Listing:

(Space is limited to box)

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Mail Advertising form to: Rob Irwin, PO Box 1125, Lemont, PA 16851

**LEZZER LUMBER CLASSIC  
DVD ORDER FORM  
DVD = \$30**

DVD copies of the Lezzer Lumber Football Classic will be available. The full color video has been a great memento in the past. DVD should be distributed by August 1 for all orders received before July 10.

DVD includes player introductions, pictures of players, 100's of game action pictures, half-time and post-game ceremonies, and video of game.

Please include a check payable to CPFCA.      **(\$30.00)**

**ORDER FORM:**      Lezzer Lumber Football Classic Video  
                         c/o Rob Irwin  
                         PO Box 1125  
                         Lemont, PA 16851

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# C.P.F.C.A.

## Lezzer Lumber Football Classic

**Booster Club Advertising Form – DUE APRIL 15, 2024**

### CUSTOM ADVERTISING:

<u>FULL-PAGE AD</u>	<u>HALF-PAGE AD</u>	<u>QUARTER-PAGE AD</u>
<b>\$225</b>	<b>\$175</b>	<b>\$125</b>
8" X 10"	8" X 5"	4" X 5"
Plus <b>12</b> Game Tickets & 6 Game Programs	Plus <b>8</b> Game Tickets & 4 Game Programs	Plus <b>4</b> Game Tickets & 2 Game Programs

### ***CAMERA READY PREFERRED***

-----  
Please enter your ad as follows:

\_\_\_\_\_ Full-Page Ad -- \$225                      Same As Last Year                      Yes    No

\_\_\_\_\_ Half-Page Ad -- \$175                      Same As Last Year                      Yes    No

Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Mail Advertising form to: Rob Irwin

PO Box 1125

Lemont, PA 16851



# CONCUSSION INSTRUCTIONAL SHEET

**A concussion is a bump, blow or jolt to the head or body in which the brain moves quickly back and forth inside the skull causing a “mild” traumatic brain injury.**

## SIGNS & SYMPTOMS \_\_\_\_\_

**COGNITIVE (THINKING/REMEMBERING):** Difficulty concentrating, difficulty remembering, confusion, feeling slowed down, feeling “in a fog”

**PHYSICAL:** Headache, nausea or vomiting, dizziness, blurred vision, neck pain, fatigue or low energy, sensitivity to light or noise, balance problems

**EMOTIONAL:** Irritable, sadness, emotional instability, nervous or anxious

**SLEEP:** Sleeping less or more than usual, drowsiness, trouble falling asleep

## WHAT SHOULD I DO? \_\_\_\_\_

- » Remove the athlete from play immediately and seek medical attention
- » Never return to sports or recreational activities on the same day the injury occurred
- » Seek guidance from a healthcare professional experienced and trained in the evaluation and management of concussions to guide a step-based return to activities progression including work, school and play.
- » Take time to get better - The brain needs time to heal. Limit activities involving physical and cognitive exertion, such as watching TV, video games, working on computer, texting, driving a car and exercise. Such activities can cause the signs and symptoms of a concussion to worsen or prolong the healing process. These activities should be carefully managed and monitored by a health care professional.
- » Make sure that a concussion is reported. Repeat concussions in young athletes can result in more traumatic injuries involving increased swelling or permanent damage to the brain.

**If the following symptoms worsen or develop, please contact your doctor or the nearest hospital emergency department immediately.**

- |  |  |  |
|--|--|--|
| » Drowsy and cannot be awakened                | » Worsening headache                   | » Inability to recognize people or places              |
| » Weakness, numbness or decreased coordination | » Repeat vomiting or nausea            | » Loss of or fluctuating level of consciousness        |
| » Pupils becoming unequal in size              | » Convulsions or seizures              | » Increasing irritability, agitation, unusual behavior |
| » Increasing confusion, restless               | » Slurred speech or inability to speak |  |

## DO NOT: \_\_\_\_\_

- » Drink alcohol
- » Use prescription or OTC drugs without medical supervision
- » Drive a car or operate machinery
- » Engage in physical activity that makes symptoms worse  
(*eg. exercise, weight lifting, sports*)
- » Engage in mental activity that makes symptoms worse  
(*eg. TV, video games, texting*)

## IT IS OK TO: \_\_\_\_\_

- » Use ice packs on head and neck as needed for comfort
- » Eat a carbohydrate-rich diet
- » Go to sleep
- » Rest (no strenuous mental or physical activity)

**IF YOU HAVE QUESTIONS OR CONCERNS, PLEASE CONTACT YOUR ATHLETIC TRAINER.**

ATHLETIC TRAINER: \_\_\_\_\_

CONTACT: \_\_\_\_\_

***I acknowledge that ATC reviewed management of signs and symptoms for concussions and received the concussion instructional sheet.***

<b><u>FULL-PAGE AD</u></b>	<b><u>HALF-PAGE AD</u></b>	<b><u>QUARTER-PAGE AD</u></b>
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Contact Person

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone

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