

2012 Mercy Vocational High School Boys' Soccer
Standard Operating Procedure (S.O.P.)
Teamwork makes the dream work!



Go Monarchs!

Isaiah 40:31 They that hope in the Lord shall renew their strength, they shall take wings as eagles, they shall run and not be weary, they shall walk and not faint.

Vision Statement: Winning the Tri County League Championship is only possible when every team member does the following: completes the pre season gradual conditioning program*, arrives at pre season camp with all mandatory forms completed, is consistently mentally and physically tough, is proficient in basic soccer skills, and follows Mr. Haley's instructions.

To win the championship the Head Coach must do the following:

- Set the proper example for student athletes to emulate
- Write and carry out a Plan of the Day for each practice and game
- Arrive at pre season camp in outstanding cardiovascular shape
- Arrive at pre season camp in outstanding weight lifting shape
- Maintain a positive mental attitude from August 27, 2012 to November 15, 2012
- Be physically and mentally tough
- Give 120 %

To win the championship each Student Athlete must do the following:

- Arrive at pre season camp with all mandatory forms properly completed which are listed on page 1
- Complete the physical training program (pages 15-17)
- Pass the Physical Fitness Test (PFT) on August 27, 2012 (pages 18-20)
- Finish the distance runs and sprints
- Maintain a positive mental attitude from August 27, 2012 to November 15, 2012
- Be a team player-help to carry out the Plan of the Day
- Play a physical but clean game of soccer
- Be Physically and Mentally Tough
- Give 110%

Head Coach: Mr. Haley Phone Number: 215-226-1225 ext. 178 Email: jhaley@mercyvhs.org

****Summer Physical Training Program Disclaimer*: Please be advised, that the student-athlete must do the following prior to starting this training program: have a complete physical exam given by a licensed doctor and the permission of the student-athlete's parents/guardians. If at any time during exercise, the student-athlete feels light headed or sick, he must inform his parents/guardians and be examined by a doctor.***

****Each student athlete must inform his parent or guardian when and where he does any portion of this physical training program.***

****Please be advised, this document is loaded to my MVHS teacher's page:***

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- ***Summer Physical Training Program Disclaimer*: Please be advised, that the student-athlete must do the following prior to starting this training program: must have a complete physical exam given by a licensed doctor and the permission of the student-athlete's parents/guardians. If at any time during exercise, the student-athlete feels light headed or sick, he must inform his parents/guardians and be examined by a doctor.**
- **Each student athlete must inform his parent or guardian when and where he does any portion of this physical training program.**

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Mercy Vocational High School

2900 West Hunting Park Avenue
Philadelphia, Pennsylvania 19129-1803

January 18, 2012

Dear Parent or Guardian:

How are you? My name is Jim Haley, Jr. and I am the head coach of the boys' soccer team at Mercy Vocational High School. It is an honor and a privilege to be the head coach of the boys' soccer team at Mercy Vocational High School.

We welcome experienced and inexperienced student-athletes on our soccer team. However, all student-athletes will give 110%. **There is a graduate of our high school, who was a starter on a collegiate soccer team, but he did not play soccer until he attended Mercy Vocational High School.**

Please be advised, that each student-athlete who is going to play soccer, must have the following documents properly completed, prior to participating in any practice or game: physical exam completed by a doctor after June 1, 2012, family health history form completed by a parent or guardian, soccer/weight lifting/conditioning permission slip, and a parent/guardian/student-athlete standard operating procedure consent form.

Please be advised, it is best to schedule your son's physical exam as soon as possible. Sometimes, you have to call months in advance in order to schedule a physical exam in June, July, or August.

The preseason camp will be held from August 27, 2012 to August 30, 2012. Each student-athlete must have the following items when they report to pre season camp: gym shorts, t-shirt, soccer cleats, running shoes, and an individual plastic water bottle.

During pre season camp and the regular season, our student athletes will be driven to and from Mercy Vocational High School to Fernhill Park (4571 Wissahickon Avenue Philadelphia, PA 19144) in MVHS vans. Each pre-season training session will be from 3 P.M. to 5 P.M. The regular season training sessions will be held Monday through Thursday from 3:15 P.M. to 5:30 P.M. If the time of practice is changed, parents, guardians, and student-athletes will be notified.

If your son is interested in playing MVHS boys' soccer, would you please call me at 215-226-1225 ext. 178 or email me at jhaley@mercyvhs.org?

In closing, if you have any questions please do not hesitate to call me at the phone number listed in the previous paragraph. **I am looking forward to coaching your son.**

Sincerely,

James B. Haley, Jr

Mandatory Item Checklist

Completed

1	Properly Completed Physical Exam (Mandatory form)		
2	<i>If the student athlete is an asthmatic or allergic to bee stings etc, he must have a full inhaler and/or epinephrine pen (must have medical directions written by a doctor), that Mr. Haley will label and put in his coach's bag. Mr. Haley will bring the needed medicine to each practice or game. (Mandatory for medical safety reasons)</i>		
3	Properly Completed Family Health History Form (Mandatory form)		
4	Properly completed Soccer/Conditioning/Weight Lifting Parental Permission Form (Mandatory form)		
5	Properly completed Consent From (Mr. Haley's Standard Operating Procedure for coaching Soccer) (Mandatory form)		
6	NOCSAE (National Operating Committee on Standards for Athletic Equipment) Approved shin guards. Leave the NOCSAE Seal or Tag on the shin guards. See Page 12 of this document (Mandatory equipment)		
7	Individual 32 ounce Water& Gatorade Bottle- (Mandatory item) Eye Opening Factual Hydration Video The National Federation of State High School Associations-Gatorade Hydration Video- over 70 % of high school student athletes go to practice or a game with signs of dehydration. http://www.nfhslearn.com/flash/Gatorade_demo_v3_stream.aspx		
8	http://www.4marks.com/videos/details.html?video_id=723 Nick Vukicic was born without any arms or legs, but the love his faith in God and the love of life, overcomes any physical limitation. Amazing and Truly Inspirational Man!		
9	Positive Mental Attitude that lasts the entire season. (Mandatory) <u>In 1980, the USA defeated the Russians 4 to 3 in an Olympic Ice Hockey Game! The Russians had won 8 out of the 9 last Gold Medals until 1980--when the USA Team defeated Russia and went on to defeat Finland to win the Gold Medal! Watch this video and you get chills!</u> Miracle On Ice, 10:00 of Newly Discovered Original Live Call http://www.youtube.com/watch?v=fztlLwgSFCg		
	Page 3		

Mandatory Form

THE SCHOOL DISTRICT OF PHILADELPHIA REPORT OF PHYSICAL EXAMINATION					
Name of School		Student ID #	Date Issued		
Name of Student		Date of Birth	Room/Section/Book Grade		
TO THE CARE PROVIDER					
<p>Pennsylvania law requires that students attending school in the Commonwealth be immunized and receive periodic medical examinations at stated intervals. Participation in sports also requires a physical examination. Payment for these examinations is the responsibility of the parent. Both sides of form must be completed for sports participation.</p> <p>THESE IMMUNIZATIONS ARE REQUIRED FOR SCHOOL ATTENDANCE. Attach a copy of the student's immunization record, or record the dates below. Minimum required doses for Pennsylvania School Law are shaded.</p>					
VACCINE	Enter Month, Day, and Year Each Immunization Was Given				
	DOSES				
Diphtheria and Tetanus ^a (DTap, DTP, Td or DT)	1 / /	2 / /	3 / /	4 / /	5 / /
Polio, (OPV or IPV)	1 / /	2 / /	3 / /	4 / /	
Hepatitis B	1 / /	2 / /	3 / /		
Measles** - Mumps - Rubella (MMR)	1 / /	2 / /	or Measles Serology: Date Titer		
Varicella	1 / /	2 / /	Rubella Serology: Date Titer		
Other	1 / /	2 / /	Mumps disease diagnosed by a physician: Date		
<p>^a One dose must be on or after the fourth birthday. ^{**} First dose must be on or after the first birthday and the second dose should be at least one month after the first dose.</p>					
RECORD THE FOLLOWING					
1. Visual Acuity (Without Glasses) R _____ L _____		(With Glasses) R _____ L _____			
2. Height _____ inches /cm		Percentile _____		Weight _____ pounds / kg Percentile _____	
3. Scoliosis Screening Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>		Referred <input type="checkbox"/> No Referral <input type="checkbox"/>			
4. Blood Pressure		Audiometric Screening R _____ L _____			
5. Date of last PPD	Result _____ mm	Date of last Tetanus Booster _____			
6. List all medications currently being taken.			Reason for medication _____		
7. Circle any condition this student has or ever had: allergy, asthma, bone fracture or dislocation, congenital abnormality, contacts or glasses, diabetes, epilepsy, head injury, hearing loss, heart trouble or murmur if any. Please specify details, under comments.					
8. Has student ever had any serious illness, injury or operation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify details.					
9. List other problems at this history or examination			Status of the Problem		
			Under Care	Care is Complete	Referred
1. _____					
2. _____					
3. _____					
10. <input type="checkbox"/> No problems identified					
Comments / follow - up treatment plan / Special instructions to school					
Signature of Care Provider (REQUIRED)		Telephone		Care Provider office stamp (REQUIRED)	
Address		Date of Exam			

MEH -1 (Rev. 4/2000) COMM. CODE 61602446214

Mandatory Form

THE SCHOOL DISTRICT OF PHILADELPHIA Report on Interscholastic Athletic Participation School Year Ending June: _____			
Name of Student	Date of Birth	Room/Section/Book	Grade
<p>TO THE CARE PROVIDER:</p> <p>1. I have examined the student named on this form. (if yes, please report results on other side) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. I find this student physically qualified to practice for and participate in ALL competitive games / sports. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. List any special instructions or limitations for sports participation.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
Signature of Care Provider (REQUIRED)		Telephone	
Address		Date	
<p>To the Parent / Guardian:</p> <p>1. Does this student have health insurance? Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
2. Name of Insurance Provider		Policy #	
3. Emergency Contact	Telephone	Relationship	
<p><i>I hereby give consent to this student named above to practice for and participate in ALL competitive games / sports . I give my permission for travel to and from these programs. I am fully aware of his / her health condition and limitations, if any. I allow this student to receive any emergency treatment deemed necessary by the medical personnel designated by the program authorities.</i></p>			
Signature of Parent / Guardian (REQUIRED)		Telephone	
Address		Date	

Mandatory Form

Student's Name _____ Age _____ Grade _____

SECTION 3: HEALTH HISTORY

Explain "Yes" answers at the bottom of this form.
Circle questions you don't know the answers to.

	Yes	No		Yes	No					
1. Has a doctor ever denied or restricted your participation in sport(s) for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>					
2. Do you have an ongoing medical condition (like asthma or diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>	23. Has a doctor every told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>					
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>					
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>					
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>					
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>					
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>					
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>					
9. Has a doctor ever told you that you have (check all that apply):			30. Have you had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> High blood pressure			31. Have you ever had a head injury or concussion?	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> High cholesterol			32. Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> Heart murmur			33. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/> Heart infection			34. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>					
10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>					
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	36. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>					
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>					
13. Has any family member or relative died of heart problems or of sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>					
14. Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>					
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>					
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>					
17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, that caused you to miss a practice or Contest? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	42. Are you happy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>					
18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>					
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>					
Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand/ Fingers	Chest	45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot/ Toes	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
								FEMALES ONLY		
								47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
								48. How old were you when you had your first menstrual period?	_____	_____
								49. How many periods have you had in the last 12 months?	_____	_____
								50. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

No(s).	Explain "Yes" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete.
 Student's Signature _____ Date ____/____/____
 I hereby certify that to the best of my knowledge all of the information herein is true and complete.
 Parent's/Guardian's Signature _____ Date ____/____/____

(please turn page over)

Mandatory Form

Soccer/ Weight Lifting/Conditioning Permission Form 2012

Preseason Dates: August 27, 2012 – August 30, 2012

- **Time of pre season training sessions: (3 P.M. to 5 P.M.) Student-athletes are to report to Mercy Vocational High School and will be driven to the Practice Field.**
 - **Preseason training session Location: Fernhill Park (4700 Wissahickon Avenue Philadelphia, PA 19144) located at the corner of Roberts and Wissahickon Avenues**
-

Regular Season Dates: September 3, 2012 – November 15, 2012

Regular Season Days of training sessions: Monday, Tuesday, Wednesday, Thursday,

Regular Season training session time: 3:15 P.M. to 5:30 P.M.

Regular Season training session Location and Home Game Location: Fernhill Park

Regular Season Away Games: Tri County League Fields and other fields (for non-league games)

I do hereby give my son (please print your son's name on the line) _____

_____ permission to participate in practice sessions and play competitive games (against other high schools-both in the Tri County League and Non League Games) for the 2012 Mercy Vocational High School Boys' Soccer Team. I also give my son permission to lift weights and kettlebells, and do conditioning drills during soccer pre-season and the regular soccer season, as a member of the 2012 Mercy Vocational High School Boys' Soccer Team.

I have informed the Head Coach of the Boys' Soccer Team (Mr. Haley) about any health limitations (e.g. concussions, diabetes, asthma, heart condition, allergies) of my son. I allow this student-athlete to receive any emergency treatment deemed necessary by the coaches and/or medical personnel.

Signature of Parent/Guardian _____ Date _____

Telephone Number: where a parent/guardian may be reached in event of an injury or an emergency.

Cell phone number : _____

Please list any health limitations (e.g. concussions, diabetes, asthma, heart condition, allergies) of your son: If your son has an inhaler, please give Mr. Haley a full inhaler that he can keep in his coaching bag. Additionally, has your son had any concussions? Please list the number of concussions that your son has had and any important medical information about the concussions below and on the back of this page-if necessary.

Concussions: _____

Heart Issues: _____

Diabetes: _____

Asthma Inhaler: _____

Allergies: _____

Mr. Haley's Rules for the 2012 MVHS Boys' Soccer Team

Purpose of the rules: To explain in detail what the expectations are of each student-athlete on the 2012 MVHS boys' soccer team.

Vision Statement: Winning the Tri County League Championship is only possible when every team member does the following: completes the pre season gradual conditioning program*, arrives at pre season camp with all mandatory forms completed, is consistently mentally and physically tough, is proficient in basic soccer skills, and follows Mr. Haley's instructions.

Mission Statement: We will play a physical, but clean game of soccer, have a positive mental attitude, and play as a team-not a group of individuals-who are only concerned about their statistics. Additionally, we welcome student athletes with soccer experience and without soccer experience, however all student athletes will work hard.

Mandatory Forms: Physical exams, family health history form, permission slips, and student-athlete-parent S.O.P. Consent Form each student-athlete must have a physical exam properly completed by a doctor, a family health history form completed by a parent or guardian, permission slip signed by a parent or guardian, and parental/student-athlete S.O.P. consent form, before participating in any pre-season practice, regular season practice, or soccer game. Please be advised, that there are no exceptions to this rule.

Violations of any of the following rules and/or sections with an * will result in one of the following punishments: a verbal reprimand by Mr. Haley, suspension from the team, dismissal from the team, or it may be forwarded to Student Services for a decision. The punishment will depend on the severity and/or frequency of the violation.

Please be advised, I don't enjoy kicking student-athletes off the team or suspending the student athletes for a game or games, However, I've done it because of violations of team rules and for the good of the team.

Attitude*: Positive Mental Attitude is contagious and provides a high level of energy.

Bus Conduct*: Students will conduct themselves in an orderly manner. This means that yelling, throwing things, jumping from seat to seat, fighting on the bus etc. will not be tolerated.

Cell Phones*: Cell Phones will be placed in your soccer bags during practice and games.

Cursing*: If a player curses in a game, he will get a red card. We have found a suitable substitute for cursing. We will utilize the Marine Corps Phonetic Alphabet instead of cursing. The Marine Alphabet is as follows: alpha, bravo, Charlie, delta, echo, foxtrot, golf, hotel, indigo, Juliet, kilo, mike, November, Oscar, papa, Quebec, Romeo, sierra, tango, uniform, victor, whiskey, x ray, Yankee, and Zulu.

Discipline*: we can't control what happens to us on a soccer field or in life, but we can control our reaction to events. We need to play the game and stay focused, not fight, trash talk or complain.

Equal opportunity*: is a pillar of leadership that allows a student-athlete to perform based upon their talent, intestinal fortitude, and work ethic, regardless of their race, ethnicity, religion, or national origin. Therefore any derogatory comments about someone's race, ethnicity, religion, or national origin are strictly prohibited and will not be tolerated. Any discriminatory incidents are to be reported to me immediately.

Hazing* is defined as “**subjecting someone to an activity which is cruel, abusive, humiliating, or oppressive.**” Hazing is prohibited and will not be tolerated. The team members deserve excellent leadership and to work in an athletic venue which is free of hazing. If there is any talk or suspected incidents of hazing, the incidents must be reported to me immediately.

Integrity* means that We don't lie, cheat, or steal.

Spitting*: *If a team member spits at or on another person at a practice or a game, he will be immediately dismissed from the team. Spitting is inexcusable.*

Sportsmanship*: We are representatives of Mercy Vocational High School. Therefore, we will exhibit good sportsmanship. We will not curse, fight, trash talk, taunt, or play dirty. We will play a physical, but clean game of soccer and conduct ourselves appropriately.

Sportsmanship Concerns*: *If a player has exhibited poor sportsmanship consistently during a prior season or seasons, he won't be allowed to play on the team. Simply stated, we need student athletes who can play soccer and represent Mercy Vocational High School in the appropriate manner.*

Brilliant in the basics*-we will achieve mastery of the following: being a team, leadership, shooting, passing, hustling, fitness, and communicating. There are instructional drills in each week of the training calendar in this S.O.P.

Brotherhood*-permit me to change a quote from Shakespeare's Henry V, “we few, we happy few, we band of brothers; for he today that plays soccer on the same team with me, Shall be my brother.” The boys' soccer team is a family and we will treat each other with deference (respect) and look out for each other.

Captains*: Captains set the proper example for the team. Additionally, the Captains will perform duties assigned by the head coach.

Cuts*: **will be made after Pre Season Camp. Cuts will based on the following: mandatory forms properly completed by August 27, 2012, mandatory item checklist completed, the ability to make the long distance runs and sprints, skill, dedication, work ethic, and a positive mental attitude.**

Decentralized Leadership*: The head coach will explain the “Plan of the Day” and team members on the field at practice and games will carry out the Plan of the Day. The head coach will teach the art of decentralized leadership to the Captains and all team members.

Difficult Conditions*: Franz Beckenbauer, the outstanding German soccer player, said that “difficult conditions beget superior skill.”

Example- Leaders set the example*. Leadership is not getting in someone's face; it comes down to, what type of example does the leader set-especially under pressure. The example speaks louder than words could ever speak.

Fitness*:The physical fitness training of the team will gradually increase. If at any time, a student-athlete feels light headed or sick to the stomach, he is to stop exercising immediately and inform me immediately. The health of the student-athlete is paramount.

Fitness*: Please be advised, the Tri County Soccer League is a very competitive league. Therefore, a student athlete must be in shape when he reports to Pre Season Training Camp. There is a gradual training program on pages 15-18.

Fitness Progress/Playing Time*- In order to play a student-athlete must complete the long distance runs (e.g. ½ mile, 1 mile, 1 ½ miles, 2 miles, 2 ½ miles, and 3 miles) and sprints. This means a student-athlete must run the entire distance. **If the 53 year old head coach can complete the runs and sprints, a high school student-athlete should be able to complete the runs.**

Hustle*- means never giving up in a game and being where you are suppose to be on the field during the entire game. **I don't care if we were playing Manchester United, we will always hustle.**

Injury*- a student athlete must attend home and away games when he is injured; unless he is suffering from a concussion or in high degree of pain. However, the student athlete does not need to attend practice.

Learn*- We do not have a zero defect mentality on this team. We shall admit our mistakes and learn from our mistakes. This includes the head coach.

Missing Games*: Any student athlete, who is going to miss a game, must inform Mr. Haley personally. It is not acceptable for the student-athlete to give a message to a peer to give to Mr. Haley. If a student-athlete misses 1 or more games for poor reasons and/or does not inform Mr. Haley personally of his planned absence, he is subject to one of the following things by Mr. Haley: verbal reprimand, suspension from the team, or dismissal from the team.

Missing Practice*- Any student athlete, who is going to miss practice, must inform Mr. Haley personally. It is not acceptable for the student-athlete to give a message to a peer to give to Mr. Haley. If a student-athlete misses 1 or more practices for poor reasons, and/or does not inform Mr. Haley personally of his planned absence, he is subject to one of the following things by Mr. Haley: verbal reprimand, suspension from the team, or dismissal from the team.

Practice*: Practice is held Monday, Tuesday, Wednesday, and Thursday from 3:15 P.M. to 5:30 P.M. There is no "Mystery Theater" involved, count on Practice being Monday through Thursday, unless told otherwise by Mr. Haley.

Responsibility*- We are responsible for what we do and fail to do.

Sense of humor-This is not the "witless protection program." At the proper time, a sense of humor is morale enhancing. **Keep the jokes clean-it is a family show.**

Team Player*- The ultimate sign of a team player is that he is willing to play any position on the soccer team in order to give the team best chance to win.

Mandatory Form

2012 Parental and Guardian, Student Athlete S.O.P. Consent Form

I have read Mr. Haley's Standard Operating Procedure of Coaching and agree that I will abide by it.

Student Athlete's Name (PRINT) _____

Student Athlete's SIGNATURE _____

DATE _____

I have read Mr. Haley's Standard Operating Procedure of Coaching and agree that my son will abide by the S.O.P.

Parent/Guardian's Name (PRINT)

Parent/Guardian SIGNATURE _____

DATE _____

RELATIONSHIP to the student athlete (Please Circle):

Mother

Father

Grandmother

Grandfather

Aunt

Uncle

Stepmother

Stepfather

Guardian

Mandatory equipment

High School soccer players must wear NOCSAE (pronounced NOXIS) approved shin guards for the 2012 Soccer Season.

Make certain you buy shin guards with the following tag or seal on them. You must play with the appropriate size NOCSAE approved shin guards. Please leave the seal and/or tag on the shin guards. Please look at the chart below for the appropriate size shin guards.

Show this note to an Employee at Modell's <http://www.modells.com/storeLocator/results.jsp> or an employee at a Soccer Post <http://www.soccerpost.com> and tell the employee that you need to buy NOCSAE approved soccer shin guards.

Student Athletes must wear appropriate size shin guards based upon Height. Please refer to this chart to purchase the proper shin guards. If a player uses shin guards that are too small or are not NOCSAE shin guards, the coach gets a yellow card. For the next offense, the player gets a yellow card.	
Size	Height Range
S	4'0" - 4'7"
M	4'8" - 5'3"
L	5'4" - 5'11"
XL	6'0" and up

Please leave the seal/tag on the shin guards.

Manufacturer Certifies



Mandatory equipment- Running shoes and Soccer Cleats

Discount Running shoes (Mandatory) are available at John's Sneaks <http://www.johnssneaks.com/> in Ardmore, Pennsylvania, only 8 miles from MVHS

Shop here and feel better! We usually SAVE you 40% to 80% on all Mens' and Womens' shoes and 20% to 50% on all Kids' shoes. We carry Running, Basketball, and Tennis and Cross Training shoes. We specialize in running shoes with no price higher than \$74.99.

Directions to John's Sneaks from MVHS

- 1 Starting at 2900 W Hunting Park Ave, Philadelphia, PA 19129-1803
- 2 Go Southwest on US-13 (W Hunting Park Av) 0.1 miles
- 3 Bear right onto W Allegheny Av 0.5 miles
- 4 Bear right onto Ridge Av 1.2 miles
- 5 Continue onto City Av (toward Ch. 6) 3.1 miles
- 6 Bear right onto US-30 (E Lancaster Av) 1.5 miles
- 7 Turn left onto W Wynnewood Rd 1.3 miles
- 8 Turn right onto Belmont Ave 0.3 miles
- 9 Turn right onto Pont Reading Rd 0.1 miles

Johns' Sneaks is ahead on the right –

698 Pont Reading Rd, Ardmore, PA 19003-1917

610-642-9995 Ask for the Manager-Steve

Finding the Best Running Shoe for you

<http://www.runnersworld.com/article/0,7120,s6-240-319--4615-0,00.html>

Finding the Best Soccer Cleat (mandatory) for you <http://www.soccer.com/soccer-shoes.php>

Directions to Atlantic City Outlets <http://www.acoutlets.com/directions.cfm>

Adidas Outlet 609-344-3500 www.adidas.com 101 N. Arkansas Avenue, AC, NJ 08401

NIKE Factory 609-348-0573 www.nike.com 30 N. Arkansas Avenue, AC, NJ 08401

Final Score 1 800 826 6603 Discount Soccer Cleats on line <http://www.final-score.com/>

Directions to the Practice Field/Home Field for Mercy Vocational High School Boys' Soccer

From Mercy Vocational High School <http://www.randmcnally.com/>

*Start: Mercy Vocational High School
2900 West Hunting Park Avenue
Phila, PA 19129-1803*

*End: Fernhill Park
4700 Wissahickon Avenue
Phila, PA 19144-4248*

1. Start out going NORTHEAST on US-13 /W HUNTING PARK AVE toward the 39th Police District HQ
Distance: 1/2 of a mile
2. Turn LEFT onto WISSAHICKON AVENUE
Distance: 4/10 of a mile
3. End at 4700 Wissahickon Avenue Philadelphia, PA 19144-4248
Distance: 1/10 of a mile (Total distance 1 mile)

Stretching:

Mayo Clinic Slide Show on Proper Stretching: Regardless of age, each person must stretch properly prior to doing any running or exercising.

<http://www.mayoclinic.com/health/stretching/SM00043>

Hydration:

The National Federation of State High School Associations- Gatorade Hydration Video-over 70 % of high school student athletes go to practice or a game with signs of dehydration.

http://www.nfhslearn.com/flash/Gatorade_demo_v3_stream.aspx

Each person must be properly hydrated prior to doing any running or exercising.

Prevent or treat blisters:

Moleskin is used to prevent and/or treat blisters. Moleskin can be found in the medicine aisle of major super markets or at any CVS.



June 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>Practice the soccer drills in each video-every week.</p> <p>Soccer Warm Up Program Learn to play the Brazilian way, part1</p> <p>http://www.youtube.com/watch?v=z2kUc8wp9i8&feature=related</p> <p>Blister Prevention and Treatment on the previous page (14)-Moleskin</p>					<p>1 Run 1/4 mile</p> <p>10 pushups and 10 crunches</p> <p>soccer shots against the wall 12 left footed and 12 right footed</p>	2
<p>3 Juggling the soccer ball http://www.youtube.com/watch?v=Bnx06MmQz7A</p> <p>Practicing Technical Precision for Game Play-Coach Brandt</p> <p>http://www.youtube.com/watch?v=kl-ZyDWS5iY</p>	<p>4 Run 5 40 yd sprints</p> <p>15 pushups and 15 crunches</p> <p>Soccer shots against the wall 13 left footed and 13 right footed</p>	<p>5 Run 1/2 mile</p> <p>15 pushups and 15 crunches</p> <p>Soccer shots against the wall 14 left footed and 14 right footed</p>	<p>6 Run 5 50 yard sprints</p> <p>15 pushups and 15 crunches</p> <p>Soccer shots against the wall 15 left footed and 15 right footed</p>	<p>7 Run 1/2 mile</p> <p>15 pushups & 15 crunches</p> <p>Soccer shots against the wall 15 left footed and 15 right footed</p>	<p>8 Run 10 50 yard sprints</p> <p>15 pushups & 15 crunches</p> <p>Soccer shots against the wall 16 left footed and 16 right footed</p>	9
<p>10</p> <p>Moving around your opponent Learn to play the Brazilian way, part3</p> <p>http://www.youtube.com/watch?v=a84asv4NK2M&feature=related</p>	<p>11 Run 3/4 mile</p> <p>20 pushups and 20 crunches</p> <p>Soccer shots against the wall 17 left footed and 17 right footed</p>	<p>12 Run 3/4 mile</p> <p>20 pushups and 20 crunches</p> <p>Soccer shots against the wall 18 left footed and 18 right footed</p>	<p>13 Run 6 50 yd sprints</p> <p>20 pushups and 20 crunches</p> <p>Soccer shots against the wall 19 left footed and 19 right footed</p>	<p>14 Run 3/4 mile</p> <p>20 pushups and 20 crunches</p> <p>Soccer shots against the wall 20 left footed and 20 right footed</p>	<p>15 Run 6 50 yd sprints</p> <p>20 pushups and 20 crunches</p> <p>Soccer shots against the wall 21 left footed and 21 right footed</p>	16
<p>17</p> <p>Heading the ball, part 4</p> <p>http://www.youtube.com/watch?v=Ofj7gfnvXY&feature=related</p>	<p>18 Run 3/4 mile</p> <p>25 pushups & 25 crunches</p> <p>Soccer shots against the wall 22 left footed and 22 right footed</p>	<p>19 Run 1 mile</p> <p>25 pushups & 25 crunches</p> <p>Soccer shots against the wall 23 left footed and 24 right footed</p>	<p>20 Run 7 50 yd sprints</p> <p>25 pushups & 25 crunches</p> <p>Soccer shots against the wall 25 left footed and 25 right footed</p>	<p>21 Run 1 mile</p> <p>25 pushups & 25 crunches</p> <p>Soccer shots against the wall 26 left footed and 26 right footed</p>	<p>22 Run 7 50 yd sprints</p> <p>25 pushups & 25 crunches</p> <p>Soccer shots against the wall 27 left footed and 27 right footed</p>	23
<p>24</p> <p>Dribbling the ball</p> <p>http://www.youtube.com/watch?v=i2E39SatH8l&feature=related</p>	<p>25 Run 1.25 miles</p> <p>30 pushups and 30 crunches</p> <p>Soccer shots against the wall 28 left footed and 28 right footed</p>	<p>26 Run 8 50 yd sprints</p> <p>30 pushups and 30 crunches</p> <p>Soccer shots against the wall 29 left footed and 29 right footed</p>	<p>27 Run 1.25 miles</p> <p>30 pushups and 30 crunches</p> <p>Soccer shots against the wall 30 left footed and 30 right footed</p>	<p>28 Run 8 50 yd sprints</p> <p>30 pushups and 30 crunches</p> <p>Soccer shots against the wall 31 left footed and 31 right footed</p>		

July 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>1 Shooting the Ball http://www.youtube.com/watch?v=D9FRRZ5MmGI&feature=related</p> <p>Get around your opponent part2 http://www.youtube.com/watch?v=c0H7fOSdXlq&feature=related</p> <p>Blister Prevention and Treatment is on page 14-Moleskin</p>	<p>2 Run 9 50 yd sprints</p> <p>35 pushups and 35 crunches</p> <p>Soccer shots against the wall 33 left footed and 33 right footed</p>	<p>3 Run 1.5 miles</p> <p>35 pushups and 35crunches</p> <p>Soccer shots against the wall 34 left footed and 34 right footed</p>	<p>4 Run 10 50 yd sprints</p> <p>35 pushups and 35 crunches</p> <p>Soccer shots against the wall 35 left footed and 35 right footed</p>	<p>5 Run 1.5 miles</p> <p>35 pushups and 35 crunches</p> <p>Soccer shots against the wall 36 left footed and 36 right footed</p>	<p>6 Run 11 50 yd dashes</p> <p>35 pushups and 35 crunches</p> <p>Soccer shots against the wall 37 left footed and 37 right footed</p>	7
<p>8 Super Skills 1 http://www.youtube.com/watch?v=MOUA5dqTmg&feature=related</p>	<p>9 Run 1.5 miles</p> <p>35 pushups and 35 crunches</p> <p>Soccer shots against the wall 38 left footed and 38 right footed</p>	<p>10 Run 1.75 miles</p> <p>35 pushups and 35 crunches</p> <p>Soccer shots against the wall 39 left footed and 39 right footed</p>	<p>11 Run 12 50 yd sprints</p> <p>35 pushups and 35 crunches</p> <p>Soccer shots against the wall 40 left footed and 40 right footed</p>	<p>12 Run 1.75 miles</p> <p>35 pushups and 35 crunches</p> <p>Soccer shots against the wall 41 left footed and 41 right footed</p>	<p>13 Run 13 50 yd sprints</p> <p>35 pushups and 35 crunches</p> <p>Soccer shots against the wall 42 left footed and 42 right footed</p>	14
<p>15 Super Skills 2: http://www.youtube.com/watch?v=qiamqpp2pDo&feature=related</p>	<p>16 Run 1.75 miles</p> <p>35 pushups & 35 crunches</p> <p>Soccer shots against the wall 43 left footed and 43 right footed</p>	<p>17 Run 2 miles</p> <p>35 pushups &35 crunches</p> <p>Soccer shots against the wall 44 left footed and 44 right footed</p>	<p>18 Run 14 50 yd sprints</p> <p>35 pushups and 35 crunches</p> <p>Soccer shots against the wall 45 left footed and 45 right footed</p>	<p>19 Run 2 miles</p> <p>35 pushups & 35 crunches</p> <p>Soccer shots against the wall 46 left footed and 46 right footed</p>	<p>20 Run 15 50 yd sprints</p> <p>35 pushups & 35 crunches</p> <p>Soccer shots against the wall 47 left footed and 47 right footed</p>	21
<p>22 Curving your shot well Learn to play the Brazilian way, part6 http://www.youtube.com/watch?v=1MmiVYewPnw&feature=related</p>	<p>23 Run 2 miles</p> <p>40 pushups &40 crunches</p> <p>Soccer shots against the wall 48 left footed and 48 right footed</p>	<p>24 Run 2.25 miles</p> <p>40 pushups &40 crunches</p> <p>Soccer shots against the wall 49 left footed and 49 right footed</p>	<p>25 Run 16 50 yd sprints</p> <p>40 pushups & 40 crunches</p> <p>Soccer shots against the wall 50 left footed and 11 right footed</p>	<p>26 Run 2.25 miles</p> <p>40 pushups & 40 crunches</p> <p>Soccer shots against the wall 50 left footed and 50 right footed</p>	<p>27 Run 17 50 yd sprints</p> <p>40 pushups & 40 crunches</p> <p>Soccer shots against the wall 50 left footed and 50 right footed</p>	28
<p>July 29th, July 30th and July 31st are On the next page</p> <p style="text-align: center;">Page 16</p>						

August 2012

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
July 29th Soccer Warm Up Program http://www.youtube.com/watch?v=z2kUc8wp9l8&feature=related <u>Blister Prevention and Treatment is on page 14 Moleskin</u>	July 30th Run 2.5 miles 40 pushups and 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	July 31st 2 Run 18 50 yd sprints 40 pushups and 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	1 Run 2.5 miles 40 pushups and 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	4 Run 19 50 yd sprints 40 pushups and 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	5 Run 2.5 miles 40 pushups and 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	6
7 Shooting the Ball http://www.youtube.com/watch?v=D9FRRZ5MmGI&feature=related	8 Run 2.75 miles 40 pushups and 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	9 Run 21 50 yd sprints 40 pushups and 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	10 Run 2.75 miles 40 pushups and 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	11 Run 22 50 yd sprints 40 pushups and 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	12 Run 2.75 miles 40 pushups & 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	13
14 Get around your opponent http://www.youtube.com/watch?v=c0H7fOSdXlq&feature=related	15 Run 3 miles 40 pushups and 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	16 Run 23 50 yd sprints 40 pushups and 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	17 Run 3 miles 40 pushups and 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	18 Run 24 50 yd sprints 40 pushups and 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	19 Run 3 miles 40 pushups and 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	20
21 Super Skills 1 http://www.youtube.com/watch?v=MOUA5dqTmqg&feature=related	22 Run 25 50 yd sprints 40 pushups and 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	23 Run 3 miles 40 pushups and 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	24 Run 26 50 yd sprints 40 pushups and 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	25 Run 3 miles 40 pushups and 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	26 Run 27 50 yd sprints 40 pushups and 40 crunches Soccer shots against the wall 50 left footed and 50 right footed	27
28 Super Skills 2: http://www.youtube.com/watch?v=qiamqpp2pDo&feature=related	29 Pre Season Camp report to the back parking lot at MVHS	30 Pre Season Camp report to the back parking lot at MVHS	31 Pre Season Camp report to the back parking lot at MVHS	Sept. 1 Pre Season Camp report to the back parking lot at MVHS		

MVHS Boys' Soccer Physical Fitness Test (PFT)

The training program for the PFT is on page 15, 16, and 17.

The PFT will be administered on August 27, 2012 & throughout the season

Each student athlete trying out for the MVHS Boys' Soccer Team will take the Physical Fitness Test on the first day of pre season camp.

Please note, each student athlete must have the following properly completed prior to participating in any practice (pre season or regular season) or game: physical exam, parental permission, standard operating procedure consent form.

Each student athlete must run 2 miles and score at least a 3rd class PFT scores to be eligible to play in any MVHS Boys' Soccer Games.

Please refer to the PFT scoring chart that is provided on page 19 and page 20.

Events of the PFT

Maximum number of Pushups in 2 Minutes (Timed Event)

Maximum number of Crunches in 1 Minute (Timed Event)

2 Mile Run-(Timed Event)

1st Class PFT Score- 225 to 300

2nd Class PFT Score-174 to 224

3rd Class PFT Score-135 to 173

Scoring: The maximum score for the PFT is 300 points. To calculate your score, look at the chart on pages 19 & 20

For example, if a student athlete runs 2 miles in 13:00, and does 35 pushups and 40 crunches. His score is as follows:

2 mile run	Timed Event: 13:00 minutes	100 points,
35 pushups	Timed Event: 2 Minute	90 points,
40 crunches	Time Event: 1 Minute	80 points
Total		270 points-1st Class PFT Score

MVHS Boys' Soccer Physical Fitness Test (PFT) Score Chart

Points	Push-Ups	Crunches	2-Mile Run
100	40	50	13:00
99			13:10
98	39	49	13:20
97			13:30
96	38	48	13:40
95			13:50
94	37	47	14:00
93			14:10
92	36	46	14:20
91			14:30
90	35	45	14:40
89			14:50
88	34	44	15:00
87			15:10
86	33	43	15:20
85			15:30
84	32	42	15:40
83			15:50
82	31	41	16:00
81			16:10
80	30	40	16:20
79			16:30
78	29	39	16:40
77			16:50
76	28	38	17:00
75			17:10
74	27	37	17:20
73			17:30
72	26	36	17:40
71			17:50
70	25	35	18:00
69			18:10
68	24	34	18:20
67			18:30
66	23	33	18:40
65			18:50
64	22	32	19:00
63			19:10
62	21	31	19:20
61			19:30
60	20	30	19:40
59			19:50
58	19	29	20:00
57			20:10
56	18	28	20:20
55			20:30
54	17	27	20:40
53			20:50
52	16	26	21:00
51			21:10
50	15	25	21:20
49			21:30
48	14	24	21:40
		Page 19	

47			21:50
46	13	23	22:00
45			22:10
44	12	22	22:20
43			22:30
42	11	21	22:40
41			22:50
40	10	20	23:00
39			23:10
38	9	19	23:20
37			23:30
36	8	18	23:40
35			23:50
34	7	17	24:00
33			24:10
32	6	16	24:20
31			24:30
30	5	15	24:40
29			24:50
28	4	14	25:00
27			25:10
26	3	13	25:20
25			25:30
24	2	12	25:40
23			25:50
22	1	11	26:00
21			26:10
20		10	26:20
19			26:30
18		9	26:40
17			26:50
16		8	27:00
15			27:10
14		7	27:20
13			27:30
12		6	27:40
11			27:50
10		5	28:00
9			28:10
8		4	28:20
7			28:30
6		3	28:40
5			28:50
4		2	29:00
3			29:10
2		1	29:20
1		<i>Page 20</i>	29:30

2012 MVHS Boys' Soccer Post Concussion Return to Activity Release Form

This form is to be used after a student-athlete is removed from and not returned to competition after exhibiting concussion symptoms. The athlete can't return to practice or a game until written authorization is obtained from a licensed doctor and the athlete's parents/guardians.

Student-athlete's name: (printed)

Grade: _____ Date of Injury: _____

HEALTH CARE PROFESSIONAL'S ACTION

I have examined the named student-athlete following this episode and determined the following:

_____ **Permission is granted** for the athlete to return to competition

_____ **Permission is not granted** for the athlete to return to competition

COMMENT: _____

Health Care Facility/Doctor's Stamp:

_____ **Date:** _____
Doctor's Signature

_____ **Date:** _____
Doctor's Name Printed

_____ **Date:** _____
Signature of Parent/Guardian

_____ **Date:** _____
Printed Name of Parent/Guardian