

Logan Middle 7th and 8th Grade Football

WELCOME LETTER AND CAMP SALEM CAMPOUT DETAILS

Dear Parents, Guardians and Athletes,

Welcome to the Fall 2026 Logan Panthers Football season.

Our first day of Practice is Monday August 24th from 3:30-5:30. Athletes will complete a “combine” evaluation for positions, and we will overview our offense and defense.

The Logan Middle Football Team is focused on building character, trust and fortitude in order to focus our minds and skills as a team. Our goal is to develop players into positive minded community members. Attached you will find our schedule and our Campout Packet.

All players must have online registration and a physical before practicing. All practices are at Logan Middle with the exception of the Campout. Attendance and practice is mandatory and absences, tardiness and disrespectful behavior will result in fewer minutes playing in the games.

Players will need to provide their own cleats, shorts and shirts. A mouthguard, helmet, pads and uniforms will be provided.

The beginning of the season is hot and humid and the end of the season is cold and wet. Please prepare ahead of time and stay hydrated throughout the day prior to practice and games.

We will have a short parent/guardian meeting from 5-5:30 on Monday August 24th to overview the season and overview the campout.

Sincerely, Coach Sprain

FOOTBALL CAMPOUT INFORMATION

DATES: Thu. - Fri. Sept. 10-11, 2026 - COST: \$30

Turn in forms and \$ to Coach Sprain or the Office

Thursday Sept. 10th

8:10-8:20 Before School: Overnight gear to locker rm, go to class all day then meet in locker rm after school.
3:30-4:15 Overview Camp Expectations - Load Bus - Travel to the Log Cabin Catering Hall in Bangor
4:15-5:00 Eat supper. Then back on to the bus to Tomah, WI
5:15-??? Arrive at Tomah High and watch the Logan Freshman Football Game
After the Game - Travel to Camp Salem - unload Gear into cabins.
Evening Team Night Hike then Campfire/Snacks/Smores - Personal Goals/Movie/Bed - lights out

Friday Sept. 11th

Morning Campfire Time - Clean Cabins/Breakfast/Team Challenge and Practice/Season Overview
Lunch
Afternoon Service Project - Robinson Creek Waterfall Hike Team Acknowledgements/Team Picture
2:15 pm Load Bus - Travel back to Logan Middle School
3:30pm Go Home - NO Practice after school

INCLUDED IN THIS PACKET:

- ☐ • SCHOOL DISTRICT OF LACROSSE OVERNIGHT FIELD TRIP FORM (Required for all)
- ☐ • SCHOOL TRIP HEALTH MEDICATION INFORMATION FORM FORM (Required for all)

NOT INCLUDED IN THIS PACKET:

- ☐ • SCHOOL DISTRICT OF LACROSSE ENROLLMENT - [Complete online click here](#)
- ☐ • SCHOOL DISTRICT OF LACROSSE ATHLETIC REGISTRATION AND PHYSICAL FORM - REGISTER THROUGH YOUR SKYWARD LOGIN. CONTACT SAM PARKHURST - LOGAN MIDDLE ATHLETIC DIRECTOR IF YOU HAVE QUESTIONS: sparkhur@lacrossesd.org
- ☐ • SCHOOL MEDICATION / PROCEDURE FORM (One Sheet Required per medication you take during the trip - if needed - Pick this up from Ms. Welke in the Office)

PARENT/GUARDIAN PARTICIPATION & DONATIONS

• Parents/Guardians that wish to attend/help with this event must complete this volunteer/donations ([CLICK HERE to complete the Donations/Volunteering FORM](#)) or contact Mr. Sprain via email tsprain@lacrossesd.org or school phone 608.789.7740

• If you are volunteering, you will need to complete the School District PARENT VOLUNTEER APPLICATION ([CLICK HERE TO COMPLETE THE Volunteering APPLICATION](#)) for approval prior to the event.

Mr. Sprain will return your email/call and let you know your role for the event. If you do not hear from him please call 608.789.7740 - some outside emails get filtered into a SPAM folder.

LOCATION & FACILITIES

Camp Salem is a private, 10 acre camp located off of Highway County O near Millston, WI (1 hr. from La Crosse). Facilities consist of a main lodge, 2 small cabins and a small summer kitchen/meeting room. Clear Creek runs through the property past two small ponds and several hiking trails.

LODGING/SLEEPING ARRANGEMENT

Students will be sleeping inside the cabins or in tents. They will be sleeping in a variety of spaces including beds, and the floor of a building or tent. Bring a sleeping mat or blow up mattress if possible.

COSTS

\$30 Per Person - Expenses will be paid through donations from families. Make Checks out to Logan Middle - you can pay the week of the event. The event includes a team t-shirt, 3 meals, snacks, camp rental, and bus fees. Partial and full scholarships are available. Send an email requesting the amount you need for a scholarship to Coach Sprain at tsprain@gmail.com.

CELL PHONES

Players will turn in their cell phones just like all school events. They will have time to use their cell phone after each meal to check in with home.

EXPECTATIONS

*be positive *be responsible *be respectful *give 100% effort

INDIVIDUAL EQUIPMENT CHECKLIST

- | | |
|-------------------|--|
| 1. CLOTHING: | * jacket or sweatshirt - we will be around the campfire and evening may be cool |
| | *swimsuit and a shirt to wear in the water for waterfall hike & bug/UVprotection |
| | *clothes to wear to bed and Change of clothes to wear on Friday |
| 2. BEDDING | *sleeping bag and pillow *Optional - Blow up mattress or Sleeping Mat |
| 3. PERSONAL ITEMS | *toothpaste and toothbrush *Towel |

We are looking forward to a great Football Season and school year. See you at camp!!

Sincerely, Coach Sprain

FIELD TRIP PERMISSION FORM

This field trip form is valid for Single Use only.



We, the undersigned Parent(s)/Guardian of _____ do hereby give our permission and consent for our child to attend the following field trip:

School/Grade:

Logan Middle 7-8 grade Football Team

Date: 9/10/2025 and 9/11/2025

Location:

Bangor - Log Cabin-catering Hall-Tomah High School-Football Field. Camp Salem N25889 Bacon Rd. Black River Falls, Wi. WI Cranberry Research Station and the Black River Falls State Forest.

Time: Thu. Sept. 10 3:30pm to Fri. Sept. 11 3:30pm

Field trip Fee: \$30

Transportation: School Bus

By signing below, and in consideration for being allowed to participate in this field trip we understand and agree to the following:

- It is understood that the student must abide by the directions given by the instructor at all times.
- The *Student Code of Rights and Responsibilities* and the *Co-Curricular Activities Code* will apply during field trips. Serious violations may result in having students sent home at the parents/guardian expense.
- The student and parent(s)/guardian(s) acknowledge and fully understand that there are inherent risks, including the acts or omissions of the student or other students, associated with any field trip activity and that all inherent risks cannot be described as part of this document and I/we assume liability and responsibility for any such risks associated with participation in the activity.
- The student and parent(s)/guardian(s) acknowledge that as a condition of the student's participation in this activity, I/we indemnify and hold harmless and waive any and all claims against the School District of La Crosse, its officers, employees, agents, and volunteers, including but not limit to, claims of negligence of any officer, employee, agent or volunteer or any loss or damage to personal property occurring during or by reason of the student participating in this activity.
- This field trip permission form must be signed by a parent /guardian and be on file with the instructor before the student will be taken on the field trip.

AUTHORIZATION TO CONSENT TO TREATMENT OF STUDENT

(We/I), the undersigned Parent/Guardian of the above mentioned student minor do hereby authorize the staff member of the School District of La Crosse supervising the activity concerned, as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon on the medical staff of any licensed hospital whether such diagnosis or treatment is rendered at the office of said physician at the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital care which the physician in the exercise of his/her best judgment may deem advisable. Also, the authorized school district staff has the authority to call for emergency medical transportation or provide transportation himself/herself, for the benefit of the involved student, as the staff person deems necessary.

Every effort will be made to contact parents or guardians to explain the nature of the problem prior to any involved treatment.

STUDENT NAME: _____ **HOME/EMERGENCY PHONE NO.** _____

ADDRESS: _____ **FAMILY DOCTOR/HOSPITAL:** _____

It is the responsibility of the parent to notify school authorities if the medical condition of the student changes during the school year. Please notify the school if there have been any changes in the student's medications, allergies, or health conditions since last reported to the school.

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

Please list the name of any member of the immediate family that could be contacted in case the parent/guardian cannot be reached. Name: _____ Phone: _____ Relationship to Student: _____

If you have any special request to make concerning your child's participation in this field trip, you should convey your request in writing to the teacher in charge. If possible, such special requests will be honored.

SCHOOL TRIP HEALTH MEDICATION INFORMATIONDATE(S) OF TRIP
LOCATION OF TRIP:

Sept. 4 3:30pm to & 5 3:30pm to Log cabin catering hall, Bangor, WI. Sparta High School Football Field. Camp Salem N2635 Bacon Rd. Black River Falls, WI. WI Cranberry Research Station and BRF State Forest

In planning for your son/daughter's safety, we need the following health and medication information completed and turned into school **one week prior to departure**.

Name of Student: _____ DOB: _____ School: _____

☐ My child does not have any health concerns.

Parent Signature

Date

-OR-

☐ My child has the following health concerns (i.e. asthma, diabetes, migraines, seizure disorder, food allergy, etc.):

☐ It is necessary for my child to have medication for this field trip (please follow instructions below).

OVER-THE-COUNTER MEDICATION:

If your child needs over-the-counter medication given on the trip:

- ☒ A parent will need to complete and sign the attached medication form (separate form for each medication) and bring the medication to the Health Room one week prior to the field trip.
- ☒ The medication must be in the original manufacturer's package that lists the ingredients, recommended dose and expiration date.
- ☒ Call school health office for additional help.

PRESCRIPTION MEDICATIONS:

If your child needs prescription medication given on the trip:

- ☒ Please have your child's doctor complete and sign the attached medication form (separate form for each medication). If you would like your physician to fax the order to school, the fax number is _____.
- ☒ Bring the forms and medication to school one week prior to field trip. Once we receive your child's medication order form from their doctor, we will send it home for your signature.

IMPORTANT:

- ☒ Bring all medication in the original, labeled bottle. No baggies or make-shift bottles will be accepted.
- ☒ Send only enough medication for the trip.
- ☒ Instruct your child that it is dangerous and may be illegal to take another's medication.

Parent signature _____ Date _____

*Please contact Ms. Wetke at Logan Middle if you have any health questions.

Please return to Mr. Sprain by Logan Middle

Friday Aug. 29, 2025