



**DLJH CHARGER  
BOYS ATHLETICS  
PARENT MEETING  
2026-2027**

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# ABOUT OUR COACHES

- **Daniel Shorter** - Campus Athletic Coordinator
  - Head Football / Track / Head Tennis
- **John Andrews** - Head Basketball / Track
- **Javier Sanchez** - Head Soccer / Basketball
- **Todd Nicholas** - Head Boys Track / Football
- **Austin Garner** - Head Cross Country / Track
- Mykhael Briones - Football / Basketball
- Roger Majano - Football
- Calvin Henningson - Football
- Sloan Hood - Football
- Ryan Hull - Football



# DLJH CHARGER BOYS ATHLETICS

- DLJH coaching philosophy
  - Meaningful relationships
    - “You can only coach to the depth of your relationships”
  - Accountability - Coaches & Athletes
  - “Fail Forward”
    - ~~“This is how we’ve always done it”~~
- Program Philosophy
  - Multi-Sport Athletes
  - Prepare student athletes for the next level of play
  - Prepare student athletes to be successful adults



# DLJH CHARGER BOYS ATHLETICS

- Athletic Requirements
    - Current Physical
      - Due before first practice / tryout or SAC
    - RankOne Forms must be completed before first practice or SAC
    - Copy of Birth Certificate (submitted through RankOne)
    - Current Utility Bill - Dated after August 1st 2025 (submitted through RankOne)
    - Student Athlete Contract
    - All documentation completed by August 13th
- 



# DLJH CHARGER BOYS ATHLETICS

- May 5<sup>th</sup> Purple Track Physical Day
  - \$20 for the physical through GoFan.
  - Must use the district physical form.
  - Students will be walked over from Roberts or Leaman during school day to the field house.

## PURPLE TRACK PHYSICAL DAY

For all incoming student athletes 7<sup>th</sup>-12<sup>th</sup> grade

### Register/Payment



Cashless payment \$20.00 (ONLY).



Tuesday, May 5<sup>th</sup> 8:30am-4:30pm



Fulshear High School Main Gym

### Physical Form



### Rank One



# DLJH CHARGER

## BOYS ATHLETICS

- Physicals

- Example to ensure no issues!
- Front filled out completely by parent / guardian!
  - Including Student ID
- Student and Parent Signature on front!
- Back filled out completely BY DOCTOR!
- Doctor signature and STAMP!

Student ID# [redacted]

**PREPARTICIPATION PHYSICAL EVALUATION – MEDICAL HISTORY**

This **MEDICAL HISTORY FORM** must be completed **annually** by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name (print) [redacted] Sex M Age 14 Date of Birth [redacted]  
 Address [redacted] Phone [redacted]  
 Grade (2024-2025) 8th grade School Leanan Junior High School  
 Personal Physician [redacted] Phone [redacted]  
 In case of emergency, contact:  
 Name [redacted] Relationship mother Phone (H) [redacted] (W) [redacted]

Explain "Yes" answers in the box below. Circle questions you don't know the answers to.

<p>1. Have you had a medical illness or injury since your last check up or physical? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Have you ever had surgery? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>4. Have you ever had prior testing for the heart ordered by a physician? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>5. Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>7. Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>8. Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>9. Have you ever had high blood pressure or high cholesterol? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>10. Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>11. Has any family member or relative died of heart problems or of sudden unexplained death before age 50? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>12. Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>13. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Has a physician ever denied or restricted your participation in activities for any heart problems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>15. Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>16. If yes, how many times? <u>—</u></p> <p>17. When was your last concussion? <u>—</u></p> <p>18. How severe was each one? (Explain below) <u>—</u></p> <p>19. Have you ever had a seizure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>20. Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>21. Have you ever had numbness or tingling in your arms, hands, legs or feet? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>22. Have you ever had a stinger, burner, or pinched nerve? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>23. Are you missing any paired organs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>24. Are you under a doctor's care? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>25. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>26. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>27. Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>28. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>29. Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>30. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>13. Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Do you have asthma? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>15. Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>16. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>17. Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>18. Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>19. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>20. If yes, check appropriate box and explain below:</p> <table border="0"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td><input type="checkbox"/> Foot</td> <td></td> </tr> </table> <p>21. Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>22. Do you feel stressed out? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>23. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>Females Only:</b> I choose not to provide written information on Question 19 but will discuss with a medical professional. <input type="checkbox"/></p> <p>19. When was your first menstrual period? <u>—</u></p> <p>When was your most recent menstrual period? <u>—</u></p> <p>How much time do you usually have from the start of one period to the start of another? <u>—</u></p> <p>How many periods have you had in the last year? <u>—</u></p> <p>What was the longest time between periods in the last year? <u>—</u></p> <p><b>Males Only:</b> I choose not to provide written information on Question 20 but will discuss with a medical professional. <input type="checkbox"/></p> <p>20. Are you missing a testicle? <u>NO</u></p> <p>Do you have any testicular swelling or masses? <u>NO</u></p> <p><input type="checkbox"/> An electrocardiogram (ECG) is not required. I have read and understand the information about cardiac screening on the UIL Sudden Cardiac Arrest Awareness Form. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.</p> <p><b>EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary).</b></p>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
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<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle																	
<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot																		

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the U.I.L.

Student Signature: [redacted] Parent/Guardian Signature: [redacted] Date: 3/3/25

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.

For School Use Only: This Medical History Form was reviewed by: Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**PREPARTICIPATION PHYSICAL EVALUATION – PHYSICAL EXAMINATION**

Student's Name [redacted] Sex M Age 14 Date of Birth [redacted]  
 Height 5'9" Weight 74.2 kg % Body fat (optional) \_\_\_\_\_ Pulse 66 BP 119/70 ( / / )  
 brachial blood pressure while sitting  
 Vision: R 20/ 20 L 20/ 20 Corrected:  Y  N Pupils:  Equal  Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It **must** be completed if there are yes answers to specific questions on the student's **MEDICAL HISTORY FORM** on the reverse side. \* **Local district policy may require an annual physical exam.**

	NORMAL	ABNORMAL FINDINGS	INITIALS*
<b>MEDICAL</b>			
Appearance	✓		[initials]
Eyes/Ears/Nose/Throat	✓		[initials]
Lymph Nodes	✓		[initials]
Heart-Auscultation of the heart in the supine position.	✓		[initials]
Heart-Auscultation of the heart in the standing position.	✓		[initials]
Heart-Lower extremity pulses	✓		[initials]
Pulses	✓		[initials]
Lungs	✓		[initials]
Abdomen	✓		[initials]
Genitalia (males only) if indicated	✓		[initials]
Skin	✓		[initials]
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)	✓		[initials]
Neck	✓		[initials]
Back	✓		[initials]
Shoulder/Arm	✓		[initials]
Elbow/Forearm	✓		[initials]
Wrist/Hand	✓		[initials]
Hip/Thigh	✓		[initials]
Knee	✓		[initials]
Leg/Ankle	✓		[initials]
Foot	✓		[initials]

\*station-based examination only

**CLEARANCE**

Cleared

Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Professional Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) TOP JONES CANARE Date of Examination: 3/3/25  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**TEXAS CHILDREN'S URGENT CARE**  
 9727 Spring Green Blvd, Ste 900, Katy, TX 77484  
 281-788-6300

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/games/matches.

# DLJH CHARGER MAJOR SPORTS

## IN SEASON

Emphasis on building sports competencies. Including chalk talk, fundamentals, individual and small group drills. Lifting weights at least 1 day per week.

## OFF SEASON

Emphasis on building speed, strength, explosiveness. Lifting weights, speed / agility training, plyometrics, & mobility.



# DLJH CHARGER BOYS ATHLETICS

- Major Sports
  - Includes in-season and offseason training as well as athletics based education such as social media training, nutrition, and leadership.
- The program will be highly structured with the expectation that athletes will:
  - Dress out (white shirt, black shorts, athletic shoes)
  - Be on time to where they need to be
  - Compete in all drills to the best of their ability
  - Be a positive member of the learning community
  - Maintain academic standards according to the UIL



# DLJH CHARGER BOYS ATHLETICS

- We operate like a high school program!
    - We are larger than almost all of the high school programs in the district.
    - This means that our athletes have to grow up fast!
      - Be responsible for their belongings, utilize the lock and lockers
      - Be on time, be where you're supposed to be, work hard.
      - Respect other athletes, respect the equipment, respect the facilities, and respect what we're trying to accomplish here.
-

# DLJH CHARGER

## BOYS ATHLETICS

- Outside Sports / Trainers
    - Non UIL sports and DLJH Athletics
      - We will work with athletes but expectation is that school sports take priority.
    - DLJH Athletics and outside trainers / coaches
      - Our program is designed for OUR athletes and what we do HERE.
      - Outside trainers and coaches will not dictate what we do HERE.
      - Only a medical note from a doctor can excuse an athlete from activity.
-

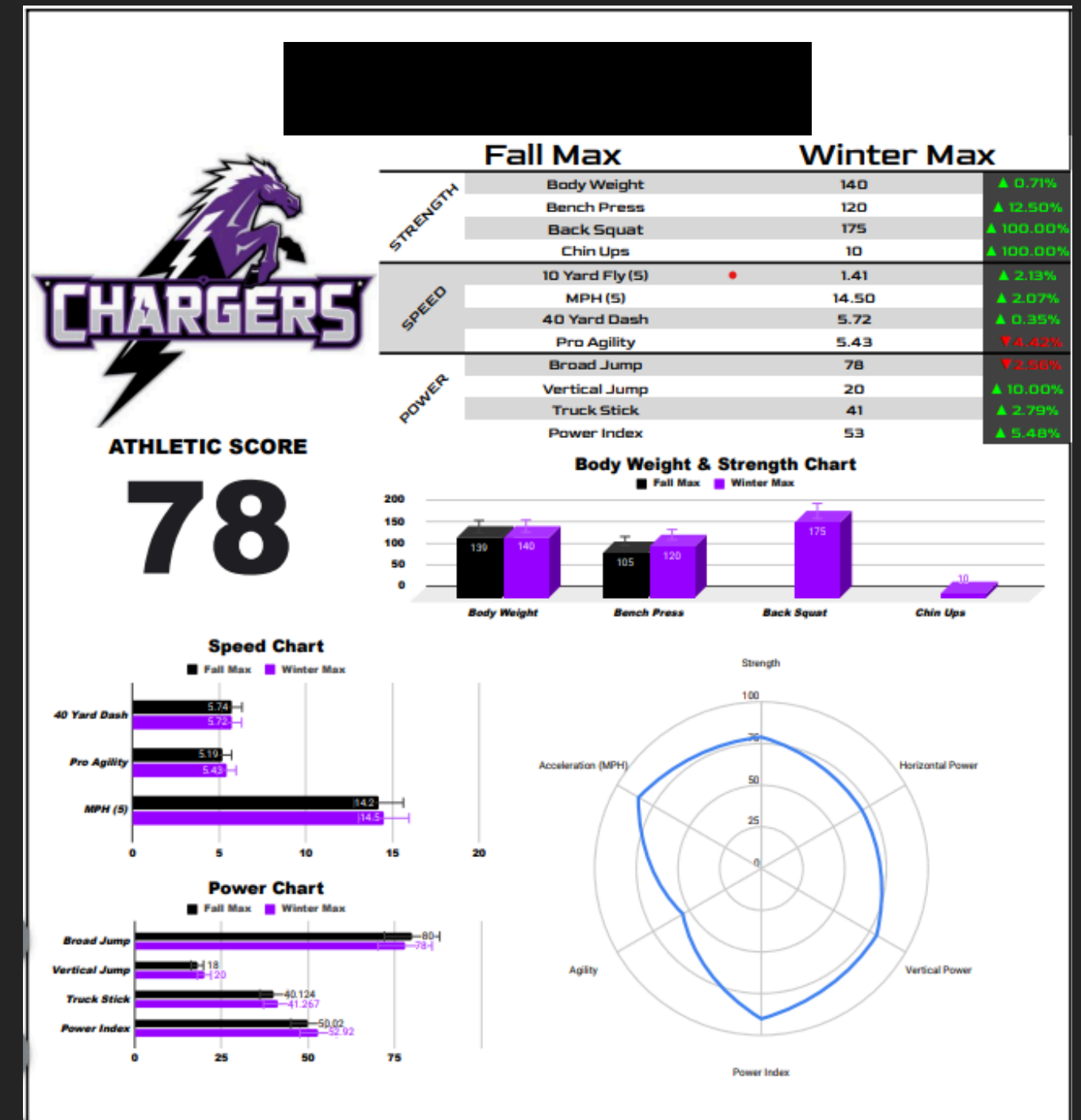
# DLJH CHARGER BOYS ATHLETICS

- Student Athlete Contract
  - Each athlete and parent will sign a student athlete contract. The contract covers basic expectations of any athlete in the program both in and out of major sports. Items covered:
    - Academics
    - Behavior
    - Physical Conditioning & Training
    - Team & Teamwork Standards
  - An athlete who chooses not to follow the guidelines laid out in the contract could face consequences up to being moved out of Major Sports.



# DLJH CHARGER BOYS ATHLETICS

- Strength and Conditioning Program
  - Based on the most up to date research focusing on youth athletic development.
  - Athlete Data sheets to show improvement OR lack thereof.
    - We then utilize this data to make informed decisions on training methodology.
  - Weight Training
  - Speed Work
  - Athletic Movements (Agility / Plyometrics)
  - Auxiliary Exercises



# DLJH CHARGER BOYS ATHLETICS

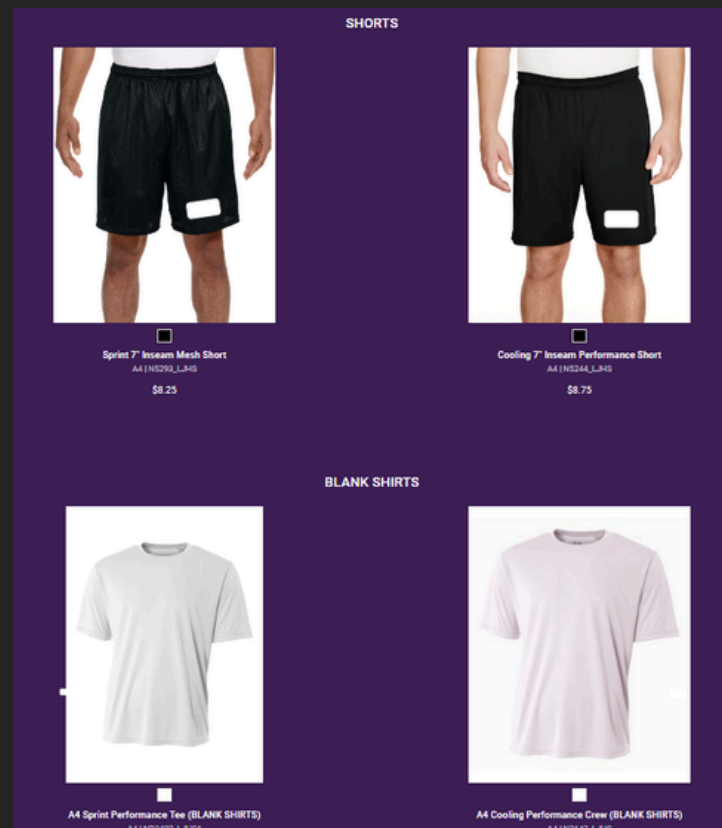
- Parent Expectations
    - When your child signs up for a sport, SO DO YOU!
    - Transportation to practice
    - Positive influence for your athlete.
    - If issues arise, communicate appropriately with athletes and coaches.
    - Allow your athlete the opportunity to grow through struggle and adversity.
-

# DLJH CHARGER BOYS ATHLETICS

- Parent Expectations
    - Communication Process
      - Player to Assistant Coach
      - Player and Parent to Assistant Coach
      - Player / Parent / Assistant Coach & Head Coach
      - All parties & Admin
    - No communication directly after a game. (24 hour rule)
    - We are here to work with you and your athletes, but give them the opportunity to advocate for themselves.
-

# DLJH CHARGER BOYS ATHLETICS

- Major Sports Uniform
- Store open until Thursday May 8
  - White Shirt / Black Shorts / Athletic Shoes
    - No crocs / slides / sandals etc.
  - Football Compression Undershirt (optional)



# DLJH CHARGER FOOTBALL



- Time Frame: August - October (Practice starts first week of school)
    - Equipment handout the week before school starts
  - Vertical Alignment with CFHS Football
    - Scheme / Fundamentals / Philosophy
  - A / B / C teams, Non-cut sport
  - Practice performance earns play time
  - Everyone will be coached, it's on the athlete if they choose to take that coaching.
  - We play to win but player development is the **PRIORITY**.
-

# DLJH CHARGER FOOTBALL

- Major Sports Periods & Football
    - 8th Grade is 1st Period in conjunction with morning practice. Approximate start time 7 a.m.
    - 7th Grade is 7th Period in conjunction with afternoon practice. Approximate end time 6 p.m.
    - **Must play football to be in Major Sports period to start the year.**
      - Any other sports (basketball) start the year in PE until they make the team.
-



# DLJH CHARGER CROSS COUNTRY

- Time Frame: October - November
  - Outdoor trail running up to 2 miles.
  - AM Practices only
  - No practice participation no meet participation.
  - Typically take 20 per grade per gender.
  - Top 15 per gender for each grade will compete at the district meet.
-

# DLJH CHARGER BASKETBALL



- Time Frame: November - February
  - If not playing football athletes will start the year in PE, if they make the team they will be moved into Major Sports.
  - There are 2 teams per grade level and 24 athletes total per grade.
    - Over 100 tryout and it is a CUT sport.
  - Practices are AM only.
-



# DLJH CHARGER

## TRACK & FIELD

- Time Frame: February - April
  - Track & Field is a CUT sport. Over 150 athletes tried out last year.
    - Top 3 or 4 athletes in each event will compete at the meets.
  - Sprints, Hurdles, Distance, Relays
  - Shotput, Discus, Long Jump, Triple Jump, High Jump, Pole Vault
  - Short season (5 meets total)
-

# DLJH CHARGER SOCCER



- Time Frame: March - May
  - Don't wait on physical!
  - Tryouts are 4 days. Over 100 try out.
  - Practices are in the mornings before school.
  - Combined 7<sup>th</sup> and 8<sup>th</sup> grade teams. 30 total on the roster evenly distributed.
-

# DLJH CHARGER

## TENNIS



- Time Frame: March - April
  - Don't wait on physical!
  - Tryouts are 4 days. Over 100 try out.
  - Practices are in the mornings before school.
  - Combined 7<sup>th</sup> and 8<sup>th</sup> grade teams.  
Kept 20 boys and 20 girls school wide.
  - 3 lines of singles, doubles, mixed doubles.
-

# FULSHEAR HS SAC CAMP



COME OUT TO FULSHEAR HS STRENGTH AND  
CONDITIONING CAMP AND PREPARE FOR THE  
UPCOMING 2026-2027 SCHOOL YEAR!  
BUILD STRENGTH, SPEED, AND GET YOURSELF  
READY FOR YOUR BEST YEAR YET! ALL  
ATHLETES ENTERING GRADES 7-12 AND ZONED  
TO FULSHEAR HS AND LEAMAN JH ARE  
WELCOME!

## DATES

JUNE 1<sup>ST</sup> - 4<sup>TH</sup>  
JUNE 8<sup>TH</sup> - 11<sup>TH</sup>  
JUNE 15<sup>TH</sup> - 18<sup>TH</sup>  
JUNE 22<sup>ND</sup> - 25<sup>TH</sup>  
JULY 6<sup>TH</sup> - 9<sup>TH</sup>  
JULY 13<sup>TH</sup> - 16<sup>TH</sup>

COST IS \$75

REGISTER THROUGH  
GOFAN. MUST HAVE VALID  
PHYSICAL AND RANKONE  
COMPLETED!

HIGH SCHOOL SESSION: 8:00 - 11:00 A.M.  
JH SESSION: 10:00 A.M. - 11:30 A.M.



# DLJH CHARGER BOYS ATHLETICS

## STRENGTH & CONDITIONING CAMP

- June 1st Start
  - Monday - Thursday 10-11:30 a.m.
  - Must have physical and RankOne completed to participate.

# DLJH CHARGER BOYS ATHLETICS

- Mascot Media (Lamar CISD Athletics)
    - GoDLJHChargers.com
    - Website with all of our up to date information.
  - ParentSquare
    - Primary communication for our sports teams and Major Sports. Utilized for weekly updates, changes in schedule, heading back messages etc.
-

- Fulshear GoFan  
(SAC & Physical Day)



- Leaman JH Store



- Coach Shorter Campus Athletic Coordinator
    - Head Football
    - [daniel.shorter@lcisd.org](mailto:daniel.shorter@lcisd.org)
  - Coach Andrews (Head Basketball)
    - [john.andrews@lcisd.org](mailto:john.andrews@lcisd.org)
  - Coach Nicholas (Head Boys Track & Field)
    - [todd.nicholas@lcisd.org](mailto:todd.nicholas@lcisd.org)
  - Coach Garner (Cross Country)
    - [austin.garner@lcisd.org](mailto:austin.garner@lcisd.org)
  - Coach Sanchez (Soccer)
    - [javier.sanchez@lcisd.org](mailto:javier.sanchez@lcisd.org)
-