

Melvindale Junior Football Club Registration Form



Program (Select one):

- Football
- Cheer

Today's Date:
Child Name:
Child Age:
Date of Birth:
Address:
City, State, Zip:
Home Phone Number:
Cell Phone:
Parent/Guardian:
Cell Phone:
Parent/Guardian:
Cell Phone:

Previous concussion, broken bones and year(s) of occurrence:

DOWNRIVER JUNIOR FOOTBALL LEAGUE REGISTRATION

(Please Print)

Participant's Full & Legal Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Date of Birth: _____ League Age: _____

Cell Phone: _____ Email address: _____

Cell Phone: _____ Email address: _____

School District Child Attends: _____

Did your child participate in the DJFL last Season? YES NO

If YES, what Member Organization: _____

I / we, the parent(s) of _____ a candidate for a position on a team of the Downriver Junior Football League, hereby give my / our approval to his / her participation in any and all of the League's activities during the current season. I / we assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I / we do hereby waive, release, indemnify, and agree to hold harmless USA Football, Heads Up Football LLC, the local team, the Downriver Junior Football League, the organizers, sponsors, supervisors, participants, and persons transporting my / our child to or from activities from any claim arising out of any injury to my / our child, except to the extent covered by accident or liability insurance. I / we also grant consent to the home team medical professional to render whatever emergency medical care he has deemed necessary in the event of an injury to my / our child.

I / we hereby certify that the birth certificate or other proof of age used in the registration of my / our child is true and correct. I / we fully understand that should otherwise be proved true, all of the games in which my / our child participates will be forfeited.

FURTHER, I / we agree that, if my / our child makes the team and is issued team equipment, I / we will be responsible for said equipment as follows: Immediate return of all issued equipment upon demand. Further, I / we will pay for (at team cost) any and all equipment lost, destroyed or not returned.

FURTHER, I / we agree to furnish my / our child with the prescribed shoes, socks, and supporter and such other personal equipment as is necessary for his / her health and safety.

PARENT/GUARDIAN (PRINTED): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

DOWNRIVER JUNIOR FOOTBALL LEAGUE
REGISTRATION
CONSENT FOR MEDICAL TREATMENT

I, _____ parent of _____ a
minor child, hereby voluntarily consent to the administration of such anesthetics and the
performance of such operations on said minor child as the anesthetist-in-charge and the surgeon-in-
charge, respectively, may deem necessary, or advise, when said minor child is admitted to any
hospital or clinic for emergency medical treatment.

MEDICAL CONSENT

Parent / Guardian

=====

League Age _____ Weight _____ Unit and Team Assignment _____

Number of Previous Seasons of Participation _____

I have examined the birth record of this child and find it accurate as indicated.

Registrar

=====

I have examined this child and it is my considered opinion that he / she does not have any physical defect or
impairment which will prevent him / her from participating in the sport of football or cheerleading.

Name and address of Physician

Signed _____

Examining Physician

Date _____

REGISTRATION
INFORMATION

PHYSICIAN
AUTHORIZATION

Practice Jersey _____ Game Jersey _____ Helmet _____

Parka _____ Game Pants _____ Practice Pants _____ Game Socks _____

Should Pads _____ Knee Pads _____ Thigh Pads _____ Girdle Pads _____

Skirt _____ Pants _____ Sweater _____ Shoes _____

Date Returned _____

Date _____

Parent / Guardian _____

EQUIPMENT ISSUE

DOWNRIVER JUNIOR FOOTBALL LEAGUE MEDICAL HISTORY & INFORMATION

Child Name: _____
 Street Address: _____
 City: _____

Date: _____
 D.O.B: _____
 Telephone: _____

EMERGENCY CONTACT (S):

Name: _____
 Relationship: _____
 Telephone: _____

Name: _____
 Relationship: _____
 Telephone: _____

FAMILY INSURANCE INFORMATION:

Insurance Company: _____
 Policy Holder: _____
 Family Medical Insurance coverage in effect at this time:

Policy Number: _____
 Telephone Number: _____
 Yes No

Please complete the following: If the answer to any question is or was yes, please describe.
 Please describe the problem and it's implications for proper first aid treatment on the back of this form.
 Has the child had, or does the child currently have:

Head Injury (concussion, etc.)	Y	N	Fainting Spells	Y	N
Convulsions / Epilepsy	Y	N	Asthma	Y	N
Neck or Back Injury	Y	N	Hernia	Y	N
High Blood Pressure	Y	N	Diabetes	Y	N
Kidney Problems	Y	N	Heart Murmur	Y	N
Poor Vision	Y	N	Poor Hearing	Y	N
Allergies	Y	N	Other: _____		

Has the child had, or does the child currently have injuries to:

Shoulder	Y	N	Knee	Y	N	Ankle or Leg	Y	N
Finger	Y	N	Arms	Y	N	Back or Neck	Y	N
Is the child currently taking any medication?	Y	N						

If Yes, what and why: _____

LIST ANY CURENT RESTRICTIONS CURRENTLY PLACED ON THE CHILD'S ACTIVITIES AT THE DIRECTION OF HIS OR HER DOCTOR OR OTHER MEDICAL CARE PROVIDER: _____

Parent / Guardian (Print): _____

Parent / Guardian (Sign): _____ Date: _____

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

▶ **“IT’S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON”**

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp



HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

Zero Tolerance Agreement

No child or parent has the right to be physically or verbally abusive. I shall not threaten, harass, argue, criticize, badger, or use profanity. I shall not resort to violence. I will not interrupt practices and/or games by yelling and screaming at the referees, coaches, or opposing team. No parent shall ever confront, for any reason, an underage junior coach or participant. I will be responsible for any guest that attends a practice or game.

_____ I understand and agree to the terms of the Zero Tolerance Agreement. I understand the possible consequences.

Mandatory Fundraiser Agreement

I will be responsible for making sure all money is turned in before the first (1st) practice or my child will be benched. I understand that I have to pay for all the tickets issued to me. I understand that I cannot return unsold tickets. I will be responsible for any lost or stolen tickets.

_____ I understand and agree to the terms of the Mandatory Fundraiser Agreement as stated above.

Volunteer Agreement

I understand that I must complete four (4) hours of volunteer time as part of my registration requirements for this child. My time must be completed by the end of the season. If I do not complete this volunteer time my volunteer/uniform deposit will be kept by MJFC. I understand that it is my responsibility to contact the volunteer coordinator to get this time completed.

I am interested in the following areas to complete my volunteer time

<input type="checkbox"/> Concessions at Games	<input type="checkbox"/> Video Tape Home Games
<input type="checkbox"/> Chains at Games	<input type="checkbox"/> Video Tape Away Games
<input type="checkbox"/> Bake Sale/Merchandise Booth	<input type="checkbox"/> Beer Booth at Melvindale Days
<input type="checkbox"/> Clean-up after games	<input type="checkbox"/> 50/50 at Home Games

_____ I understand and agree to the terms of the Volunteer Agreement as stated above.

MJFC Website Release

Melvindale Junior Football Club has a website that we post pictures and football/cheerleading information on. Your child's name will not appear with any photo of him/her. The only time your child's name will appear on the website is in relation to a news story or team photo. The Website is secure in that anyone wishing to gain access to the photo section of our website must obtain authorization from our recording secretary.

_____ I understand the Website Release Policy and agree to allow my child's name/picture to appear on the website.

Uniform Agreement

I understand that I am responsible for any practice/game uniform as well as equipment issued to my child. If not returned at the end of the current season during the specified Uniform Turn-In times; I understand that my volunteer/uniform deposit will be kept by MJFC. I will pay all replacement costs. I understand if it is necessary for MJFC to involve an attorney to recoup any money owed to the club, I will be responsible to reimburse MJFC for those fees as well.

_____ I understand and agree to the terms of the UNiform Agreement as stated above.

MJFC By-Laws Release

_____ MJFC By-Laws can be found on the website or in hard copy in the barn.

Final Acknowledgement

I, _____, did indeed provide my initials on all the agreements/releases stated above. My initials indicate that I can and will be held responsible for each of the MJFC policies. I acknowledge that I received a copy of all these agreements with my Cardinal Connection Welcome Edition.

Signed: _____ Date: _____

Membership

Registration Paid in full

Cash: _____

Check#: _____

Value: _____

Receipt#: _____

Volunteer Deposit

Check#: _____

Receipt#: _____

Equipment Deposit

Check#: _____

Receipt#: _____

Mandatory Fundraiser

Tickets Issued

Date Issued: _____

Ticket#s _____ through _____

Tickets Received

Fundraiser Paid

Waiver

Standard Waiver Required

Date completed _____

Registration Assignment

Football

Cheerleading

SQUAD:

Mascot (Cheer)

Ballboy (Football)

Freshman

Junior Varsity

Varsity

League Age: _____

Years in MJFC Program Excluding mascot

seasons: _____

Final League Assignment

Program:

Football

Cheerleading

Squad:

Mascot

Ballboy

Freshman

Junior Varsity

Varsity

Verified by: _____

Registrar: _____

Documentation

Drivers License Copied

Waiver Signed

Birth Certificate Copy/Original Verified

Insurance Card Copy Front/Back

Physical Received

Concussion Awareness

Equipment/Uniform Agreement