

# Melvindale Junior Football Club

## Registration Booklet

### 2024



Today's Date: \_\_\_\_\_

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State:/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent /Guardian: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Please Check One Box:

Football

Cheerleader

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

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# DOWNRIVER JUNIOR FOOTBALL LEAGUE MEDICAL HISTORY & INFORMATION

Child Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
 City: \_\_\_\_\_ Telephone: \_\_\_\_\_

### EMERGENCY CONTACT (S):

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

### FAMILY INSURANCE INFORMATION:

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Policy Holder: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Family Medical Insurance coverage in effect at this time: 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: \_\_\_\_\_

## 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](http://www.facebook.com/CDCHeadsUp)

TO LEARN MORE GO TO [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

# DOWNRIVER JUNIOR FOOTBALL LEAGUE REGISTRATION

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(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: \_\_\_\_\_

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# 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

## 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!

## Fundraiser Agreement

I will be responsible for making sure all money is turned in before the 1st practice or my child will be benched. I understand that I have to pay for all the tickets issued to me. I understand 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 by any photo of him/her. The only time your child's name will appear on the website is in relationship 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 2017 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 that 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: \_\_\_\_\_ Dated: \_\_\_\_\_

**Membership**

- Registration fee paid in full  
Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_  
for \$ \_\_\_\_\_ Receipt # \_\_\_\_\_
- Sibling Receipt # \_\_\_\_\_
- Volunteer/Uniform Deposit  
Receipt # \_\_\_\_\_ Check # \_\_\_\_\_

**Mandatory Fundraiser**

- Tickets issued  
Dated issued \_\_\_\_\_  
Ticket # \_\_\_\_\_ to \_\_\_\_\_
- Date tickets received \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Fundraiser Paid

**Waiver**

- Standard Waiver Required  
Date completed \_\_\_\_\_
- Exemption Waiver Required  
Date completed \_\_\_\_\_

**Registration Notes**

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**Registration Assignment**

- Football  Cheer
- Squad:  Freshmen  JV  Varsity
- League Age: \_\_\_\_\_
- Years in MJFC Program \_\_\_\_\_  
excluding Mascot years

**Final League Assignment**

- Program:  Football  Cheer
- Squad:  Freshmen  JV  Varsity
- League Age: \_\_\_\_\_
- Verified by \_\_\_\_\_
- Registrar: \_\_\_\_\_

**Documentation**

- Drivers License Copied
- Waiver signed
- Birth Certificate Received/ original verified
- Insurance Card Copy Received front &  
back
- Physical Received
- Concussion Awareness
- Equipment/Uniform Agreement

**Siblings- Names- Age-  
Program/Squad**

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