

ROYAL OAK YOUTH FOOTBALL TEAMS

2008 REGISTRATION FORM

CHILD'S INFORMATION

NAME _____
ADDRESS _____
CITY & ZIP _____
PHONE # _____
BIRTH DATE _____
AGE ON November 1ST _____
GRADE DURING SEASON _____
WEIGHT _____ SQUAD _____
SCHOOL _____
HAVE YOU EVER PLAYED YOUTH FOOTBALL Y/N
IF YES, PLEASE LIST THE CITIES

WAIVER AND DATE _____

PARENT'S INFORMATION

MOTHER'S NAME _____
FATHER'S NAME _____
EMERGENCY # _____
DOCTOR'S NAME _____
DOCTOR'S # _____
IF YOU CANNOT BE REACHED PLEASE LIST A THIRD PARTY
WE MAY CONTACT
NAME _____
PHONE _____
E-MAIL ADDRESS

There are **NO** refunds once the player starts practice.

Signed _____ Date _____

THINGS YOU WILL NEED FOR REGISTRATION

BIRTH CERTIFICATE PHYSICAL CURRENT PICTURE FEE INSURANCE WAIVER FORMS SIGNED

OAKLAND-MACOMB YOUTH FOOTBALL ASSOCIATION

2008 MEDICAL HISTORY

TO BE COMPLETED BY PARENT OR GUARDIAN

A CURRENT YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE CURRENT SCHOOL YEAR

NAME		GRADE	AGE	WEIGHT
ADDRESS (STREET, CITY, ZIP)				
FATHER'S NAME		FATHER'S WORK #	MOTHER'S NAME	MOTHER'S WORK #
DOCTORS NAME		DOCTORS PHONE #	EMERGENCY #	

INSURANCE STATEMENT

OUR SON/DAUGHTER WILL COMPLY WITH THE SPECIFIC INSURANCE REGULATIONS OF THE O.M.Y.F.A.

FAMILY INSURANCE CO. _____

CONTRACT # _____

ANY MEDICAL CONDITIONS _____

ALLERGIES _____

HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
HAVE YOU EVER HAD:			HAVE YOU EVER HAD:			DO YOU NOW HAVE:		
FAINTING			JAUNDICE			PAINFUL JOINTS		
DIPHTHERIA			SICKLE-CELL ANEMIA			BACKACHES		
SCARLET FEVER			BLEEDING DISORDER			POUNDING OF HEART		
RHEUMATISM			CONCUSSION			SHORTNESS OF BREATH		
RUPTURE			SPRAIN OR FRACTURE			FREQUENT URINATION		
RHEUMATIC FEVER			SURGERIES			COUGH		
POLIOMYELITIS						NOSEBLEEDS		
PNEUMONIA			DO YOU NOW HAVE:			FREQUENT SORE THROATS		
ASTHMA			BLURRED VISION			STOMACH PAINS		
DIABETES			HEADACHES			CHRONIC FATIGUE		
HEART DISEASE			FAINTING					
KIDNEY DISEASE			CONVULSIONS					
TUBERCULOSIS			BLACKOUTS					

PHYSICAL EXAMINATION

COMPLETED BY THE EXAMINING MD, DO, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER
(CATEGORIES MAY BE ADDED OR DELETED; CHECK APPROPRIATE COLUMN)

SYSTEM	NORMAN	ABN.	SYSTEM	NORMAN	ABN.
VISION			HEART		
BLOOD PRESSURE			ABDOMEN		
PULSE RATE			HERNIA		
ORTHOPEDIC			GENITALIA/TESTICULAR EXAM		
CHEST			NEUROLOGICAL		
LUNGS			MUSCULAR		

RECOMMENDATIONS: _____

I CERTIFY THAT I HAVE EXAMINED THE ABOVE PARTICIPANT AND RECOMMEND HIM/HER AS BEING ABLE TO COMPETE IN SUPERVISED ATHLETIC ACTIVITIES NOT CROSS OUT BELOW.

BASEBALL - BASKETBALL - CHEERLEADING - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS -
ICE HOCKEY - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK - VOLLEYBALL - WRESTLING

SIGNATURE OF EXAMINER _____

PRINTED NAME OF EXAMINER _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PARENT'S CONSENT
2008
MEDICAL TREATMENT OF MINOR

IF THE APPLICANT IS UNDER 18 YEARS OF AGE, THE PARENTS OR GUARDIANS MUST EXECUTE IN PLACE OF THE MINOR.

I HEREBY AUTHORIZE ANY DULY AUTHORIZED DOCTOR, ATHLETIC TRAINER, EMERGENCY MEDICAL TECHNICIAN, PARAMEDIC, NURSE, HOSPITAL OR OTHER MEDICAL FACILITY TO TREAT SAID MINOR FOR THE PURPOSE OF ATTEMPTING TO TREAT OR RELIEVE ANY INJURIES RECEIVED BY OR ILLNESS OF SAID MINOR WHILE HE/SHE IS A PARTICIPANT OR OBSERVER AT THE EVENT NAMED BELOW.

I AUTHORIZE ANY LICENSED PHYSICIAN TO PERFORM ANY PROCEDURE WHICH HE/SHE DEEMS ADVISABLE IN ATTEMPTING TO TREAT OR RELIEVE ANY INJURIES TO OR ILLNESS OF SAID MINOR THAT HE/SHE MAY ENCOUNTER DURING ANY NECESSARY OPERATION.

I CONSENT TO THE ADMINISTRATION OF ANESTHESIA TO SAID MINOR AS DEEMED ADVISABLE BY ANY LICENSED PHYSICIAN.

THE UNDERSIGNED PARENT OR NATURAL GUARDIAN OR LEGAL GUARDIAN OF SAID MINOR DOES HEREBY REPRESENT THAT HE/SHE IS, IN FACT, IN SUCH CAPACITY AND TO THE EXTENT PERMITTED BY LAW AGREES ON HIS BEHALF AND THAT OF THE MINOR TO SAVE AND HOLD HARMLESS AND INDEMNIFY OAKLAND-MACOMB YOUTH FOOTBALL ASSOCIATION, ITS ELECTED AND APPOINTED OFFICIALS, EMPLOYEES AND VOLUNTEERS, EVENT HOLDERS AND SPONSORS, DOCTORS, EMERGENCY MEDICAL TECHNICIANS, ATHLETIC TRAINER, PARAMEDICS, NURSES, HOSPITALS OR OTHER MEDICAL FACILITIES FROM ALL LIABILITY, LOSS, COST, CLAIM OR DAMAGE WHATSOEVER THAT MAY BE IMPOSED UPON OR INCURRED BY SAID PARTIES BECAUSE OF THE PARTICIPATION OF THE MINOR IN THE EVENT SHOWN, AND DOES RELEASE SAID PARTIES ON BEHALF OF BOTH THE PARENTS OR LEGAL GUARDIAN.

STUDENT PARTICIPATION

THIS APPLICATION TO PARTICIPATE IN ATHLETICS IS VOLUNTARY ON MY PART AND THE INFORMATION SUBMITTED IS TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

I HAVE NEVER RECEIVED MONEY OR NEGOTIABLE CERTIFICATES FOR MERCHANDISE IN ANY AMOUNT, NOR ANY EMBLEMATIC AWARD OR MERCHANDISE WORTH MORE THAN TWENTY-FIVE DOLLARS (\$25.00) FOR PARTICIPATING IN ATHLETIC EVENTS, NOR HAVE I EVER COMPETED UNDER AN ASSUMED NAME. AFTER I HAVE REPRESENTED MY TEAM IN ANY SPORT, I WILL NOT COMPETE IN ANY OUTSIDE ATHLETIC CONTEST IN THIS SPORT UNTIL AFTER THE OAKLAND-MACOMB YOUTH FOOTBALL ASSOCIATION SEASON HAS BEEN COMPLETED.

I UNDERSTAND THAT I AM EXPECTED TO ADHERE FIRMLY TO ALL ESTABLISHED ATHLETIC POLICIES OF MY TEAM AND THE OAKLAND-MACOMB YOUTH FOOTBALL ASSOCIATION, SUCH AS THOSE PREVIOUSLY MENTIONED ABOVE AS EXAMPLES BUT WHICH DO NOT PRESENT ALL THE POLICIES TO WHICH I AM SUBJECT.

I GIVE MY PERMISSION FOR MY CHILD TO RECEIVE A PHYSICAL FROM THE DOCTOR THE LEAGUE HAS PROVIDED OR I MAY GET ONE FROM MY OWN PHYSICIAN.

I HEREBY GIVE MY CONSENT FOR MY SON/DAUGHTER TO ENGAGE IN INTERSCHOLASTIC ATHLETICS AND UNDERSTAND THE POSSIBILITY THAT SERIOUS INJURY MAY RESULT FROM PARTICIPATING IN ATHLETIC ACTIVITIES.

I FURTHER UNDERSTAND THAT MY SON/DAUGHTER WILL BE EXPECTED TO ADHERE FIRMLY TO ALL ESTABLISHED ATHLETIC POLICIES OF THE OAKLAND-MACOMB YOUTH FOOTBALL ASSOCIATION.

BY SIGNING BELOW I AGREE TO ALL OF THE ABOVE

EVENT: OAKLAND-MACOMB FOOTBALL ASSOCIATION

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

SIGNATURE OF STUDENT _____

DATE _____

City League

ATHLETIC CONSENT FORM

I, _____, while a participant on the _____ team,
Student Athlete

promise to:

1. Keep up with my school work and grades.
2. Attend all practices, team meetings and competitions.
3. Follow all _____ & OMYFA policies including discipline, attendance, etc.
4. Follow all team rules and policies.
5. Contact the coach personally or in writing if I am unable to attend a practice, team meeting or competition.
6. Replace any equipment or uniform issued to me, either by payment or the equivalent of the lost article.
7. Report any personal injury or teammate's injury to the coach and athletic trainer immediately.
8. Treat opponents with respect.
9. Respect the judgment of contest officials, abide by the rules of the contest and display no behavior that would draw attention away from the contest.
10. Cooperate with contest officials, coaches, and fellow participants to conduct a fair contest.
11. Accept seriously the responsibility and privilege of representing _____ & OMYFA and our community, display positive actions at all times.
12. Be no party to the use of profanity, obscene language, or improper actions.
13. Live up to the high standard of sportsmanship established by the coach, _____ & OMYFA.

I, _____, as the parent/guardian of the above named student athlete will:
Parent/Guardian

1. Respect the decisions made by the coaching staff.
2. Respect the decisions made by the contest officials.
3. Be an exemplary role model by positively supporting teams in every manner possible, including cheers vs jeers.
4. Respect fans and athletic participants.
5. Realize that a ticket is a privilege to observe a contest and support youth football and cheerleading.

I, _____, as a representative of the coaching staff of _____
Coach

& OAKLAND/MACOMB YOUTH FOOTBALL ASSOCIATION.

1. Always stress the importance of academics to our student-athletes.
2. Always set a good example for participants and fans to follow.
3. Instruct student-athletes in proper sportsmanship responsibilities.
4. Respect the judgment of contest officials, abide by the rules of the event and display no behavior that would draw attention away from the contest.
5. Treat opposing coaches, participants and fans with respect.
6. Respect the integrity and personality of the individual student athlete.
7. Develop and enforce policies for sportsmanship standards.
8. Abide by and teach the rules of the game in letter and in spirit.
9. Be no party to the use of profanity, obscene language or improper actions.
10. Be sure background check is turned into _____ & OMYFA.

Student-Athlete Signature - Date

Parent/Guardian Signature - Date

Coach Signature - Date

