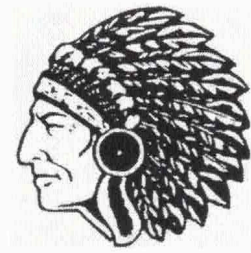


WYANDOTTE INDIANS 2020 Season



Welcome Football Players and Cheer Leaders!

In this Registration packet you will find the following mandatory forms:

- ✓ Registration Form
- ✓ Medical History
- ✓ Head's Up Concussion form
 - Parent
 - Player
 - (2) Information sheets – one for the parent the other for the athlete
- ✓ Waiver's (when applicable)
- ✓ Wyandotte Indians Photo Release & Parents Day Information
- ✓ Physical ***Must Have original signature NO Stamp***

Additional requirements for registration:

- ✓ Registration Fee
- ✓ Physical (must be dated and performed in 2019)
- ✓ Valid Driver's license or State Identification Card
- ✓ Original Birth Certificate ***New athletes only*** Copies will be made at registration – DO NOT bring a copy as we MUST see the original
- ✓ All documents must be signed by parent/legal guardian

Questions? Please contact Jillian Campbell (734) 626-5674 between 9 a.m. and 8 p.m. or via email jilliancampbell05@yahoo.com

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: _____

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

REGISTRATION
INFORMATION

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

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: _____



MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old

Student Name: _____ Date of Birth: _____
Doctor: _____ Doctor's Phone: _____ Date of Exam: _____

GENERAL QUESTIONS		Y	N
Has a doctor ever denied or restricted your participation in sports for any reason?			
Do you have any ongoing medical conditions? If so, please identify below:			
<input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____			
Have you ever spent the night in the hospital or have you ever had surgery?			
HEART HEALTH QUESTIONS ABOUT YOU		Y	N
Have you ever passed out or nearly passed out DURING or AFTER exercise?			
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
Does your heart ever race or skip beats (irregular beats) during exercise?			
Has a doctor ever told you that you have any heart problems? Check all that apply:			
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol			
<input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____			
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)			
Do you get lightheaded or feel more short of breath than expected during exercise?			
Do you have a history of seizure disorder or had an unexplained seizure?			
Do you get more tired or short of breath more quickly than your friends during exercise?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Y	N
Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?			
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?			
Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?			
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?			
BONE AND JOINT QUESTIONS		Y	N
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?			
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?			
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?			
Do you regularly use a brace, orthotics or other assistive device?			
Do you have a bone, muscle or joint injury that bothers you?			
Do any of your joints become painful, swollen, feel warm or look red?			
Do you have any history of juvenile arthritis or connective tissue disease?			
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			

MEDICAL QUESTIONS		Y	N
Do you cough, wheeze or have difficulty breathing during or after exercise?			
Have you ever used an inhaler or taken asthma medicine?			
Is there anyone in your family who has asthma?			
Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?			
Do you have groin pain or a painful bulge or hernia in the groin area?			
Have you had infectious mononucleosis (mono) within the last month?			
Do you have any rashes, pressure sores or other skin problems?			
Have you had a herpes or MRSA skin infection?			
Do you have headaches or get frequent muscle cramps when exercising?			
Have you ever become ill while exercising in the heat?			
Do you or someone in your family have sickle cell trait or disease?			
Have you had any problems with your eyes or vision or any eye injuries?			
Do you wear glasses or contact lenses?			
Do you wear protective eyewear such as goggles or a face shield?			
Immunization History: Are you missing any recommended vaccines?			
Do you have any allergies?			
Have you ever had a head injury or concussion?			
Do you have any concerns that you would like to discuss with a doctor?			
Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?			
Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?			
Have you ever had an eating disorder?			
Do you worry about your weight?			
Are you trying to or has anyone recommended that you gain or lose weight?			
Are you on a special diet or do you avoid certain types of foods?			
FEMALES ONLY (Optional)		Y	N
Have you ever had a menstrual period?			
How old were you when you had your first menstrual period?			
How many periods have you had in the last 12 months?			

CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: _____ Weight: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	BP: _____ / _____	Pulse: _____	Vision: R 20/ _____ L 20/ _____	Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N	
MEDICAL		NORMAL	ABNORMAL	MUSCULOSKELETAL		NORMAL	ABNORMAL
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)				Neck			
Eyes/Ears/Nose/Throat: Pupils Equal _____ Hearing _____				Back			
Lymph nodes				Shoulder/Arm			
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)				Elbow/Forearm			
Pulses: Simultaneous femoral and radial pulses				Wrist/Hand/Fingers			
Lungs				Hip/Thigh			
Abdomen				Knee			
Genitourinary (males only)				Leg/Ankle			
Skin: HSV: _____ Lesions suggestive of MRSA, tinea corporis				Foot/Toes			
Neurologic				Functional Duck Walk			

RECOMMENDATIONS: _____
I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below.
BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS - ICE HOCKEY
LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING/DIVING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

EXAMINER → Name of Examiner (print/type): _____ Date: _____
Signature of Examiner: _____ (Check One): ☐ MD ☐ DO ☐ PA ☐ NP

----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

Student: _____ Grade: _____ Doctor: _____ Phone: (_____) _____
IN EMERGENCY (1): _____ Home #: (_____) _____ Cell #: (_____) _____
IN EMERGENCY (2): _____ Home #: (_____) _____ Cell #: (_____) _____
Drug Reactions: _____ Current Medications: _____
Allergies: _____



PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are **FOUR (4)** signatures on this page **4** to be completed by student, parent/guardian and/or 18-year-old

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

Student Name: _____
LAST FIRST MIDDLE INITIAL

Student Address: _____
STREET CITY ZIP

Gender: ☐ M ☐ F Age: _____ Date of Birth: _____ Place of Birth (City/State): _____

School: _____ Circle Grade: 6 7 8 9 10 11 12

Father/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Mother/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Email Address: Parent/Guardian/18-Year-Old: _____

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

1 Signature of **STUDENT**: _____ Date: _____

2 Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ Date: _____

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: ☐ YES ☐ NO

If YES, Family Insurance Co: _____ Insurance ID #: _____

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

3 Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ Date: _____

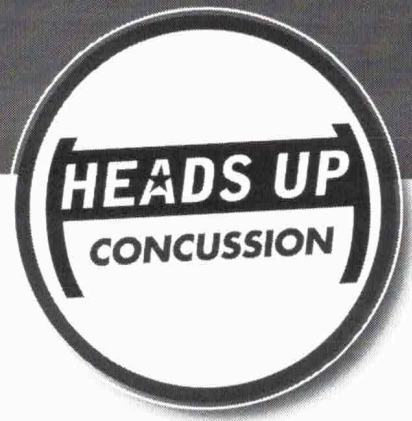
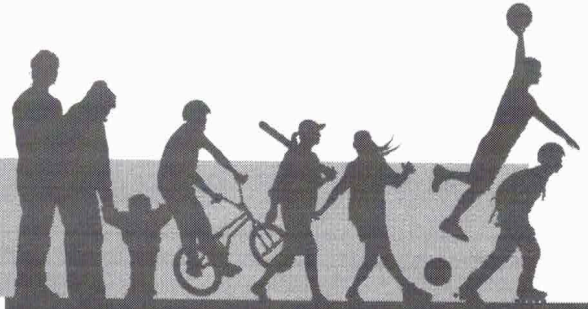
----- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -----

MEDICAL TREATMENT CONSENT COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, _____, an 18-year-old, or the parent or guardian of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

4 Signature of **PARENT or GUARDIAN or 18-YEAR-OLD**: _____ 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

[INSERT YOUR LOGO]



**"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).



WYANDOTTE INDIANS

PHOTO RELEASE:

I, _____ hereby give permission for _____'s likeness or picture to be displayed on the Wyandotte Indians Website/Facebook. I understand that my child's picture will be displayed as part of the current season.

_____ Yes, I give my permission

_____ No, I do not give permission

Parent/Guardian's Signature: _____ Date: _____

BUS PERMISSION:

I (parent/guardian) _____ give my son/daughter _____ permission to ride a school bus to attend any football game or cheerleading competition. I understand the Wyandotte Indians Association is not liable in case of accident. I understand that all precautions will be taken in order to provide a safe environment. In the event of an accident, I hereby authorize the Wyandotte Indians Association to take my child to the nearest hospital with emergency care.

I understand that I am responsible for his/her ride home.

Parent/Guardian's Signature: _____ Date: _____

PARENTS DAY:

Each year the Wyandotte Indians and your child(ren) would like to recognize you in appreciation for all of your help, encouragement and support. We put on a Parents Day event at one of our home games. At this event, participants and their parent/guardians names will be announced in recognition. Please provide that information below. Please print clearly.

Parent/Guardian Name(s): _____

Child's Name: _____ F / JV / V / M Football Player / Cheerleader

Child's Name: _____ F / JV / V / M Football Player / Cheerleader

Child's Name: _____ F / JV / V / M Football Player / Cheerleader

Child's Name: _____ F / JV / V / M Football Player / Cheerleader

Child's Name: _____ F / JV / V / M Football Player / Cheerleader

CONTACT INFORMATION:

Each week during the season the Wyandotte Indians send out a weekly bulletin electronically to our families. The information contained in these bulletins is very important. If you do not have email, a limited number of paper copies will be available in the concession stand at the practice field. It is up to the parent/guardian to make sure they get this bulletin each week if no email address is provided. PLEASE PRINT CLEARLY

Parent/Guardian Name(s): _____

Child's Name: _____

Email Address: _____

WYANDOTTE INDIANS PARENT AGREEMENT

Child's Name _____ Squad _____

1. All of the DJFL rules, and all of the Wyandotte Indians rules and bylaws are to be followed.
2. At least 1 parent must attend the mandatory parent meeting in August. Failure to come to the meeting will require an additional \$25.00 in the fundraiser raffle tickets.
3. Parent or someone over the age of 18 is responsible for fulfilling 3 volunteer positions per family. Failure to do 3 volunteer positions will result in benching the child, forfeiting the deposit, not being able to attend the banquet, and the loss of veteran status.
4. Each child is required to do 1 mandatory fundraiser. All money for the mandatory fundraiser is due on the Wednesday before Labor Day. Failure to do so will result in the child being benched until all money is turned in.
5. Parent is responsible for the equipment/uniform.
If lost or stolen parent is responsible for the replacement cost of missing items.
They must be turned in by assigned date and failure to do so may result in a late fee or loss of deposit.
Uniforms must be washed and cleaned before turning in. Failure to do so will result in a cleaning fee that will be taken out of deposit.
6. Any child that drops/quits after July 1st but before August 25th will forfeit half of the deposit.
If any child drops/quits after August 25th they forfeit the whole deposit.

Note: Uniforms should be washed in cold water and hung to dry

I have read and understand the above guidelines.

Parent's signature

Date: _____



WYANDOTTE INDIANS

Mandatory Raffle Fundraiser



Child #1 name: _____ Raffle tickets 25 x \$5.00= _____

(Circle) Football Cheer Squad: _____

Child #2 name _____ Raffle tickets 20 x \$5.00= _____

(Circle) Football Cheer Squad: _____

Child #3 name _____ Raffle tickets 5 x \$5.00= _____

(Circle) Football Cheer Squad: _____

Parent/Guardian: _____

Phone: _____

Address: _____

Waterboys do not have to do mandatory fundraiser it is optional

*All money and tickets must be turned in the Monday before 1st scrimmage.
If money and tickets are not turned in by that time your child will be sitting out.

Family cap \$250.00

Debit/charge fee \$5.00

CASH

CREDIT

CHECK # _____

Total: _____



WYANDOTTE INDIANS

Registration Deposit Form



DO NOT WRITE ON THIS SIDE OF PAPER

Child #1 name: _____

(Circle) mascot waterboy freshman JV varsity 6year

Child #2 name: _____

(Circle) mascot waterboy freshman JV varsity 6year

Child #3 name: _____

(circle) mascot waterboy freshman JV varsity 6year

Name and address of person(s) to whom the deposit check is to be given to if all equipment is returned and all volunteer and monetary obligations have been fulfilled at the end of the year. Deposit money will not be returned to anyone not listed below.

Name(s): _____

Phone: _____

Address: _____

City/State/Zip _____

Waterboy	\$60.00	X	=
----------	---------	---	---

Mascot	\$175.00	X	=
--------	----------	---	---

Freshman	\$175.00	X	=
----------	----------	---	---

JV	\$175.00	X	=
----	----------	---	---

Varsity (league age)	\$60.00	X	=
----------------------	---------	---	---

6 th year (excludes waterboy/mascot yrs.)	FREE	X	=
---	------	---	---

Cheer Gear -mandatory (3bows, competition socks and lunch)	\$35.00	X	=
---	---------	---	---

Optional Rain jacket	\$15.00	X	=
----------------------	---------	---	---

Cheer warm-up (optional) Jacket	\$40.00	X	=
------------------------------------	---------	---	---

Pants	\$30.00	X	=
-------	---------	---	---

\$25.00 discount for each additional Sibling
(excluding varsity players & waterboys)

MAXIMUM CAP \$400.00/FAMILY

Deposit:	\$75.00	X	=
----------	---------	---	---

Uniform/equipment			
-------------------	--	--	--

Debit/Charge Fee \$5.00 =

☐ Cash TOTAL: _____

☐ Credit/Debit Paid: _____

☐ Check# _____ Balance: _____

Deposit returned? Yes or No Check # _____

**All money must be paid in full before receiving equipment/uniform

Volunteer Sign up Information

Child's Name_____

Team/Squad_____

Child's Name_____

Team/Squad_____

Child's Name_____

Team/Squad_____

Cheerleader

Football Player

Parents Name's_____

Parents E-mail address_____



WYANDOTTE INDIANS



Football Practice Jersey Order Form

This year each football player will receive a practice jersey of their very own. Each jersey will have your child's last name on the back and a graphic logo representing our organization on the front. **THIS JERSEY IS FOR YOUR FOOTBALL PLAYER TO KEEP.** This jersey **MUST** be worn at each practice, but players are welcome to wear them outside of practices. Please note, these are the only jerseys players can wear outside of practices and games. players **ARE NOT** to wear their game jerseys outside of games.

We are giving players these practice jerseys in lieu of the small gift they would be given at the end of the season banquet. We would love to see them enjoy it throughout the year!

Jerseys will be ordered as indicated below, please print clearly:

Child's Last Name (as registered):

Size: (The jersey will need to fit over shoulder pads. Sizes available: Y Med; Y XL; Adult Med; Adult XL)



WYANDOTTE INDIANS



Necessary equipment to be purchased for FOOTBALL PLAYERS:

Football players will be responsible for having the following equipment which will NOT be provided by the Wyandotte Indians:

Football girdle with built in hip pads and tailbone pads

Athletic supporter with protective cup

Football Cleats 1 piece molded cleat soles or 1/2in plastic screw in cleats with no metal showing

These items are not provided by the Wyandotte Indians. Without all of these items your child will NOT be allowed to practice.

Footballequip