

# Mid-State Youth Football & Cheerleading Conference

## OFFICIAL APPLICATION TO PARTICIPATE

Please Print

\_\_\_\_ Player

\_\_\_\_ Cheerleader

Registration Date \_\_\_\_\_

Age Sept 1st 2017 \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLES INITIAL

Address \_\_\_\_\_ Phone \_\_\_\_\_  
STREET CITY ZIP

School \_\_\_\_\_ Next Grade \_\_\_\_\_ Prior Participation? ☐ No ☐ Yes If yes, how many years \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Primary Email Address \_\_\_\_\_ Secondary Email Address \_\_\_\_\_

### MEDICAL HISTORY

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fractures within past year	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Head injuries within past year
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Dental braces or bridges	<input type="checkbox"/>	<input type="checkbox"/>	Serious illness
<input type="checkbox"/>	<input type="checkbox"/>	Glasses/Contacts						

I/We the parent(s) of the above named candidate for position on a Mid-State Conference team, hereby give my/our approval to our child's participation in any and all activities during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities: and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the local League, the organizers, sponsors, supervisors, participants and persons transporting my/our child, except to the extent and in the amount covered by accident or liability insurance.

I/We will furnish a certified birth certificate of the above named candidate upon request to the league officials.

I/We agree to be financially responsible for League equipment my/our child will receive other than the normal wear and breakage during games and practice and I/We will reimburse the League for the loss and damage to said equipment. I/We give permission for League to validate participant's school grades.

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_  
 (One Signature Mandatory)

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

### EMERGENCY MEDICAL RELEASE

I/We the parents give our permission for any emergency medical treatment necessary either on the practice field or on the game field. I/We authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any scheduled function including the supervised travel to and from said function.

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_  
 (One Signature Mandatory)

**PAYMENTS**  
**MAKE CHECK PAYABLE TO**  
**WFYFCA**

**NEW FOOTBALL**  
**PLAYER FEE \$150**

**RETURNING FOOTBALL**  
**PLAYER FEE \$100**

**CHEERLEADING FEE \$75**

### REGISTRATION CERTIFICATION ASSOCIATION USE

APPROVAL BY AUTHORIZED OFFICIAL	
Birth Certificate	Physical Exam
Viewed By: _____ Date of Birth: _____	Viewed By: _____ Date of Physical: _____

### FOR ASSOCIATION USE

PAYMENTS		
Registration \$	Check# _____	Signature _____
Equipment Deposit \$		Signature _____
Other \$		Signature _____

Do you have a sibling participating in program? ☐ Yes ☐ No

**Warning: Injury may result from playing football or cheerleading.**



# MID-STATE YOUTH FOOTBALL & CHEERLEADING CONFERENCE

## 2017 EMERGENCY CONTACT & PARENTAL RELEASE and UNDERSTANDING FORM

(PRINT OR TYPE)

- 1) This Emergency Contact & Parental Release and Understanding form must be dated, signed and submitted prior to the first practice at the start of the 2017 season.
- 2) **No** players or cheerleaders will be allowed to participate in any Mid-State Youth Football & Cheerleading Conference activities until this form is completed and on file.
- 3) This form once completed will be kept with each team's medical kit in the event that an emergency situation should arise.

CHILD'S NAME			
	(Last)	(First)	(Middle Initial)
ADDRESS			
CITY	STATE	ZIP	
PHONE			
HEALTH INSURANCE CARRIER			
KNOWN ALLERGIES	MEDICATION(S)		

### EMERGENCY PHONE NUMBERS

IN THE EVENT THAT I/WE NEED TO BE REACHED DURING EITHER PRACTICE OR A GAME, YOU MAY REACH ME/US OR THE FOLLOWING AT: (PLEASE LIST (4) INCLUDING YOURSELF)

NAME	PHONE #

### STATEMENT OF PARENTAL RELEASE AND UNDERSTANDING

We the parent(s)/guardian(s) for the above named participant hereby give my/our approval for our child's participation in any or all activities during the current season. I/We understand and agree to the following items:

1. That the above named is physically fit to play in accordance with the Physical Form we have on file.
2. That I/We assume all risks and hazards incidental to such participation, including transportation to and from any and all activities. I/We understand that injuries may result from playing football or cheerleading. The coaching staff reserves the right, after consultation with the parent(s)/guardian(s), to withhold from further participation in either practice or game any child that they feel is no longer fit to participate.
3. I/We agree to be financially responsible for the equipment my/our child has been issued. I/We will reimburse the **Mid-State Conference and/or local league** that issued the equipment for the loss of and/or damage to said equipment beyond normal wear and breakage.
4. **Mid-State Conference and/or local league** reserves the right to discipline any of its' participants for conduct that is considered inappropriate or detrimental to the program. If such an instance should occur, a conference shall be held with you the parent/guardian and all other parties involved to determine what measures shall be taken including suspension from any/or all further activities. **THE THROWING OF EQUIPMENT SHALL NOT BE TOLERATED.**

### EMERGENCY MEDICAL RELEASE

I/We the parent(s)/guardian(s) give our permission for any emergency medical treatment either on the practice or game field. I/We authorize any emergency personnel, hospital and/or physician to perform emergency treatment for any injuries resulting from any scheduled function including the supervised travel to and from said function. I/We agree to be financially responsible through either our health insurance carrier or by another means for any costs incurred due to the providing of emergency medical treatment.

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# **W-F YOUTH FOOTBALL & CHEER ASSOC.**



## **Photo Release Consent**

Athlete Name \_\_\_\_\_

I hereby give my permission for my child's picture or image and name to be used in WFYFCA publications, newsletters, newspapers, or on the WFYFCA website or Facebook page.

\_\_\_\_ YES

\_\_\_\_ NO

## **Volunteer Policy**

I understand that I am required to volunteer at least one time during the 2017 season. This may be in the form of working in the concession stand, chain gang, coaching, or helping at any other activity that WFYFCA has. If I do not fulfill this obligation, I will be assessed a \$20.00 fee at the end of the season.

## **Payment & Refund Policy**

The registration fee for the 2017 season is as follows:

\$150 per new football player (this includes a \$50 One Time Jersey with athletes name on back Fee, \$80 participation fee & a \$20 equipment/volunteer services deposit that will be refunded when all equipment is turned in at the end of the season and volunteer requirements are met)

\$100 per returning football player (\$80 participation fee & a \$20 equipment/volunteer services deposit that will be refunded when all equipment is turned in at the end of the season and volunteer requirements are met)

\$75 per cheerleader (this includes a \$55 participation fee & a \$20 equipment/volunteer services deposit that will be refunded when the equipment is turned in at the end of the season and volunteer requirements are met)

Payment is due at the time of registration. If for any reason you wish to withdraw your child from this program, the following refund policy will apply:

100% Refund of both the participation fee & the equipment/volunteer services deposit if notified by April 30<sup>th</sup>, 2017.

50% Refund of the participation fee & 100% of the equipment/volunteer services deposit if notified after April 30<sup>th</sup>, 2017 but by July 15<sup>th</sup>, 2017.

After July 15<sup>th</sup>, 2017, 0% Refund of the participation fee will be given. 100% of the equipment/volunteer services deposit will be given if all of the equipment is returned and volunteer requirements are met. If only the equipment is returned, there will be a \$20 charge against the deposit for the volunteer services not being met.

**I have read and agree to the above policies and I understand the terms as stated.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# W-F Youth Football & Cheer Assoc. Sportsmanship Agreement



W-F Youth Football & Cheer Assoc. (WFYFCA) was formed under the Mid-State Youth Football & Cheerleading Conference (MSYFCC) with the intent of offering a positive experience. Under this premise, athlete participation, sportsmanship, and the overall importance of a positive athletic experience take precedence over winning.

Representatives of MSYFCC & WFYFCA including, but not limited to, MSYFCC & WFYFCA board and directors, commissioner, community presidents, and game officials have total control of and complete authority over all competition. All decisions made by these persons are final and have full support of MSYFCC & WFYFCA.

These representatives are commissioned by MSYFCC & WFYFCA to take any action deemed necessary to guarantee a positive atmosphere for competition. To help ensure a positive atmosphere, athletes, coaches and spectators are expected to do the following:

- Stand during the National Anthem
- Maintain self-control at all times
- Show respect for opponents
- Support your team in a positive manner
- Recognize and acknowledge good performance by all teams and individuals
- Be humble in victory and gracious in defeat

Unsportsmanlike conduct, on the part of players, coaches, managers or spectators will not be tolerated and may result without warning in expulsion (team and/or individual) from MSYFCC & WFYFCA. Unsportsmanlike conduct includes, but is not limited to, the following: fighting, “trash talking”, taunting, foul language, and verbal abuse/intimidation of opponents, game officials and /or representatives of MSYFCC & WFYFCA. No individual or team refunds will be given if expulsion occurs. It is expected that athletes, coaches, and spectators exercise total cooperation with these representatives at all times.

In addition to this, as an athlete, I agree to do the following:

- Be to practice and games on time
- Notify my coach if for any reason I am going to be late or am not able to attend practice or a game
- Come to practice and games ready to have fun and work hard
- Treat my teammates & coaches with respect

**I have read, understand, and share the above philosophy, and hereby state that I will do my part in ensuring an enjoyable experience for all involved.**

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(Parent's Signature)

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(Athlete's Signature)

Date \_\_\_\_\_

Date \_\_\_\_\_



# Mid-State Youth Football and Cheerleading, Inc.

## Weyauwega-Fremont Youth Football & Cheer Association

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### MSYFC Community

Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the "Participant and Parental Disclosure and Consent Document".

I, \_\_\_\_\_, of Mid-State Youth  
Student/Athlete Name

Football and Cheerleading, Inc. and above named community hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

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Signature and printed name of student or athlete	Date
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I, the parent/gurardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I certify that I have read, understand and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

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Signature and printed name of parent/guardian	Date
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# PARENT & ATHLETE AGREEMENT

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**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

## Parent Agreement:

I \_\_\_\_\_ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian  
Signature \_\_\_\_\_

Date \_\_\_\_\_

## Athlete Agreement:

I \_\_\_\_\_ have **read** the Athlete Concussion and Head Injury information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete  
Signature \_\_\_\_\_

Date \_\_\_\_\_

# Questions and Contact Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_ School District \_\_\_\_\_

Check all that apply  
I participate in:

<input type="checkbox"/> Football	<input type="checkbox"/> Baseball/Softball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Hockey
<input type="checkbox"/> Soccer	<input type="checkbox"/> Golf	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Track & Field	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Skiing/Snowboarding
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Tennis	<input type="checkbox"/> Swimming & Diving	
<input type="checkbox"/> Other _____			

Name of Current Team \_\_\_\_\_

1. Have you ever had a concussion? \_\_\_\_\_, if yes, how many? \_\_\_\_\_

2. Have you ever experienced concussion symptoms? \_\_\_\_\_ Did you report them? \_\_\_\_\_

## Emergency Contacts:

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

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

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

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

Please complete this form and return to the person operating the youth athletic activity.