



Dear Parents/Guardians

Thank you for choosing Plainfield Midget Football Association for your child. It will be a great experience for them to learn many new things. Please fill out all the forms in this packet and bring all necessary paperwork (see list below) with you at time of registration. We are allowing you to mail in your registration information.

If mailing in your registration documents, you must include the following items:

- **Registration Form**
- **Registration Agreement**
- **Payment (Check or Money Order – DO NOT MAIL CASH)
(Payable to Plainfield Midget Football Association or PMFA)**
- **Copy of Birth Certificate**
- **Insurance/Medical Waiver**
- **Code of Conduct**
- **Emergency Medical Form**
- **Concussion Form**

Review documents carefully – initial where stated and sign in all appropriate areas or registration will not be complete and your child will not be able to participate on July 31st, 2018.

Return this form along with the registration fees to:

Plainfield Midget Football Association
P.O. Box 547
Central Village, CT 06332
Attn: Peggy Bourey/ Vicki Poirier

Registration Fees:

\$60 per child for cheerleading and football; \$40 for Flag Football There will be a \$10 late fee after July 31st.

NORTHERN CONNECTICUT FOOTBALL LEAGUE

Registration/Participant/Parental Waiver Form

Football Player *Cheerleader*

ATHLETE'S NAME:	TEAM: A B C D Flag
ATHLETE'S NICKNAME:	
ATHLETE'S HOME PHONE NUMBER:	
BIRTHDATE:	LEAGUE AGE as of JULY 1st: GRADE AS OF 9/1:
<small>*D Squad Players and Cheerleaders may turn 6 by September 1st of the current season</small>	
ATHLETE'S ADDRESS:	
CITY/TOWN:	ZIP:
MOTHER'S NAME:	Mother's Work Phone:
MOTHER'S EMAIL:	Mother's Cell Phone:
MOTHER'S ADDRESS:	
<small>If different from the Athlete's Address</small>	
CITY/TOWN:	ZIP:
FATHER'S NAME:	Father's Work Phone:
FATHER'S EMAIL:	Father's Cell Phone:
FATHER'S ADDRESS:	
<small>If different from the Athlete's Address</small>	
CITY/TOWN:	ZIP:

PERSON TO CONTACT IN CASE OF EMERGENCY

NAME: _____ RELATIONSHIP: _____
 PHONE: (H) _____ (W) _____ (CELL) _____

I authorize the town LEAGUE ADMINISTRATOR'S, FIRST AIDERS/COACH or EMT to act for me according to their best judgment in an emergency requiring medical attention.

HOSPITAL PREFERENCE: _____ I/We, the undersigned, parent(s) of the above child hereby consent and give my/our approval to his/her full participation in any and all **Northern Connecticut Football League (NCFL)** activities. I/We hereby assume all risks and hazards incidental to such participation including transportation to and from such activities and health care providers. I/We hereby waive, release, absolve and agree to indemnify and hold NCFL, all its officers, participants, members and any organization, person and/or municipality or other governmental body sponsoring any team in or other activity of the NCFL harmless from any and all claims by an injury to the above named participant arising out of participation in such activities including transportation to and from such activities and health care providers.

Athlete's Medical Insurance:

Carrier:
Group:
Policy #:
Group #:

Media Waiver:

I/We hereby grant the NCFL unrestricted permission to use, and/or publish in its own or in external publications in print or on line, photographs, pictures, film, video or other similar media (collectively, "Photographs") taken of the above child in whole or in part, individually or as part of a group for any purpose whatsoever; including, but not limited to, illustration, promotion, art, editorial and advertising. I/We also grant the League (which includes all member organizations of the league) permission to release any associated explanatory and identification information associated with the Photographs, including: full name (as listed above), jersey number, age group and identification of the child as the League's Football player or Cheerleader.

I/We hereby release and discharge the League and its officers, agents and assigns from any and all claims and demands arising out of or connection with the use of any media and associated explanatory information, including without limitation, any and all claims for libel or violation of any right of publicity or privacy. I/We understand we will not be compensated for such materials and waive any right to edit, inspect or approve the finished product which includes any media and associated explanatory information. This release shall be binding on me and my heirs, legal representatives and assigns and shall inure to the benefit of the League, its officers, agents and assigns.

Participant Understanding or Risk:

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Participant's Name: (please print): _____

Signature of the Participant _____ **Date** _____

Both Parents/Guardians need to sign if applicable. By signing below you agree to all the information stated above:

Signature of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

BIRTH CERT _____	MEDICAL _____	REGISTRATION _____	PARENT _____	PLAYER _____
PAID CASH _____	CHECK _____	CHECK# _____		

PLAINFIELD MIDGET FOOTBALL AND CHEERLEADING REGISTRATION AGREEMENT

Participant's Name: _____

I/We the parent(s)/Legal guardians for the above named football player/ cheerleader agree to and understand the following information:

*I/We understand the Northern Connecticut Football Conference (NCFL) along with the Plainfield Midget Football Association Inc. (PMFA) requires my/ our child to have an up-to-date medical release on the official form approved by the PMFA prior to the start of the season. (July 31st) Initials _____

* I/We will ensure the return of all equipment and uniforms issued to my/our child no later than two (2) weeks after the conclusion of the season. If I do not abide by this rule, I/we agree to pay the PMFA for replacement equipment; value = \$250.00 Initials _____

* I/We understand that the PMFA is a non-profit organization and that I/We will be required to work in the concession stand during at least one of our home football games and/or regular practices. Initials _____

* I/We understand that the PMFA is a non-profit organization and that I/We will be required to participate in fundraisers set forth by the league. If I/We choose not to participate, I/We agree to take the option of a buy-out based on the structure of each fundraiser. Initials _____

* I/We allow the PMFA to post action photos and/or video clips of my/ our child on the Plainfield Midget Football website. Initials _____

* I/We understand that transportation will not be provided to or from traveling games and I will be responsible for ensuring my child's attendance at these games. Initials _____

* I/We pledge to provide positive support, care and encouragement for my/our child participating in youth sports by following the Parents' Code of Conduct. Initials _____

*I/We will support all coaches and officials working with my/our child in order to encourage a positive and enjoyable experience for all and will remember that this league is in operation for the youth of the community. Initials _____

*I/We will place the emotional and physical wellbeing of my/our child ahead of my/ our desire to win. Initials _____

*I/We will insist that my/our child play in a safe and healthy environment and will be responsible for all equipment and uniforms issued to my/our child. Initials _____

*I/We will ask my/our child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability. Initials _____

*I/We will require that all my/our child's coaches be trained in the responsibilities of being a youth sports coach and that all coaches uphold the Coaches' Code of Ethics. Initials _____

*I/We understand that my/our child can be removed as a football player/ cheerleader for violations of the PMFA Playing Rules and SNEYFC rules and guidelines. Initials _____

*I/We will demand a sports environment for my/our child that is free from drugs, tobacco and alcohol and will refrain from their use at or before all youth sports events. Initials _____

Signature: _____ Date: _____



Plainfield Midget Football Association, Incorporated
P.O. Box 547 Central Village, Connecticut 06332

Dear Parents/Guardians,

Please be advised that the insurance coverage the Plainfield Midget Football Association, Inc. carries is a secondary insurance.

I/We understand that participating in football or cheerleading may result in serious injuries to my/ our child(ren). Protective equipment does not prevent all injuries to players and cheerleaders.

In case of an emergency, I hereby authorize (Child's name)_____ to be treated by medical personnel.

In the event of an emergency and no adult stated below can be contacted, the proper emergency procedures will be followed to best care for my child.

By signing below, I am acknowledging that I have read the above and fully understand its contents and give permission as indicated. I attest that all information contained within this form is complete and accurate.

I have read and understand the insurance coverage and parental authorization.

Parent/Guardian Signature

Emergency telephone #

Name of Family Physician

Physician Phone #

Players' Code of Ethics

I hereby pledge to provide a positive attitude and be responsible for my participation in Youth Sports by following this Code of Ethics:

- 1) I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice.
- 2) I will attend every practice and game that is reasonably possible and notify my coach if I cannot.
- 3) I will expect to receive a fair amount of playing time.
- 4) I will do my very best to listen and learn from my coaches.
- 5) I will treat my coaches with respect regardless of race, sex, creed or abilities and I will expect to be treated accordingly.
- 6) I deserve to have fun during my sports experience and will alert parents or coaches if it stops being FUN!
- 7) I deserve to play in a alcohol, tobacco and drug free environment and expect adults to respect that wish.
- 8) I will encourage my parents to be involved with my team in some capacity because it's important to me.
- 9) I will do my very best in school.
- 10) I will remember that sports are an opportunity to learn and have fun.
- 11) I will not use any foul language, sexual harassment or sexual misconduct directed to players/cheerleaders, coach or a member of the NCFL program.
- 12) I will not display any unsportsmanlike conduct to the opposing team, fellow players/cheerleaders, coaches or any league representatives on any social media (i.e. face book, internet etc.)
- 13) I will not create a video recording of, and/or watch a video recording of any NCFL game other than my Towns game.

Players' Signature

Date

Parents' or Guardians' Code of Ethics

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Code of Ethics:

- 1) I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice of other youth sports event.
- 2) I will place the emotional and physical well-being of my child ahead of any personal desire to win.
- 3) I will insist that my child plays in a safe and healthy environment.
- 4) I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
- 5) I will demand a drug, tobacco and alcohol-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.
- 6) I will remember that the game is for children and not for adults.
- 7) I will do my very best to make youth sports fun for my child.
- 8) I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed or ability.
- 9) I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation or whatever I am capable of doing.
- 10) I understand that if I am not a respectful fan that my child's right to play in the NCFL could be at risk of expulsion for the season and that my towns league could be heavily fined.
- 11) I will not use any foul language, sexual harassment or sexual misconduct directed to players/cheerleaders, coach or a member of the NCFL program.
- 12) I will not display any unsportsmanlike conduct to the opposing team, fellow players/cheerleaders, coaches or any league representatives on any social media (i.e. face book, internet etc.)
- 13) I will not create a video recording of, and/or watch a video recording of any NCFL game other than my Towns game

Parent or Guardian Signature

Date

NORTHERN CONNECTICUT FOOTBALL LEAGUE

PHYSICIAN STATEMENT FORM

I have examined or know _____
First Name Last Name

to be in good health and is able to participate in the normal activities of Youth Football and/or Cheerleading (a contact sport).

Parent(s) and/or Doctor, please list all known conditions/illnesses/allergies or prior injuries which would/could affect Emergency Medical Treatment or their participation in Youth Football or Cheerleading.

ILLNESSES	ALLERGIES	PRIOR INJURIES
CURRENT MEDICATIONS		
SERIOUS MEDICAL CONDITIONS		

Physician Name: _____

Address: _____

Telephone Number: _____

EMAIL: _____

Physician/APRN/RN Signature _____ Date _____

NOTE: THIS STATEMENT MUST BE COMPLETED AND DATED AFTER JANUARY 1 OF THE CURRENT SEASON. League Physician Statement must be signed by parent along with Doctor's Form if Doctor did not sign off on the NCFL Form.

I/We hereby represent that the league medical form is complete, up to date and accurate with my child's medical history, and that my child has been deemed physically fit to play the contact sport of football or cheerleading by their personal physician (MD), APRN or RN.

Signature of Parent/Guardian _____ Date _____



EMERGENCY MEDICAL INFORMATION

PLEASE PRINT ALL INFORMATION CLEARLY

NAME _____ D.O.B. _____ AGE _____

ADDRESS _____
STREET CITY STATE ZIP
CODE

TELEPHONE NUMBER _____ FAMILY CELL# _____

INSURANCE COMPANY _____ POLICY # _____

COMPANY ADDRESS _____ SUBSCRIBER _____

ALLERGIES/MEDICATIONS/LIMITATIONS

Please list any Major Allergies, Medications, and/or Limitations we should be aware of below.

ALLERGIES: _____

MEDICATIONS BE TAKEN: _____

LIMITATIONS: _____

EMERGENCY CONTACTS

PLEASE LIST 2 PEOPLE TO CONTACT IN CASE OF AN EMERGENCY

1. NAME _____ RELATIONSHIP _____

TELEPHONE # _____

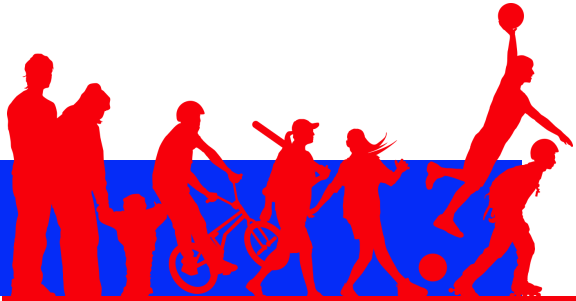
2. NAME _____ RELATIONSHIP _____

TELEPHONE # _____

IN THE EVENT OF AN EMERGENCY, I AUTHORIZE PLAINFIELD MIDGET FOOTBALL ASSOCIATION AND/OR _____ TO OBTAIN MEDICAL ATTENTION FOR MY CHILD. I UNDERSTAND THAT PMFA WILL MAKE EVERY ATTEMPT TO CONTACT ONE OF THE ABOVE PERSON'S IN A NON-EMERGENCY SITUATION.

PARENT/GUARDIAN SIGNATURE _____

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



"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

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