

Welcome Football Players and Cheerleaders!

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

- ✓ Registration Form
- ✓ Medical History
- ✓ Head's Up Concussion form
 - Parent
 - o 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 2021)
- ✓ 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 Registrar Elissa Cumiskey via email at <u>indiansregistrar@gmail.com</u>

DOWNRIVER JUNIOR FOOTBALL LEAGUE REGISTRATION

(Please Partic	· · ·	ull & Legal Name:	
Addro	ess:		
City:		State:	Zip Code:
Home	e Phone:	Date of Birth:	League Age:
Cell	Phone:	Email address:	
Cell	Phone:	Email address:	
Schoo	ol Distric	et Child Attends:	
Did y	our chile	l participate in the DJFL last Season?	\Box NO
If YE	S, what	Member Organization:	
		ent(s) of	
positi her p all ris activi Footh	ion on a articipat sk and ha ities; and pall, Hea	team of the Downriver Junior Football League, h ion in any and all of the League's activities durin azards incidental to such participation, including I / we do hereby waive, release, indemnify, and ds Up Football LLC, the local team, the Downriv ponsors, supervisors, participants, and persons tra	ereby give my / our approval to his g the current season. I / we assume transportation to and from the agree to hold harmless USA ver Junior Football League, the

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:

DOWNRIVER JUNIOR FOOTBALL LEAGUE REGISTRATION CONSENT FOR MEDICAL TREATMENT

• • • • • •		parent of	
performance of s charge, respectiv	eby voluntarily co such operations or	nsent to the administration of a said minor child as the ane- ecessary, or advise, when sai	f such anesthetics and the sthetist-in-charge and the surgeon-in d minor child is admitted to any
			Parent / Guardian
 League Age	Weight		Feam Assignment
Number of Previ	ious Seasons of Pa	articipation	
I have examined	the birth record c	of this child and find it accura	ate as indicated.
		Re	egistrar
I have examined the	his child and it is m	y considered opinion that he / s	she does not have any physical defect
		her from participating in the sp	ort of football or cheerleading.
		Na	ame and address of Physician
E	xamining Physic	ian	
E	xamining Physic	ian	
E Date	xamining Physic	ian	
E Date Practice Jersey	xamining Physic	ian	
E Date Practice Jersey_ ParkaG	ame Pants	ian	Helmet
E Date Practice Jersey_ ParkaG Should Pads	ame PantsKnee Pads_	ian	Helmet Game Socks
E Date Practice Jersey_ ParkaG Should Pads Skirt	ame PantsKnee Pads_	ian	Helmet Game Socks IsGirdle Pads

DOWNRIVER JUNIOR FOOTBALL LEAGUE MEDICAL HISTORY & INFORMATION

Name:	Child Name:			Date:				
EMERGENCY CONTACT (S): Name: Relationship: Telephone: Telephone: Telephone: PAMILY INSURANCE INFORMATION: Insurance Company: Policy Holder: Telephone Number: Telephone Number: Telephone Number: Telephone Number: 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 Y N Heat Murmur Y Migh Blood Pressure Y Y N Heat Murmur Y Matter gies Y Has the child had, or does the child currently have injuries to: Shoulder Y Has the child had, or does the child currently have injuries to: Shoulder Y Has the child had, or does the child currently have injuries to: Shoulder Y Has the child had, or does the child currently have injuries to:				D.U.B: Telenhone:				
Name:	City:			Telephone:				
Relationship:	EMERGENCY CONTACT (S):							
Telephone:	Name:		Nam	e:				
FAMILY INSURANCE INFORMATION: Insurance Company: Policy Number: Policy Holder: Telephone Number: Family Medical Insurance coverage in effect at this time: Presson 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 Y N Neck or Back Injury Y N Asthma Neck or Back Injury Y N Hernia No No High Blood Pressure Y Y N High Blood Pressure Y Y N Has the child had, or does the child currently have injuries to: Shoulder Y Has the child had, or does the child currently have injuries to: Shoulder Y Shoulder Y Y N Arms Y Shoulder Y Y N Arms								
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Policy Holder:	FAMILY INSURANCE INFOR	MATION:						
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 Convulsions / Epilepsy Y N Asthma Y N Convulsions / Epilepsy Y N Asthma Y N Convulsions / Epilepsy Y N Heart Y N Convulsions / Epilepsy Y N Heart Y N Neck or Back Injury Y N Hernia Y N N Neck or Back Injury Y N Heart Murmur Y N N Poor Vision Y N Heart Murmur Y N N Allergies Y N N Heart Murmur Y N N	Insurance Company:			Policy 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 Convulsions / Epilepsy Y N Asthma Y N Convulsions / Epilepsy Y N Asthma Y N Convulsions / Epilepsy Y N Heart Y N Convulsions / Epilepsy Y N Heart Y N Neck or Back Injury Y N Hernia Y N N Neck or Back Injury Y N Heart Murmur Y N N Poor Vision Y N Heart Murmur Y N N Allergies Y N N Heart Murmur Y N N	Policy Holder:				er:			
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Poor Vision Image: Poor Visi		ΠY	ΝΠ	Heart Murmur	ΠY	NП		
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If Yes, what and why:	Finger \Box Y N \Box					N 🗖		
LIST ANY CURENT RESTRICTIONS CURRENTLY PLACED ON THE CHILD'S ACTIVITIES AT THE DIRECTION OF HIS OR HER DOCTOR OR OTHER MEDICAL CARE PROVIDER:	Is the child currently taking any m	edication?	□Y □N					
THE DIRECTION OF HIS OR HER DOCTOR OR OTHER MEDICAL CARE PROVIDER:								
THE DIRECTION OF HIS OR HER DOCTOR OR OTHER MEDICAL CARE PROVIDER:								
THE DIRECTION OF HIS OR HER DOCTOR OR OTHER MEDICAL CARE PROVIDER:								
Parent / Guardian (Print):								
Parent / Guardian (Print):	THE DIRECTION OF HIS OR HI	ER DOCTO	OR OR OTHER I	MEDICAL CARE PR	OVIDER:			
Parent / Guardian (Print):								
Parent / Guardian (Print):								
	Parent / Guardian (Print).							
Parent / Guardian (Sign): Date:								
	Parent / Guardian (Sign):			D	ate:			
Rev 2	Rev. 2							

06012010

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



Student Name:

Date of Birth:

nichigan high school athletic association Doctor:	Doc	tor's	s Phone: Date of Exam:		
- GENERAL QUESTIONS	Y	Ν	- MEDICAL QUESTIONS	Y	N
Has a doctor ever denied or restricted your participation in sports for any reason?			Do you cough, wheeze or have difficulty breathing during or after exercise?		Γ
Do you have any ongoing medical conditions? If so, please identify below:			Have you ever used an inhaler or taken asthma medicine?		
🗆 Asthma 🛛 Anemia 🗖 Diabetes 🕞 Infections 🗖 Other:			Is there anyone in your family who has asthma?		
Have you ever spent the night in the hospital or have you ever had surgery?			Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?		
- HEART HEALTH QUESTIONS ABOUT YOU	Y	Ν	Do you have groin pain or a painful bulge or hernia in the groin area?		
Have you ever passed out or nearly passed out DURING or AFTER exercise?			Have you had infectious mononucleosis (mono) within the last month?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			Do you have any rashes, pressure sores or other skin problems?		
Does your heart ever race or skip beats (irregular beats) during exercise?			Have you had a herpes or MRSA skin infection?		
Has a doctor ever told you that you have any heart problems? Check all that apply:			Do you have headaches or get frequent muscle cramps when exercising?		
High blood pressure Heart murmur Heart infection High cholesterol			Have you ever become ill while exercising in the heat?		
🗅 Kawasaki disease 📮 Other:			Do you or someone in your family have sickle cell trait or disease?		Γ
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)			Have you had any problems with your eyes or vision or any eye injuries?		T
Do you get lightheaded or feel more short of breath than expected during exercise?			Do you wear glasses or contact lenses?		T
Do you have a history of seizure disorder or had an unexplained seizure?			Do you wear protective eyewear such as goggles or a face shield?		T
Do you get more tired or short of breath more quickly than your friends during exercise?			Immunization History: Are you missing any recommended vaccines?		T
- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Y	Ν	Do you have any allergies?		T
Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?			Have you ever had a head injury or concussion?		
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?			Do you have any concerns that you would like to discuss with a doctor?		
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)?			Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?		
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?			Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?		
- BONE AND JOINT QUESTIONS	Y	Ν	Have you ever had an eating disorder?		
lave you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?			Do you worry about your weight?		
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?			Are you trying to or has anyone recommended that you gain or lose weight?		
lave you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?			Are you on a special diet or do you avoid certain types of foods?		Γ
Do you regularly use a brace, orthotics or other assistive device?			- FEMALES ONLY (Optional)	Y	
Do you have a bone, muscle or joint injury that bothers you?			Have you ever had a menstrual period?		
Do any of your joints become painful, swollen, feel warm or look red?			How old were you when you had your first menstrual period?		
Do you have any history of juvenile arthritis or connective tissue disease?			How many periods have you had in the last 12 months?		-
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL	OL YE	AF

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

EXAMINATION: Height:	Weight:	Male	Female	BP:	/	Pulse:	Vision: R 20/	L 20/	Correcte	ed: 🛛 Y 🗔 I
MEDICAL					NORMAL	ABNORMAL	MUSCULOSKELETAL		NORMAL	ABNORMAL
Appearance: Marfan stigmata (kypho arm span > height, hyperlaxity, myop		pectus excavatum,	arachnodactyly,				Neck			
Eyes/Ears/Nose/Throat: Pu	pils Equal Heari	ng					Back			
Lymph nodes							Shoulder/Arm			
Heart: Murmurs (auscultation standing	ng, supine, +/- Valsalva) Locat	on of point of maxin	nal impulse (PMI)			Elbow/Forearm			
Pulses: Simultaneous femoral and ra	idial pulses						Wrist/Hand/Fingers			
Lungs							Hip/Thigh			
Abdomen							Knee			
Genitourinary (males only)							Leg/Ankle			
Skin: HSV: Lesio	ons 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

Name of Examiner	(print/type):			Date:			
EXAMINER Signature of Examin	ner:		(Check One):	MD 🗆	DO	D PA	D NP
	(DETACH HERE	IF NEEDED TO ACCOMPANY S	STUDENT-ATHLETE)				
EMERGEN	CY INFORMATION: C	OMPLETED BY PAREN	T or GUARDIAN or 18	-YEAR-OI	_D		
Student:	Grade:	Doctor:		_ Phone: (_)		
		Home #: ()		_ Cell #: ()		
		Home #: ()		_ Cell #: ()		
Drug Reactions:		Current Medications:					
Allergies:							RM A: AUG-03-17

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:	FIRST		MIDDLE INITIAL
Student Address:	CITY		ZIP
Gender: Gender		City/State):	
School:			
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.

Signature of STUDENT:	Date:
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: D YES D 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 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	
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	
	5.4



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"

[INSERT YOUR LOGO]

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.

HEADS U

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 L www.facebook.com/CDCHeadsUp

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).



PHOTO RELEASE:

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

____ Yes, I give my permission

_____ No, I do not give my permission

BUS PERMISSION:

____, give my son/daughter ____ _ permission to Ι, ride a school bus to attend any football or cheerleading competition. I understand the Wyandotte Indians Association is not liable in case of accident. I understand that 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 Signature:	Date:
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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. Spell phonetically if needed for pronunciation.

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
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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 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.

Parent/Guardian Name(s): ______Child's Name: _____

Email Address: _____



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.
- 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.
- 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.

Date:

Parent's signature



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	Squa	d:
Child #3 name			Raffle tickets 5 x \$5.00=
(Circle) Football	Cheer	Squa	d:
Parent/Guardian	:		_
Phone:			
Address:			
(Water boys do n	ot have to do m	andatory fundra	iser it is optional.)
-			nday before 1 st scrimmage. ne your child will be sitting out.
Family cap \$250.	00		
Debit/charge fee	\$5.00		
CA	ASH	CREDIT	СНЕСК #
Тс	otal:		



Registration Deposit Form

Child#1 Name: _____

(Circle) Mascot Water boy Freshman JV Varsity 6year

Child #2 Name: _____

(Circle) Mascot Water boy Freshman JV Varsity 6year

Child #3 Name: _____

(circle) Mascot Water boy 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

Water boy	\$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 water boy/ma	FREE ascot yrs.)	X	=			
Cheer Gear -mandatory (3 bows, competition so		X ch)	=			
Optional Rain Jacket	\$15.00	X	=			
Cheer warm-up (option Jacket	al) \$40.00	x	=			
Pants	\$30.00	X	=			
\$25.00 discount for each (excluding varsity playe MAXIMUM CAP \$400.00	ers & water		•			
Deposit: Uniform/equipment	\$75.00	X	=			
Debit/Charge Fee	\$5.00		=			
*All money must be pa	aid in full b	efor	e receiv	ing equij	pment/ur	 nifor
○ Cash						
○ Credit/Debit	D -	Paid:			-	
○ Check #	Ва	llan	ce:			
eposit returned?	Yes or No		C	heck #		

DO NOT WRITE ON THIS SIDE OF PAPER



Volunteer Sign up Information

Child's Name							
Team/Squad							
Child's Name							
Team/Squad							
Child's Name							
Team/Squad							
(Circle) Cheerleader F	ootball Player						
Parents Name(s)							
Parents E-mail address(es)							



FOOTBALL PRACTICE JERSEY ORDER FORM

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 THE FOOTBALL PLAYER TO KEEP. This jersey MUST be worn at each practice, but players are welcome to wear them outside of practices. <u>Please note these are the only jerseys</u> <u>players can wear outside of practices and games</u>. <u>Players are NOT</u> to wear their game jerseys outside of games.

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

Jerseys will be ordered as indicated below. Please print clearly:

Child's Last Name (as registered):

Jersey Size (The jersey will need to fit over shoulder pads. Sizes available: Youth M, Youth XL, Adult M, Adult XL)



NECESSARY EQUIPMENT FORM

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 ½ inch 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 able to practice.