

WYANDOTTE INDIANS



2021 Season

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
 - 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 indiansregistrar@gmail.com

DOWNRIVER JUNIOR FOOTBALL LEAGUE 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: _____

DOWNRIVER JUNIOR FOOTBALL LEAGUE
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

=====

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

=====

I have examined this child and it is my considered opinion that he / she does not have any physical defect or
impairment which will prevent him / her from participating in the sport of football or cheerleading.

Name and address of Physician

Signed _____

Examining Physician

Date _____

REGISTRATION
INFORMATION

PHYSICIAN
AUTHORIZATION

Practice Jersey _____ Game Jersey _____ Helmet _____

Parka _____ Game Pants _____ Practice Pants _____ Game Socks _____

Should Pads _____ Knee Pads _____ Thigh Pads _____ Girdle Pads _____

Skirt _____ Pants _____ Sweater _____ Shoes _____

Date Returned _____

Date _____

Parent / Guardian _____

EQUIPMENT ISSUE

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.) | <input type="checkbox"/> Y | <input type="checkbox"/> N | | Fainting Spells | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Convulsions / Epilepsy | <input type="checkbox"/> Y | <input type="checkbox"/> N | | Asthma | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Neck or Back Injury | <input type="checkbox"/> Y | <input type="checkbox"/> N | | Hernia | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| High Blood Pressure | <input type="checkbox"/> Y | <input type="checkbox"/> N | | Diabetes | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Kidney Problems | <input type="checkbox"/> Y | <input type="checkbox"/> N | | Heart Murmur | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Poor Vision | <input type="checkbox"/> Y | <input type="checkbox"/> N | | Poor Hearing | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Allergies | <input type="checkbox"/> Y | <input type="checkbox"/> N | | Other: _____ | | |

Has the child had, or does the child currently have injuries to:

- | | | | | | | |
|----------|----------------------------|----------------------------|--|--------------|----------------------------|----------------------------|
| Shoulder | <input type="checkbox"/> Y | <input type="checkbox"/> N | | Knee | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Finger | <input type="checkbox"/> Y | <input type="checkbox"/> N | | Arms | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| | | | | Ankle or Leg | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| | | | | Back or Neck | <input type="checkbox"/> Y | <input type="checkbox"/> 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, HEART HEALTH QUESTIONS ABOUT YOU, HEART HEALTH QUESTIONS ABOUT YOUR FAMILY, BONE AND JOINT QUESTIONS

MEDICAL QUESTIONS, FEMALE ONLY (Optional), 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: _____ Male Female BP: / Pulse: Vision: R 20/ L 20/ Corrected: Y N

Table with columns: MEDICAL, NORMAL, ABNORMAL, MUSCULOSKELETAL, NORMAL, ABNORMAL. Rows include Appearance, Eyes/Ears/Nose/Throat, Heart, Lungs, Abdomen, Genitourinary, Skin, Neurologic.

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).



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: _____

(Water boys 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: _____



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 _____

DO NOT WRITE ON THIS SIDE OF PAPER

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/mascot yrs.)	FREE	X	=
Cheer Gear -mandatory (3 bows, 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 & water boys)**

MAXIMUM CAP \$400.00/FAMILY

Deposit: Uniform/equipment	\$75.00	X	=
Debit/Charge Fee	\$5.00		=

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

- Cash** **TOTAL:** _____
- Credit/Debit** **Paid:** _____
- Check#** _____ **Balance:** _____

Deposit returned? Yes or No Check # _____

WYANDOTTE INDIANS



Volunteer Sign up Information

Child's Name _____

Team/Squad _____

Child's Name _____

Team/Squad _____

Child's Name _____

Team/Squad _____

(Circle) Cheerleader

Football Player

Parents Name(s) _____

Parents E-mail address(es) _____

WYANDOTTE INDIANS



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. 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 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)

WYANDOTTE INDIANS



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.