

FALL PROGRAM:

“ONLY FULL REGISTRATIONS WILL BE ACCEPTED”

WHAT DOES THAT MEAN?????

Here is a checklist to help you out:

[] Registration Form

Form is filled out with parental/guardian signatures in all the right places, registration weight, grade, age, birth date, health history, etc.

[] Doctor's Signature

“have concluded after physical examination that he is able to participate in the State College Assembly of God Boys Developmental Football Program in the Fall of 2017” Every year this is a struggle to get this done. TODAY is the day to make that phone call. Set it up now. Contact your son's Medical Professional. Maybe he/she will sign without having to do a physical. This is solely under the discretion of your son's Medical Professional. Yes, your Physician, Physician's Assistant or Certified Nurse Practitioner MUST sign our form - No other forms will be accepted. Best advice: DON'T WAIT!

[] Copy of Medical Insurance Card

You will need to show proof of medical insurance by supplying a photocopy of your insurance card (FRONT AND BACK). If you register in person at the Church office, the ladies can copy your card for you.

[] Full Payment of Program Registration Fee

Regular registration ends on or before JUNE 15th
LATE registration is considered after JUNE 15th and will pay a late fee

[] Participants Code of Conduct

Must be signed and attached to form.

[] JVFL Liability Waiver (Tackle ONLY)

[] Copy of Birth Certificate (Tackle ONLY)

Partial Registrations (those missing any of the above) will not be accepted.

Kenn Davis
Program Director

This form may be duplicated for additional applications. Any changes made to original form will void application.

Date Cash \$ Check \$ # Received By:

4. EMERGENCY HEALTH FORM AND MEDICAL RECORD

Family medical insurance must be used during illness or injury requiring treatment, hospitalization, and/or surgery. Please fill out the following medical information about your son that might affect either his abilities on the field or information that you feel coaches may need to know in case of an emergency.

Boys Name: _____ Last Tetanus Toxoid Immunization _____ Date _____

Local Physician to contact in an emergency: _____

Phone Number: _____

Personal health / accident insurance carrier _____ Policy No. _____

Does your son wear either glasses or contact lenses? Yes No (Circle One)

If yes, any special restrictions? _____

Does your son have any hearing problems or loss? Yes No (Circle One)

If yes, please specify? _____

Does your son have any allergies (bee stings, etc.) or asthma? Yes No (Circle One)

If yes, please specify? _____

Does your son take any regular medications that might be affected by emergency treatment? Yes No (Circle One)

If yes, please specify? _____

Does your son have any other medical conditions that might affect his play on the field or during treatment in an emergency situation?

Yes No (Circle One)

If yes, please specify? _____

In the event of illness or injury during the course of the Football Program, I request that measures be instituted without delay as judgment of medical personnel dictates. **In case of emergency**, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the athletic trainer and/or medical professional selected by the adult in charge to secure proper treatment, including emergency room care and/or hospitalization. **In the event of illness or injury requiring medical attention at a medical facility or office, regardless of place or activity of the illness or injury (football or non-football, illness or injury), I understand that a "fit for play" statement will be required from the medical professional of my choosing to allow continued participation.**

Signature of Parent/Legal Guardian

Date

5. PHYSICIAN'S STATEMENT OF FITNESS TO PLAY - MUST SIGN THIS FORM (NO OTHER FORMS WILL BE ACCEPTABLE)

I, _____ being the physician, physician's assistant
Print Physician's, Physician's Assistant or Certified Nurse Practitioner's name

or certified nurse practitioner of _____, have concluded after physical examination
Print Player's name

that he is able to participate in the State College Assembly of God Boys Developmental Football Program in the Fall of 2017.

Date of most recent physical _____ (must be within 1 year of Physician, PA-C or CRNP's signature).

Physician's, Physician's Assistant or Certified Nurse Practitioner's Signature

Date

6. COPY OF MEDICAL INSURANCE IS ATTACHED (FRONT AND BACK OF CARD)

State College Assembly of God - Boys Developmental Football Program - 2017

Participants Code of Conduct

1. I understand that this football program is to share the game of football with boys, develop basic football skills and have fun. It is a game played by boys. The objective of winning helps to make the program fun, but is it not considered important in an ultimate sense, particularly at this stage of development. The main purpose is character development in a Christian setting.
2. I understand that as a player/parent/guardian/coach involved in this football program, my responsibility is to encourage all of the players to have fun, develop basic football skills, and above all be an example of good sportsmanship and fair play. This program is for the State College and surrounding communities to encourage all boys, including the ones on other teams in the program.
3. I understand the importance of supporting the coaches and volunteers who make this program possible. I know that if I have a legitimate issue that I should discuss it privately with the head coach of my team, even if my issue is with that coach. If the issue is still a concern then I should discuss it privately with the Program Director, then the overseeing Pastor.
4. I understand as a participant I must set the proper example for the players and other families and abide by the program rules of behavior for coaches, players, parents and spectators, and that the following actions are NOT ACCEPTABLE:
 - a. negative comments directed at any players, coaches, game officials, spectators
 - b. criticism of game officials
 - c. profane language
 - d. physical confrontations (pushing, hitting, etc.)
 - e. use of alcohol and tobacco
5. I understand that if I display improper behavior I may be asked to leave the premises and if the transgressions are repeated or serious enough, I may be prohibited from attending any and all program activities.
6. Finally, I understand that if we all help out as much as possible, support our fellow players (all of the boys) and create a positive, enjoyable environment, we can look forward to a great season.

I have read, understand (parents may need to help your player with this) and will abide by this participants code of conduct agreement:

Player: _____

Date: _____

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____

Juniata Valley Football League

Liability Waiver

Authorization To Participate

AUTHORIZATION: I hereby authorize my child to participate in the Juniata Valley Football League ("JVFL") and State College Assembly of God Boys Developmental Football Program (hereafter "organization").

RELEASE: In consideration of the JVFL and Organization allowing my child to participate in youth athletics, I hereby agree to release, wave, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent/guardian of my child, the JVFL and Organization, their respective coaches, volunteers, officials, agents, sponsors, directors, members and any other staff members from liability to us and our child as well as our personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in the JVFL or Organizations program and/or sports activities.

Fitness and Emergency Medical Care

CERTIFICATION: I, the undersigned, hereby certify that to the best of my knowledge, my child is physically fit and able to safely participate in the sports activity for which he/she has registered.

EMERGENCY MEDICAL CARE: In addition, I understand that in the case of illness or injury the Organization will attempt to notify me or another listed emergency contact. In the event of a medical emergency concerning my child when my contact person(s) or I cannot be located, I hereby authorize the Organization to obtain the necessary medical care and treatment for my child. This care, is including, but not limited to, first aid, X-rays, examinations, diagnosis and treatment, transportation or hospital care.

MEDICAL FINANCIAL RESPONSIBILITY: I understand that I, either personally or through my medical insurance provider, am financially responsible for any medical care, treatment, emergency care and emergency transportation of my child in the event this service is necessary.

Transportation Expectations

EXPECTATION: I understand that I am responsible for the safe transportation of my child to and from practices, scrimmages and games, both home and away.

Photography Release

RELEASE: Photographs will occasionally be taken of the children during the sports activities. By signing this registration form, I consent that the JVFL or Organization may use the pictures of my child for displays, brochures and promotional materials, website or any other media outlet, to promote their program, without compensation to me or my child

Parent/Guardian Signature

Date

Child's name