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 15 th LATE registration is considered after JUNE 15 th 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

<u>State College Assembly of God - Boys Developmental Football Program - Fall Registration Form page 1 - 2017</u> This form may be duplicated for additional applications. Any changes made to original form will void application. REGISTRATION APPLICATION

1.

	First name		Middle initial	Birth Date	month/day/year
Iome phone ()		Em	nail		
Email		Em	aail		
Iome Address				~	
	Street		City	State	Zip
ather's/guardian's last name	First name		Cell phone		Home phone
tother's/guardian's last name	First name		Cell phone		() Home phone
age of Son on 09/01/17:	Son's Registration Weight	::must be filled o	_ Program Division:	Flag	or Pee Wee or Midget
rade (Fall 2017):	School ((Fall 2017):			
as he ever played organized cont	tact football previously?y	esno	Flag Football_	yes	no
yes, then when and where:					
2. PARTICIPANT/PAREN	NT/GUARDIAN WAIVER ANI			rt I harahy for	myself my hairs avagutos
2. PARTICIPANT/PAREN In consideration of your accepting diministrators, waive and release all reducessors and assigns for any and all amed organization. I warrant that I have the right to thatever nature that may arise out of a For the consideration stated aboverising out of the above-named progrepresentatives, successors, and assign I will provide a copy of my famil I agree that the above named program I understand that participation in proven named program. I also consent to photographs and togram advertisements and brochures I have read and understand this A	ing me or my son for participation is rights and claims for damages that I I injuries suffered by myself or my authorize the foregoing and do here or result from such participation. ve, I further agree that in the event is against any and all loss and damage ly medical insurance which is to be u gram's football equipment will only any other organized full contact food/or video images of the above listed	in the above name may have against child that arise our by agree to hold that my son or I so onally indemnify, e occasioned there is ed in case of injurbe used in the about all program simular participant for use	radgreement and program, activity, spot the above-named organity of the above-named program and the above-named organize thould make any claim and defend, and hold harm by, including attorney's fray or illness. The program and the above the abo	ization and its a cogram, activity, ation harmless of gainst the above cless the organizates.	gents, employees, represent or sport sponsored by the a of and from any and all liable e-named organization for da zation and its agents, employees am will end my participation ably of God football
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$\frac{\textbf{State College Assembly of God - Boys Developmental Football Program - Fall Registration Form page 2 - 2017}{\textit{This form may be duplicated for additional applications. Any changes made to original form will void application.}}$

EMERGENCY HEALTH FORM AND MEDICAL RECORD

	ring treatment, hospitalization, and/or surgery. Please fill out the following medical information rmation that you feel coaches may need to know in case of an emergency.
Boys Name:	Last Tetanus Toxoid Immunization
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 If yes, any special restrictions?	o (Circle One)
Does your son have any hearing problems or loss? Yes No If yes, please specify?	
Does your son have any allergies (bee stings, etc.) or asthma? If yes, please specify?	Yes No (Circle One)
Does your son take any regular medications that might be affe If yes, please specify?	
Yes No (Circle One)	ffect his play on the field or during treatment in an emergency situation?
personnel dictates. In case of emergency , I understand every permission to the athletic trainer and/or medical professional care and/or hospitalization. In the event of illness or injury	all Program, I request that measures be instituted without delay as judgment of medical effort will be made to contact me. In the event I cannot be reached, I hereby give measured by the adult in charge to secure proper treatment, including emergency roof requiring medical attention at a medical facility or office, regardless of place of ness or injury), I understand that a "fit for play" statement will be required from participation.
Signature of Parent/Legal Guardian	
S. PHYSICIAN'S STATEMENT OF FITNESS TO PLAY -	MUST SIGN THIS FORM (NO OTHER FORMS WILL BE ACCEPTABLE)
I,Print Physician's, Physician's Assistant or Certific	being the physician, physician's assistan ed Nurse Practitioner's name
or certified nurse practitioner of	, have concluded after physical examination
that he is able to participate in the State College Assembly of C	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 Sig	gnature 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		