

- FOOTBALL
- CHEER



**BARRACUDA  
YOUTH FOOTBALL**

**2018-19 REGISTRATION FORM**

**Participant's**

**Name:** (last) \_\_\_\_\_ (first) \_\_\_\_\_ **Approx Wt.** (in lbs.) \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Ages as of 08/01/18:** \_\_\_\_\_ **Grade (2018-19):** \_\_\_\_\_

**School Attending 2018-19:** \_\_\_\_\_ **District:** \_\_\_\_\_

**Former Registered ESFL Player:**  NO  YES **If Yes, Name of Organization:** \_\_\_\_\_

**Primary Parent (Guardian):** \_\_\_\_\_ **Cell:** \_\_\_\_\_ (required)

**Email:** \_\_\_\_\_ (required)

**Parent (Guardian):** \_\_\_\_\_ **Cell:** \_\_\_\_\_ (required)

**Email:** \_\_\_\_\_ (required)

**Registered Siblings:** 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

I hereby grant permission to my child named above to participate with Barracuda Youth Football Organization for  football  cheerleading. I further declare that I will not hold the Eastern Suburban Football League (ESFL) or the Barracuda Youth Football Organization responsible for any injuries incurred by my child while participating in or being transported to any league activities. I acknowledge that the rules & regulations governing this organization is on the ESFL website and I along with child named above will adhere to. \_\_\_\_\_ (initial).

- I agree to accept full financial liability for any equipment that is lost, damaged, or not returned at the end of the season. \_\_\_\_\_ (initial).
- I understand that if I have not paid in full today, the balance of \$250 plus volunteer fee of \$50 is due by July 23, 2018. \_\_\_\_\_ (initial).
- I understand that to receive Refundable Volunteer Fee, I **MUST** complete the Volunteer Commitment **AND** return all uniform(s) and equipment(s). \_\_\_\_\_ (initial).
- I understand that any balance due by the date specified above may result in the forfeit of the registration payments, my child **WILL NOT** obtain equipment, and potentially lose spot on squad. \_\_\_\_\_ (initial).

**2018 REFUND POLICY**

100% Before April 15, 2018 - Registration Fee less \$25 non-refundable deposit \_\_\_\_\_ (initial).

0% After May 11, 2018 - NO REFUND \_\_\_\_\_ (initial).

I hereby certify that I have read the above statements and completely understand them.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Name (PRINT):** \_\_\_\_\_

**DO NOT WRITE IN THIS SECTION - FOR TEAM USE ONLY**

**Football Player Level** \_\_\_\_\_ **Cheer Level** \_\_\_\_\_

**Jersey# Request** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight** \_\_\_\_\_ (football ONLY)

**Check/Receipt#:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_

- FOOTBALL
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## EMERGENCY CONTACT INFORMATION

**Participant's**

**Name:** \_\_\_\_\_ **D.O.B.** (mm/dd/yyyy) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Person to be contacted in case of emergency:**

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

**Two additional contacts in case parents cannot be reached: MUST BE COMPLETED**

1. Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

2. Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the Barracuda Youth Football Organization to make whatever arrangements necessary for the best care of my **child**, \_\_\_\_\_, in the event of an emergency. I also understand that all financial cost involved resulting in the care of my child are my responsibility.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL INFORMATION**

Health Insurance: \_\_\_\_\_ Group #: \_\_\_\_\_

List ANY and ALL medical conditions of the participant (if none, note: NONE): \_\_\_\_\_

\_\_\_\_\_

LIST ANY and ALL medications currently taken or prescribed & dosage: \_\_\_\_\_

\_\_\_\_\_



**BARRACUDA  
YOUTH FOOTBALL**

# Parent / Guardian VOLUNTEER SHEET

**TWO HOURS OF VOLUNTEER COMMITMENT** per **CUDA NATION** Family is **required** for our program to succeed. Below are areas of need requests. Please check all of the activities that you may be interested in helping, if you are willing to do so. Please note that some request may apply to just football or cheer during seasonal games while help needed during the off season fundraising events. You are welcome to volunteer to any or all. *In order to receive Volunteer Refund, you **MUST** complete the Volunteer Commitment **AND** return all uniform(s) & equipment(s).*

## CUDA NATION PROGRAMS

- Team Mother
- Cheer Mother
- Homecoming Preparations
- Fundraising Events Assistance
- Year End Banquet Preparations
- Sponsorship Solicitation
- Photography
- Videography

## GAMES, PRACTICES, EVENTS

- Play Counter
- Chains
- Concessions
- End of Practice Field Clean-Up
- 50/50 Game Day Sales
- Medical Professional - Home Games  
(Doctor, Nurse, EMS, Firefighter, Fireman, Trainer, P.A)
- Home Game Set-Up
- Post Home Game Clean-Up
- Game Announcer / Assistant spotter
- DJ
- Time Clock Operator
- Water Bottle Refills (Game Day)

If you have a special talent or occupation you would like to share with the program as a volunteer, please indicate below. Also, if you have a suggestion for an activity or event you believe would be of interest to the organization, let us know!

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Athlete's Last Name: \_\_\_\_\_

Volunteer's Name: \_\_\_\_\_

Athlete's First Name: \_\_\_\_\_

Football       Cheer

Cell Phone: \_\_\_\_\_

Flag    Freshman    JV    Varsity

Email: \_\_\_\_\_



**BARRACUDA  
YOUTH FOOTBALL**

## UNIFORM AGREEMENT

The uniform (jersey, pants, and/or cheerleading uniform) and equipment (helmet and pads) are the property of the Barracudas Youth Football organization. Each player is responsible for their uniform and/or equipment. If the uniform and/or equipment is lost, torn, damaged, or ruin in any way, I am responsible all repair(s) and/or payment for replace of property. I will return my uniform and/or equipment after the last game of the season or I will not be able to attend & agree to forfeit all monies paid for tickets to the Barracuda Youth Football banquet.

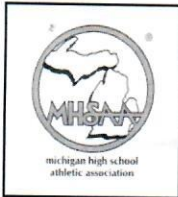
Participant (signature): \_\_\_\_\_ Squad: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

- As the parent/guardian of named participant, I agree to the Barracuda Youth Football Uniform Agreement. Furthermore, I understand that I will **NOT** receive the Refundable Volunteer Fee **UNLESS** I complete the Volunteer Commitment **AND** return all uniform(s) and equipment(s) distributed to my son/daughter.

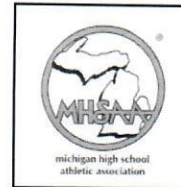
Parent Signature: \_\_\_\_\_

Parent Name (print): \_\_\_\_\_ Date: \_\_\_\_\_



MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC.

MEDICAL HISTORY



- To be completed by parent or guardian or 18-year-old.
Must be signed below by parent or guardian or 18-year-old.

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Form with fields for Student's Name (Last, First, MI, Sex, Grade, Date of Birth, Age), Student's Address (Number and Street, City, ZIP), Name of Father or Guardian (Work Phone), Name of Mother or Guardian (Work Phone), Family Doctor (Office Phone, Student's Home Phone).

MEDICAL HISTORY

Table with columns for General Questions, Your Family's Heart Health Questions, Bone and Joint Questions, Immunization History, Medical Questions, and Females Only. Includes various health-related questions with Yes/No options.

INSURANCE STATEMENT AND CERTIFICATION

Our Son/Daughter will comply with the specific insurance regulations of the school district and the Medical History questions are as complete and correct as possible.

Family Insurance Co: \_\_\_\_\_ Contract #: \_\_\_\_\_

Signatures of Student: \_\_\_\_\_ & Parent/Guardian or 18 Year Old: \_\_\_\_\_

< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

EMERGENCY INFORMATION - To Be Completed by Parent or Guardian or 18 Year Old

Form with fields for Student's Name, IN EMERGENCY CONTACT (1) and (2) with Phone and Cell numbers, Family Doctor, Allergies, Drug Reactions, and Current Medications.



michigan high school athletic association

# MICHIGAN HIGH SCHOOL ATHLETIC ASSOCIATION, INC. PHYSICAL EXAM & CLEARANCE & CONSENT FORMS



michigan high school athletic association

- To be completed by parent or guardian or 18-year-old.
- Must be signed in **two** places on this page by parent or guardian or 18-year-old.

**A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR**

## PLEASE PRINT

STUDENT'S COMPLETE LEGAL NAME:			Last			First			Middle		
STUDENT'S DATE OF BIRTH:			Month	Day	Year	PLACE OF BIRTH:			State		
CIRCLE GRADE:			7	8	9	10	11	12	SCHOOL:		

## PHYSICAL EXAMINATION & MEDICAL CLEARANCE

To be completed by the examining MD, DO, PA or NP & Returned Directly to the patient. Categories may be added or deleted. Check Appropriate Column

EXAMINATION: (Circle Correct Response As Necessary)	Height:	Weight:	Male/Female	BP: /	Pulse:	Vision: R 20/	L 20/	Corrected: Yes No
<b>MEDICAL</b>								
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)						Neck		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing						Back		
Lymph Nodes						Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)						Elbow/Forearm		
Pulses: Simultaneous femoral and radial pulses						Wrist/Hand/Fingers		
Lungs:						Hip/Thigh		
Abdomen						Knee		
Genitourinary (Males Only)						Leg/Ankle		
Skin: HSV, lesions 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 - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

**A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR**

SIGNATURE OF EXAMINER: \_\_\_\_\_ CIRCLE ONE MD DO PA NP  
 PRINTED NAME OF EXAMINER: \_\_\_\_\_  
 DATE: \_\_\_\_\_

## STUDENT PARTICIPATION & PARENT OR GUARDIAN OR 18 YEAR OLD CONSENT

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge. I have never received money or negotiable certificate for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my school in any sport, I will not compete in any outside athletic contest in this sport until after my school season has been completed. I understand that I am expected to adhere firmly to all established athletic policies of my school district and the Michigan High School Athletic Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

I 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; and I understand the possibility that serious injury may result from participating in athletic activities. He/She has my permission to accompany the team as a member on its out-of-town trips.

I further understand that my son or daughter will be expected to adhere firmly to all established athletic policies of the school district and the Michigan High School Athletic Association.

Signature of STUDENT: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of PARENT: \_\_\_\_\_ Date: \_\_\_\_\_  
 or GUARDIAN or 18 YEAR-OLD

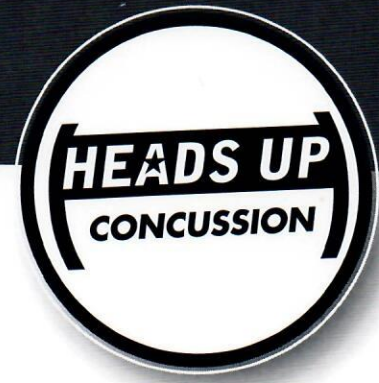
< DETACH HERE IF NEEDED TO ACCOMPANY STUDENT ATHLETE >

## MEDICAL TREATMENT CONSENT – To Be 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.

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

Michigan Department  
of Community Health



Rick Snyder, Governor  
James K. Haveman, Director

▶ **"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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HEADS UP