

## Pleasant Youth Football Registration Form

**Please print neatly**

Student name: (NOT THEIR NICKNAME) \_\_\_\_\_

DOB: \_\_\_\_\_ and Grade Level for 2018-2019 \_\_\_\_\_

Age as of August 1<sup>st</sup> 2018 \_\_\_\_\_

School: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**DO NOT WRITE IN THIS BOX - PYF STAFF ONLY**

**WEIGHT:** \_\_\_\_\_ **PAID:**  YES  NO **CASH or Check #** \_\_\_\_\_

**SHOULDER PAD SIZE:** \_\_\_\_\_

**RIB PADS:**  YES  NO

**HELMET SIZE:** \_\_\_\_\_

**PANT SIZE:** \_\_\_\_\_

**PLAYER HAS PRACTICE JERSEY:**  YES  NO **JERSEY #** \_\_\_\_\_

**PLAYER HAS GAME JERSEY:** # \_\_\_\_\_

**PLAYER HAS MOUTHPIECE:**  YES  NO

**PLAYER HAS EQUIPMENT & BAG:**  YES  NO

**PARENT HAS CONCUSSION FORM:**  YES  NO

**MISC ORDER:** \_\_\_\_\_

**MISSING PAPERWORK:** \_\_\_\_\_

**Emergency Medical Authorization Form:**

**Purpose: To enable parents and guardians to authorize the provision of emergency medical treatment for children who become ill or injured while participating, when parents or guardians cannot be reached.**

Parent or Guardian:

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Part I - To Grant Consent (please choose "A" or "B"):**

I hereby give consent for the following medical care providers and local hospital to be called / used:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the above named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist and the transfer of my child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physician or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which the physician should be alerted:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A. Part II- Refusal to Consent (please choose "A" or "B"):**

I do not give my consent for emergency medical treatment of my child in the event of illness or injury requiring emergency treatment and wish the following action be taken:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B. Athletic Insurance/ Liability Waiver (please choose 1, 2, or 3):**

I, the undersigned, being the parent, legal next of kin or legal guardian of participant named above, hereby accept the responsibility for any injury he/she may receive while participating in Pleasant Youth Football and authorize any necessary medical treatment. I also accept the responsibility of insurance coverage as listed below:

1.  We have insurance.

Name of company \_\_\_\_\_

Policy Number \_\_\_\_\_

2.  He/she has school insurance.

3.  We do not have insurance; therefore, we are totally responsible for payment for any expenses.

**Existing Medical Conditions:**

1. Allergies to foods, medications, etc. (if none, so state): \_\_\_\_\_

2. Special medical problems. (If none, so state): \_\_\_\_\_

3. Does participant carry medications at all time? \_\_\_\_\_

4. Do medications (inhalers) need to be kept in the team emergency kit? \_\_\_\_\_

5. Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

## **ZERO TOLERANCE POLICY**

Pleasant Youth Football is a non-profit organization established for the purpose of further promoting the progressive development of the sport of tackle football. It is the board members goal to instill within our youth the inspiration for moral growth by offering a wholesome environment and promoting team partnerships.

This policy is to inform the participant and the parents of participants of the Pleasant Youth Football program of our "**Zero Tolerance Policy**". The Board has given full discretion to coaches and board members to enforce this policy. The following will not be tolerated:

- Protest a game official's decision in an aggressive demonstrative manner, which might incite violent or aggressive fan involvement.
- Use of abusive or profane language or actions at any time at any practice or League function.
- Treatment of the program, board members, coaches, children and/or adults with disrespect at practices or any League function.
- Any physical violence, abuse or harassment towards any parent, coach, official, board member or player.
- Contacting volunteer coaches with concerns about the program instead of the director.
- Contacting a board member before voicing a concern to the director of the program.

Failure to follow this policy will result in immediate dismissal from the practice, event and/or season for a participant and/or his/her parents.

We represent the Pleasant Youth Football program. As parents, you have entrusted the coaches to teach and promote physical and mental growth of your child. The expectation is for all involved with Pleasant Youth Football to do so with dignity and respect during all games, practices and associated functions either at home or away.

By signing below, I am representing myself and my entire family and/or any friends who may attend the practice or event that my child is participating in. I will enlighten my friends & family and enforce this policy.

I acknowledge receipt of Pleasant Youth Football Program's Zero Tolerance Policy. I will abide in accordance with the policy or risk dismissal of participation of my child/children.

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(Player's Signature)

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(Date)

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(Printed name)

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(Parent's Signature)

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(Date)

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(Printed name)