

DYFA (MYFCC) 2015 REGISTRATION CHECKLIST

REQUIRED TO HOLD REGISTRATION SPOT ON TEAM

- DYFA/MYFCC Registration form and Medical Consent form (Pages 2-4)
 - Football Pages 2 & 4
 - Cheer Pages 3 & 4
- Copy of child's Birth certificate.
- Copy of front and back of Driver's License or current DTE bill.
- Registration Payment (Cash, Check or Credit Card)

REQUIRED TO COMPLETE REGISTRATION PROCESS AND PLAY **MUST BE TURNED IN PRIOR TO JULY 1ST**

- Concussion Information sheet (Pages 5-6)
- Parent/Guardian Code of Conduct Contract (Page 7)
- Volunteer Participation Agreement (Page 8)
- Physical and Medical History form completed after April 15th, 2015.
(Pages 9-10)
- Recent picture (School picture or Student ID)
- Proof of grade (report card or Student ID). *(Varsity Players Only)*

Please mail forms and payment to

DYFA

P.O. BOX 1995

DEARBORN, MI 48121-1995

DYFA 2015 Football Registration (Michigan Youth Football & Cheer Conference)

Please use a separate form per child, fill in all fields completely, and print clearly.

Child's Last Name: _____ First: _____ Weight _____

Address Street: _____ City _____ Zip: _____

Phone: _____ Parent/Guardian Email: _____

Date of Birth: _____ Age as of 8-31-15: _____ Grade as of 8-31-15: _____ School: _____

Please check one: New Player _____

Returning Player _____ Team Name _____

FOOTBALL PROGRAM			
Squad	Age as of 9-1-2015	Max Weight	Cost
Jr. Freshman	6, 7, 8 years old **	110 lbs.*	\$300.00
Freshman	8, 9, 10 years old ***	130 lbs.*	\$300.00
Junior Varsity	10, 11, 12 years old ***	160 lbs.*	\$300.00
Varsity	12, 13, 14 years old ***	190 lbs.*	\$300.00

*Weight is in full pads, and does not include the helmet.

** 6 year olds must have approved parental petition to play.

*** Players will be placed on squad based on age, weight, and available roster spots

I/we, the parent/legal guardian of _____ a candidate for a position on a team of the
(Print Child's First and Last Name)

Dearborn Youth Football Association, 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 the local team, the Dearborn Youth Football Association, the organizers, sponsors, supervisors, participants, and person 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 physician to render whatever emergency medical care he/she 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.

FURTHER, I/we agree to submit a physical dated on or after April 15th of the current year prior to practice.

Parent/Guardian Signature: _____





DYFA 2015 Cheer Registration (Michigan Youth Football & Cheer Conference)

Please use a separate form per child, fill in all fields completely, and print clearly.

Child's Last Name: _____ First: _____

Address Street: _____ City _____ Zip: _____

Phone: _____ Parent/Guardian Email: _____

Date of Birth: _____ Age as of 8-31-15: _____ Grade as of 8-31-15: _____ School: _____

Please check one: New Cheerleader _____

Returning Cheerleader _____ Team Name _____

Squad	Age as of 9-1-2015	Cost
Jr. Freshman/Pee Wee Cheer*	6-7 years old/Grades 1-2	\$100.00 - \$200.00 **
Freshman*	8-10 years old/Grades 3-4	\$100.00 - \$200.00 **
Junior Varsity*	9-12 years old/Grades 5-6	\$100.00 - \$200.00 **
Varsity*	11-14 years old/Grades 7-8	\$100.00 - \$200.00 **

* Your child will be placed on a squad at the discretion of the Cheer Director.
Ages and grades are used as a reference, not as a guarantee for team placement.
** Cost is dependent on individual franchise.

I/we, the parent/legal guardian of _____ a candidate for a position on a team of the
(Print Child's First and Last Name)

Dearborn Youth Football Association, 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 the local team, the Dearborn Youth Football Association, the organizers, sponsors, supervisors, participants, and person 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 physician to render whatever emergency medical care he/she 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.

FURTHER, I/we agree to submit a physical dated on or after April 15th of the current year prior to practice.

Parent/Guardian Signature: _____



DYFA 2015 Consent for Medical Treatment (Michigan Youth Football & Cheer Conference)

1. CHILD'S INFORMATION:

First and Last Name: _____ Date of Birth: ____/____/____ Weight: _____
Address: _____ City: _____ Zip Code: _____

2. EMERGENCY CONTACT(S):

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone: _____ Telephone: _____

3. FAMILY INSURANCE INFORMATION:

Name of Insurance Company: _____ Policy, Group or ID Number: _____
Name of Policy Holder: _____ Insurance Phone Number: _____

Is your Medical Insurance coverage in effect at this time? Circle YES or NO below

- YES Attach a Xerox copy of the front and back of participant's medical insurance card
- NO We do not have medical insurance.

4. CONSENT FOR MEDICAL TREATMENT:

I, _____ parent of _____
(Print Parent/Legal Guardian First & Last Name Above) (Print Child's First and Last Name Above)

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.

Parent/Legal Guardian Signature: _____



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



▶ **"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



DYFA 2015 Parent/Guardian Contract and Code of Conduct

Please carefully read and then sign this document.

The Dearborn Youth Football Association is a partnership involving (1) football players and cheerleaders, (2) coaches and other DYFA officials, and (3) parents/guardians. For the organization to be successful and provide the type of experience our children deserve, all three component parts of the partnership must fulfill their responsibilities.

Consequently, we ask that parents/guardians pledge their support by agreeing to the following terms and conditions.

As the parent/guardian of a football player or cheerleader in the Dearborn Youth Football Association (DYFA) and the Michigan Youth Football and Cheer Conference (MYFCC), I will . . .

- . . . provide positive support and encouragement to my own participant, as well as to other members of the team, the coaches and the organization itself.
- . . . demonstrate respect and good sportsmanship toward the opposing teams, their coaches, players and the officials.
- . . . fulfill my responsibility to provide at least four hours of Parent Service Time, demonstrating my commitment to the DYFA and to my child.
- . . . assist my child's effort in the mandatory fundraiser.
- . . . uphold the DYFA's ban on smoking or consuming alcohol at practices, games, or any DYFA-sponsored event.
- . . . make certain that my football player or cheerleader arrives on time for practices and games, is properly equipped and attired, and is picked up following these events in a timely fashion.
- . . . explain to other family members and friends who attend DYFA events the type of behavior that is expected from all spectators.
- . . . allow the coaches to be responsible for my son or daughter during practice, games and team-related activities and refrain from "sideline" coaching and inappropriate language.
- . . . abide by the MYFCC rule banning parents from the practice and game day fields.
- . . . read and understand the Parents' Handbook.
- . . . not attempt to circumvent any rules or policies of the DYFA or the MYFCC.
- . . . encourage my child to also abide by the rules and policies of both the DYFA and the MYFCC.
- . . . pay the replacement cost of any uniform/equipment lost, misplaced or returned in an unacceptable condition, as determined by franchise officials.

I acknowledge that I have read the DYFA Parent/Guardian Contract and Code of Conduct, agree to abide by its terms and understand that violation of the terms of this document may impact the further participation of my child/children in DFYA activities.

Parent's Name (Printed): _____

Child's Name: _____ Date of Birth: _____ Squad: Jr. Fr. Fr. JV Var.

Child's Name: _____ Date of Birth: _____ Squad: Jr. Fr. Fr. JV Var.

Child's Name: _____ Date of Birth: _____ Squad: Jr. Fr. Fr. JV Var.

Parent/Guardian Signature: _____ Date: _____

Team: Tractors Pioneers Thunderbirds





DYFA 2015 Volunteer Participation Agreement (Michigan Youth Football & Cheer Conference)

I understand that my child's participation in the Dearborn Youth Football Association (DYFA) & Michigan Youth Football & Cheer Conference (MYFCC) is contingent upon my participation as an adult volunteer. I understand that if I do not fulfill the volunteer requirements for the current season as described below, my volunteer \$100 deposit will be forfeited at the end of the current season and that my son(s) and/or daughter(s) will lose their returning player status for the following season.

Every parent/guardian will be required to submit payment as part of the registration process before the first day of practice & prior to volunteer sign-up day (TBD), for \$100.00 as a deposit to ensure volunteer participation. Volunteer sign-up will only be accessible to those who have turned in this form and deposit check.

GAME DAY VOLUNTEERS, CONCESSION HELPERS, and SPECIAL EVENT HELPERS, are critical to the success of our program. Game day activities include, but are not limited to: chain gang, spotters, announcer, merchandise sales, concessions, game clock, and 50/50 raffle. Sign up for these activities will take place once the game schedule is known and at a later date closer to the start of the season. At the end of the season, your \$100 deposit will be rolled over to the following season after we have confirmed your volunteer obligations have been met.

By signing this agreement, I agree to the above terms and am obligated to show up when I am scheduled to volunteer and if asked, be willing to assist whenever possible. If I do not fulfill my volunteer obligations by the end of the current season, I forfeit my \$100 deposit to the DYFA for the 2015 season.

Parent Signature: _____

Parent Name (printed): _____

Participants Name (s) (printed): _____

Check One: Football _____ Cheer _____

Check One: Jr. Freshman _____ Freshman _____ JV _____ Varsity _____

For DYFA Internal Use Only

Check # _____ Amount \$ _____ Name on check if different from Participant _____





DEARBORN PUBLIC SCHOOLS ATHLETIC PHYSICAL FORM
(Physician Form)

Name of Student _____ Last _____ First _____ Initial _____

Head, ears, eyes, nose and throat _____

Lungs _____

Heart _____

Abdomen _____

G.U. _____

Hernia _____

Extremities _____

BP _____ Pulse _____ Respiration _____ Height _____ Weight _____

The above named student is physically able to compete in supervised activities except those listed below.

_____ Physician's Signature

_____ Date

_____ Physician's Signature

_____ Phone number

DEARBORN PUBLIC SCHOOLS
ATHLETIC RESPONSIBILITY AND CONSENT FORM

Student's Name _____ Last _____ First _____ Initial _____

Student Number _____ Health Insurance Carrier _____

Home Address _____ Phone _____

City _____ Zip _____ Birth date _____ Grade _____

CONSENT TO PARTICIPATE IN ATHLETICS

I hereby give my consent for my child to participate in interscholastic athletics in the Dearborn Public Schools in approved sports during the current school year and for the disclosure to the Dearborn Public Schools of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. I am satisfied with my health insurance coverage for participation in the interscholastic athletic program. We accept full responsibility for any injuries which might occur to our son or daughter by reason of such participation, including medical bills which might arise in excess of any insurance coverage, and we are fully apprised of the school district's position that neither it nor any person associated with the school athletic departments is liable under the law for such injuries. Further, I understand that neither the District nor any person associated with the school athletic department accepts responsibility for such injuries, and that costs related to such injuries, and that costs related to such injuries will not be paid from the operating funds of the school district.

WARNING – Participation in supervised interscholastic athletics and activities may be one of the least hazardous activities in which any student will engage in or out of school. **PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC.** Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. **PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM AND INSPECT THEIR EQUIPMENT DAILY.**

By signing this Permission Form, we acknowledge that we have read and understood this warning. **PARENTS AND STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

STATEMENT OF POLICY

In compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990, it is the policy of the Dearborn School District that no person shall, on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight, or marital status, be excluded from participation in, be denied benefits of, or be subject to discrimination during any activity or in employment. For information, contact (313) 827-3113.

ANNUAL PHYSICAL THAT IS COMPLETED AFTER APRIL 15TH
CAN BE USED IN PLACE OF FORM PROVIDED

ATHLETIC CODE

This application to compete in Interscholastic Athletics is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules of the Michigan High School Athletic Association, Inc. and that I will follow all rules and regulations set down by my coach and the athletic department. Also, as a representative of my school, I will conduct myself in an exemplary manner at all times. I understand that conduct unbecoming of a team member or violation of the previously mentioned rules and regulation may lead to my dismissal from that team. We (parent and child) have read, understand, and accept the rules of "The Athletic Code of Conduct".

ALCOHOL, TOBACCO, DRUGS, & PERFORMANCE ENHANCING DRUGS

As a student-athlete, I understand and acknowledge that it is illegal to use alcohol, tobacco, drugs and/or performance enhancing drugs. I further understand that Dearborn Public Schools does not support the use of any of these substances and prohibits coaches from promoting such substances. If I violate this section of the physical form, I understand that the athletic director and/or administrator may take any disciplinary action necessary in order to comply with the student code of conduct and the laws of the State of Michigan.

Student Initials

CONSENT FOR TRANSPORTATION

This is to certify that my child has my permission to make all trips to games, contests and tournaments during the current school year with the Dearborn Public Schools athletic teams. I understand that transportation will be by bus when practical and possible. Squad size and type of contest may necessitate transportation by van or driven by a licensed adult driver.

N.C.A.A. Rule 14.3 COLLEGE FRESHMAN ELIGIBILITY CLEARINGHOUSE REQUIREMENTS

All students and parents/guardians should be aware that student athletes that hope to compete at the collegiate level (Division I or II) must complete forms and pass criteria set forth by the NCAA Clearinghouse in order to have collegiate athletic eligibility. Graduating from high school or maintain good grades does not constitute automatic collegiate athletic eligibility. Students are urged to consult with their high school counselor as early in their prep career as possible to explore their NCAA Clearinghouse standing.

Address inquiries to: NCAA Clearinghouse
301 ACT Drive
P.O. Box 4043
Iowa City, IA 52243-4043
1-877-262-1492
www.ncaa.clearinghouse.net/ncaa/common

EQUIPMENT FINANCIAL RESPONSIBILITY

Each athlete in the Dearborn Public Schools is responsible for athletic equipment issued to him/her by the athletic department. This equipment is to be worn only for practice or competition in the sport for which it was issued. It is not to be worn at other times. This equipment represents a large expenditure of money by the Athletic Department and is to be returned to the coach upon completion of the sport season (within one week). If equipment is stolen, lost or not returned the athlete will be held responsible for the replacement cost of the equipment.

We have read and understood all of the above statements and by our signatures indicate our willingness to abide by them.

Date _____ Student's Signature _____
 Date _____ Parent's/Guardian's Signature _____
 Father's Name _____ Mother's Name _____
 Father's Work Phone _____ Mother's Work Phone _____
 Emergency Phone _____
 Relationship of person with emergency phone number _____

Medical History Form for Student Athlete (Parent Form)

Answer all questions. Note any details Please.

I. Head, ears, eyes, nose, throat	YES	NO
1. Do you wear glasses while playing?	<input type="checkbox"/>	<input type="checkbox"/>
2. Any visual difficulties?	<input type="checkbox"/>	<input type="checkbox"/>
3. Frequent sore throats?	<input type="checkbox"/>	<input type="checkbox"/>
4. Nose bleeds?	<input type="checkbox"/>	<input type="checkbox"/>
5. Decreased hearing?	<input type="checkbox"/>	<input type="checkbox"/>
6. History of being "knocked out"?	<input type="checkbox"/>	<input type="checkbox"/>
7. History of neck injury?	<input type="checkbox"/>	<input type="checkbox"/>
8. History of seizures?	<input type="checkbox"/>	<input type="checkbox"/>
II. Heart and Lungs		
1. Shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
2. Frequent colds?	<input type="checkbox"/>	<input type="checkbox"/>
3. Chronic cough?	<input type="checkbox"/>	<input type="checkbox"/>
4. Rheumatic Fever?	<input type="checkbox"/>	<input type="checkbox"/>
5. Heart Murmur?	<input type="checkbox"/>	<input type="checkbox"/>
6. Chest Pain?	<input type="checkbox"/>	<input type="checkbox"/>
7. Asthma?	<input type="checkbox"/>	<input type="checkbox"/>
III. Gastro Intestinal System		
1. Constipation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Abdominal Pain?	<input type="checkbox"/>	<input type="checkbox"/>
3. Decreased appetite?	<input type="checkbox"/>	<input type="checkbox"/>
4. Increased fluid intake?	<input type="checkbox"/>	<input type="checkbox"/>
5. Abdominal surgery?	<input type="checkbox"/>	<input type="checkbox"/>
6. Nausea?	<input type="checkbox"/>	<input type="checkbox"/>
7. Vomiting?	<input type="checkbox"/>	<input type="checkbox"/>
8. Diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>
9. Blood in stool?	<input type="checkbox"/>	<input type="checkbox"/>
10. Hemorrhoids?	<input type="checkbox"/>	<input type="checkbox"/>
IV. Genito/Urinary System		
1. Urinary tract infection?	<input type="checkbox"/>	<input type="checkbox"/>
2. Increased blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
3. Undescended testicles?	<input type="checkbox"/>	<input type="checkbox"/>
4. History of venereal disease?	<input type="checkbox"/>	<input type="checkbox"/>

- V. General History of.**
- 1. Increased tiredness?
 - 2. Bleeding disorders?
 - 3. Family diabetes?
 - 4. Family TB?
 - 5. Anemia?
 - 6. Tetanus immunization?
 - 7. Weight loss?
 - 8. Infections?
 - 9. Allergies?
 - 10. Medicine?
 - 11. Drugs?
- VI. Musculoskeletal History of:**
- 1. Back or extremity surgery?
 - 2. Fractures?
 - 3. Shoulder pain?
 - 4. Limited motion?
 - 5. Elbow injury?
 - 6. Back injury?
 - 7. Ankle injury?
 - 8. Ankle swelling?
 - 9. Ankle giving way?
 - 10. Knee injury?
 - 11. Knee pain?
 - 12. Knee swelling?
 - 13. Knee giving way?
 - 14. Knee clicking?
 - 15. Knee popping?
 - 16. Knee locking?

Last visit to your family doctor and for what reason – Date _____ Reason _____

Parent/Guardian Signature _____ Date _____

ANNUAL PHYSICAL THAT IS COMPLETED AFTER APRIL 15TH CAN BE USED IN PLACE OF FORM PROVIDED

ADDITIONAL REQUIRED DOCUMENTS

ALL PLAYERS

PROOF OF RESIDENCY:

**COPY OF FRONT AND BACK OF DRIVER'S LICENSE
OR CURRENT DTE BILL**

PROOF OF MEDICAL INSURANCE:

**COPY OF FRONT AND BACK OF MEDICAL
INSURANCE CARD**

BIRTHDATE VERIFICATION:

COPY OF BIRTH CERTIFICATE OR PASSPORT

PLAYER/CHEERLEADER VERIFICATION:

RECENT PICTURE

VARISTY PLAYERS ONLY

PROOF OF GRADE:

**COPY OF REPORT CARD
OR STUDENT ID**