

Proof of Res  BC  2Pic  Phys  Health Q  Parent/Athlete Contract  Concussion  Helmet Care  Equip Care

## JUNIOR RAIDER FOOTBALL REGISTRATION FORM

### CHILD INFORMATION

Last Name:		First:		Middle Initial:
Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> M	Date of last Physical: / /	

### RESPONSIBLE PARTY INFORMATION

Last Name:		First:		Middle Initial:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss
Street address:			Apartment #:	Team: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
City:	State:	ZIP Code:		Telephone no.:	
Cell phone no.:	Work phone no.:	E-Mail Address:			

### MEDICAL RELEASE

I recognize that participation in contact sports and other activities may occasionally lead to injury. The most common injuries are abrasions, bruises, sprains, and strains; less common injuries, but perhaps more serious, may occur. I hereby authorize emergency medical care for my child(ren) or myself. If, in the judgment of the staff, treatment is required for injury or illness, I hereby authorize the administration of anesthetics and recourse to other procedures deemed necessary by attending physician. I recognize that I am financially responsible for any expenses for medical care or transportation incurred.

Doctor's Name:	Telephone no.:
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### HOLD HARMLESS AGREEMENT

I agree to abide by the conditions herein and agree to hold harmless, waive, and release any and all claims for damages against the Department of Recreation, the City of Englewood, the Englewood Board of Education, its agents, employees, and other such individuals who may be involved in the plan and implementation of this/these programs.

### CODE OF CONDUCT

The Department of Recreation advocates and supports youth and adult programs in Englewood. The staff prides itself in offering educational opportunities through leisure experiences. Participation in programs is subject to the observance of rules and procedures. The activities outlined below are strictly prohibited. Any participants or staff members who violate this code are subject to discipline, up to and including removal from the program.

- Abusive language towards a staff member, volunteer, or another participant
- Discourtesy or rudeness to a fellow participant, staff member, or volunteer
- Verbal, physical or visual harassment of another participant, staff member or volunteer
- Bullying or taking unfair advantage of any participant
- Failure to cooperate with adult supervisor/league/mentor
- Possession or usage of alcoholic beverages or illegal drugs on the City of Englewood property or reporting to the program while under the influence of drugs or alcohol.
- Possession of dangerous unauthorized materials such as firearms, weapons, or other similar items on City property
- Conduct endangering the life, safety, health, or well being of others
- Failure to leave area in the condition in which you found it, including restrooms, gym, hallways, and any other are used.
- Failure to follow any Department of Recreation policies and/or procedures

Parent/Guardian signature	Date
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**\*\* INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED \*\***

# Football Health Questionnaire

Player : \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Team: \_\_\_\_\_

Please complete the following questionnaire to the best of your knowledge:

1. Allergies
- |            |    |     |                       |
|------------|----|-----|-----------------------|
|            | No | Yes |                       |
| • Pollen   | No | Yes | _____                 |
| • Insects  | No | Yes | _____                 |
| • Medicine | No | Yes | _____                 |
| • Food     | No | Yes | _____ Epi-pen? Yes/No |

2. On-going medical conditions?
- |              |    |     |       |
|--------------|----|-----|-------|
|              | No | Yes |       |
| • Asthma     | No | Yes | _____ |
| • Anemia     | No | Yes | _____ |
| • Diabetes   | No | Yes | _____ |
| • Infections | No | Yes | _____ |

Other

Name of Medication	Dosage	Time	Special Instructions (Please be specific)	Purpose	Side Effects

3. Special Conditions

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- |                                   |    |     |       |
|-----------------------------------|----|-----|-------|
| 4. Wears glasses?                 | No | Yes |       |
| 5. Contacts?                      | No | Yes | _____ |
| 6. Hearing aids or implants?      | No | Yes | _____ |
| 7. Braces?                        | No | Yes | _____ |
| 8. Retainer?                      | No | Yes | _____ |
| 9. Suffered a Concussion?         | No | Yes | _____ |
| 10. Memory loss?                  | No | Yes | _____ |
| 11. A seizure?                    | No | Yes | _____ |
| 12. Fuzzy or blurry vision?       | No | Yes | _____ |
| 13. A sprain?                     | No | Yes | _____ |
| 14. Pain in muscles or joints?    | No | Yes | _____ |
| 15. A dislocated joint or joints? | No | Yes | _____ |
| 16. Fractured or broken bones?    | No | Yes | _____ |

This information is accurate and informative to the best of my knowledge:

\_\_\_\_\_  
 Parent/Guardian Signature      Parent/Guardian Name      Date