

20____ REDFORD EAGLES FOOTBALL AND CHEERLEADING REGISTRATION FORM

Shirt Size: _____ Pant Size: _____



Squad _____

(Please Print All Information Clearly)

PARTICIPANT INFORMATION

Participant's Legal Name: _____
Last First Middle Initial

Birth Date: _____ Age (as of Sept.1): _____ Grade this Fall: _____ School Name: _____

Street Address: _____ City: _____ Zip Code: _____

of Previous Years Participating with the Redford Eagles: _____ Name(s) of Sibling(s) participating this year: _____

EMERGENCY CONTACT INFORMATION

Name of Parent or Legal Guardian #1: _____

Street Address: _____ City: _____ Zip Code: _____

Phone # (Home/Cell): _____ Email Address: _____

Name of Parent or Legal Guardian #2: _____

Street Address: _____ City: _____ Zip Code: _____

Phone # (Home/Cell): _____ Email Address: _____

VOLUNTEER COMMITMENT

**The success of our program is dependent on the parent volunteers we have throughout the season!
 At least one adult from our family will volunteer for one of the following areas for 2 home games.
 (Circle below):**

Concessions ♦ 50/50 ♦ Game Day Field Assistants: Chains ♦ Running the Clock ♦ Announcer ♦ Spotter

I hereby give my approval for the above-named child to participate in all football or cheer activities during the current season. I am the parent or legal guardian of the child that I have registered. I certify that all information given is correct.

By signing below, I acknowledge that I am financially responsible for all equipment supplied by the Redford Eagles. The registration cost for the 2021 season is **\$200.00 for tackle football, \$150.00 for flag football and \$150.00 for cheer**. I also understand that **ABSOLUTELY NO EQUIPMENT** will be issued to my child until **ALL** paperwork listed below and payment has been received – **IN FULL BY AUGUST 1, 2021. NO REFUNDS WILL BE ISSUED AFTER THE FIRST WEEK OF PRACTICE.** Uniforms/Equipment Return: We also guarantee the return of all uniforms/equipment loaned to our child and accept financial responsibility for the loss or damage of the uniforms/equipment. _____ (initial)

It is also understood that during practices, games or other Redford Eagles sponsored events, my son or daughter may be photographed or videotaped, and I give permission that they may be reproduced and published for allowed purposes in association with the Redford Eagles. I also understand that I am responsible for my child's pick up after games and practices. There is a \$15.00 fee for late pick ups. _____ (initial)

Parent/Legal Guardian Signature: _____ Date: _____

For Official Use Only

Payment Method: Cash Check # _____ Amount Paid: _____ Receipt No. _____

<input type="checkbox"/> Registration Form	<input type="checkbox"/> Participant/Parent Code of Conduct	<input type="checkbox"/> Concussion Form	<input type="checkbox"/> Photocopy of Birth Certificate
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REDFORD EAGLES FOOTBALL & CHEER PROGRAM

Participant/Parent Code of Conduct Contract



MISSION STATEMENT

“The Redford Eagles Football & Cheerleading Program is a volunteer driven, non-profit organization whose mission is to help the youth to develop the knowledge and skills of youth football and cheerleading. We strive to teach and model the values of sportsmanship, teamwork and fair play to each participant and offer a positive, life building experience in a safe and healthy environment. Most importantly, WE WILL HAVE FUN!”

PARTICIPANT CODE OF CONDUCT

I hereby pledge to provide a positive attitude and be responsible for my participation in the Redford Eagles youth football or cheerleading by supporting and following this Code of Conduct:

- I will encourage good sportsmanship for fellow players, coaches, officials, parents etc. at every practice, game and at any Redford Eagle activity or event sponsored by the Western Suburban Junior Football League (WSJFL).
- I will treat other participants, coaches, Board Members, game officials and fans with respect.
- I will do my very best in school because that is my 1st priority.
- I will make every effort to be on time for every practice & game and to be fully prepared with the required uniform & equipment. If I will be late or am unable to attend, I will notify my coach.
- I will do my very best to listen & learn from my coaches and I will always give 100% effort.
- I will be honest, self-disciplined and do my best to fairly help my team & teammates achieve our goals.
- I will never use obscene language or gestures.
- I will not make discriminating remarks based on race, religion, gender or national origin.
- I will not smoke or use tobacco products, nor will I use illegal drugs or alcohol.

PARENT CODE OF CONDUCT

I hereby pledge to provide positive support, care and encouragement for my child participating in the Redford Eagles youth football or cheerleading by supporting and following this Code of Conduct:

- I will encourage good sportsmanship for all participants, coaches, officials, parents etc. at every practice, game and at any Redford Eagle activity or event sponsored by the Western Suburban Junior Football League (WSJFL).
- I will be courteous to the participants, coaches, Board Members, game officials and fans of the opposing teams.
- I will make every effort to have my child at every practice and game on time and have them fully prepared with the required uniform and equipment.
- I will make every effort to be on time to pick up my child at the end of practice.
- I understand that the Redford Eagles is a non-profit, volunteer driven organization and I will support the Redford Eagles organization by volunteering with concessions, fundraising, game day field assistance or at least one of the other activities or committees.
- I will respect the South Redford School District properties that we use for practices and games and will follow the rules that they and the State of Michigan set forth for field usage. This includes the State Law that prohibits smoking on any public school property.
- I will never lose sight of the fact that I am a role model. I understand that children imitate their role models and by acting appropriately I will be modeling what I expect of my child.

I _____, acknowledge that I have read and understand the Redford Eagles Parent Code of Conduct. I also acknowledge that I have read the Redford Eagles Participant Code of Conduct with my athlete/cheerleader and he/she understands the importance of following the Participant Code of Conduct. We understand that violating this Code of Conduct Contract may result in the suspension or termination of my participation in the REDFORD EAGLES PROGRAMS.

Parent/Guardian’s Signature

Date

Parent/Guardian’s Printed Name

Participant’s Printed Name

Team

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

[INSERT YOUR LOGO]



“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

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



REDFORD EAGLES FOOTBALL AND CHEERLEADING PHYSICAL HEALTH SCREENING FORM



PARTICIPANT INFORMATION	
Child's Name: _____	Physician Name: _____
Address: _____	Address: _____
Home Phone: _____	Phone: _____
D.O. B (mm/dd/yy) _____	

HEALTH HISTORY			PHYSICIAN APPROVAL		
Check YES or NO for each	YES	NO	EXAMINATION		
Chronic/Recurring Illness			Height: _____		
Hospitalization			Weight: _____		
Surgery (other than tonsils)			Sex: _____ M / F		
Currently Taking Medication(s)			BP: _____		
Organ Missing			Pulse: _____		
Heat Exhaustion/Stroke			Vision: R 20/ _____ L 20/ _____ Corrected: YES NO		
Eye Problems			MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Wears Glasses/Contacts			Neck		
Dental Appliances/Braces/Etc.			Back		
Severe Headaches			Shoulder/Arm		
Head/Brain Injury			Elbow/Forearm		
Knocked Unconscious			Wrist/Hand/Fingers		
Birth Defects			Hip/Thigh		
Problems w/ BP			Knee		
Problems w/ Heart			Leg/Ankle		
Problems w/ Heart			Foot/Toes		
Problems w/ Spleen/Liver			MEDICAL	NORMAL	ABNORMAL FINDINGS
Hernia			Eyes		
Recurrent Skin Disease(s)			Ears/Nose/Throat		
Bone/Joint Injury			Lymph Nodes		
Sprain/Dislocation			Heart		
Allergies			Lungs		
Tetanus/Booster in Last 10 Years			Abdomen		
Asthma			Allergies		

The above information is current and correct to the best of my knowledge.	Recommendations:
Parent/Legal Guardian Signature _____ Date _____	

I certify that I have examined the above child and certify his/her weight to be as shown and his/her physical condition to be satisfactory for participation in a supervised athletic activities such as football.

Physician's Signature _____	Date _____
Printed Name of Physician _____	For Office Stamp