

Junior Packers Tackle Football

ATHLETE'S **First** Name _____ **Last** Name _____

Age on June 1st of **current year** (circle one) 8 9 10 11 12 13 14 **Birth Date** ____/____/____

Home Address _____ City _____ State ____ Zip _____

Home Phone # _____ School _____ Grade Entering _____

Family E-mail Address _____

Parent 1: First Name _____ Last Name _____ Cell # (____) _____ - _____
 Custodial Parent Step-Parent Non-Custodial Parent Foster Parent Other

Parent 2: First Name _____ Last Name _____ Cell # (____) _____ - _____
 Custodial Parent Step-Parent Non-Custodial Parent Foster Parent Other

Parent 3: First Name _____ Last Name _____ Cell # (____) _____ - _____
 Custodial Parent Step-Parent Non-Custodial Parent Foster Parent Other

For emergency purposes only please list any medical conditions the above child has and/or any current medication he/she is taking: _____

If a parent can not be contacted in the case of an emergency situation please list two emergency contacts:

Name _____ **Phone** _____ - _____ - _____
Name _____ **Phone** _____ - _____ - _____

How did you hear about Junior Packers Tackle Football? _____

Are you interested in coaching? Yes No **Are you interested in Volunteering?** Yes No

If yes please list any coaching or football experience or list any volunteer area you wish to help in. _____

I, parent or guardian of the above named candidate for the *Junior Packers* team, hereby gives approval for his/her participation in any and all team or league activities and photo images during the current season. I assume all risk and hazards incidental to such participation including transportation to and from the activities; and to hereby waive, release, absolve, indemnify, and agree to hold harmless the local league MYFL, *Junior Packers* (Omaha STORM), OPS, the organizers, sponsors, supervisors, coaches and persons transporting my son/daughter to and from the activities for any claims arising out of an injury to my son/daughter except for the amount covered by accident or liability insurance, if any carried by the team. In event the team travels, I give permission for my son/daughter to travel with them. I do not hold the organization responsible for any injury or damage or loss while traveling.

The above child is medically cleared to participate in sporting activities. I grant permission to the team personnel to authorize and obtain emergency medical care from any licensed physician, hospital, or medical clinic should my son/daughter become ill or injured while participating in team activities. I acknowledge it is my responsibility to have medical insurance for the above named child.

By signing below the player named above and I agree to follow the Code of Conduct. I agree upon request to return all equipment clean and in as good as condition as received, except for normal wear. If I do not return this equipment, I agree to pay for all equipment in the amount of \$250. **I also understand that Junior Packers (Omaha STORM Youth Organization) is a non-profit 501(c)3 organization and as such, refunds are not given.**

_____/_____/_____
Signature of parent or guardian **Relationship to player** **Date Signed**

I would like to make a contribution to Junior Packers. My tax-deductible contribution is:
 \$10 \$20 \$30 \$50 Other _____

Organization Use Only **ATHLETE'S Weight** _____ Lbs. **Height** _____ Ft. _____ In.

Helmet _____ Shoulder Pads _____ Jersey _____ Pants _____

Registration Fee-\$125 First Player and \$105 for each additional sibling **Additional Donation:** \$ _____

Total Amount Paid \$ _____

Payment Method: _____ Cash _____ Money Order _____ Online or CC _____ Check # _____

Birth certificate _____ **League Form** _____ **Concussion Awareness Form** _____

Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly 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 listed below after a bump, blow, or jolt to the head or body, she/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says she/he is symptom-free and it’s OK to return to play.

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.

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 not only does not diminish, but 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)

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.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

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 she/he is symptom-free and it’s OK to return to play.

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, or 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.

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.

It’s better to miss one game than the whole season.

For more information on concussions, visit: www.cdc.gov/Concussion

Student-Athlete Name Printed

Parent or Guardian Name Printed

Parent or Guardian Signature

____/____/____
Date Signed



2018 PARENT / GUARDIAN CONSENT FORM

The Metro Youth Football League is an athletic league dedicated to the purpose of organizing and conducting a competitive football environment, to inspire young people, regardless of race, color, creed or national origin; to practice the ideals of good character, fair play, fellowship, citizenship and sportsmanship; to keep the health, safety and welfare of our children foremost in our minds; and to teach the game of football as a means to achieving excellence in life.

I the parent or guardian of the below named candidate for the Metro Youth Football League, hereby give approval for his or her participation in any and all team or league activities during the current season. I assume all risks and hazards incidental to such participation. Including transportation to and from activities; and waive, release, absolve, indemnify and agree to hold harmless the Metro Youth Football League, the Organizers, Sponsors, Commissioners, Organizations, Coaches and Persons transporting the candidate to and from activities for any claim(s) arising from any injury to the candidate.

I grant permission to the Team or League Officials of the Metro Youth Football League to authorize and obtain medical care from any licensed Physician, Hospital or Medical Care Clinic should the candidate become ill or injured while participating in team or league activities. I also grant permission to the League Directors to obtain proof of age and proof of current academic level for my candidate from School Records and Bureau of Vital Statistics.

I proclaim to have the legal authority to register the named candidate, and hereby stipulate that I have read, understand, and voluntarily agree to all of the terms, statements, and conditions contained in this waiver. In the event I share legal custody of the named candidate, I proclaim to have fully collaborated with all other parents and guardians with shared legal custody and have their full permission to act. I have acquired unified consensus from all vested parties to grant permission for the named player to participate in MYFL activities.

MEDIA USE AND CONSENT

I hereby grant Metro Youth Football League and any of its member associations (hereinafter referred to as "MYFL"), the absolute right and permission to use my child's likeness in a photograph, video, broadcast, publish or copyright and use pictures of my child in which he or she may be included in whole or in part, composite or retouched in character or form, without payment or any other consideration. I hereby irrevocably authorize MYFL to edit, alter copy, exhibit, publish or distribute photographs and videos of me or my child for informational, educational, promotional, or publicity purposes concerning MYFL and its services. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photographs or videos. I understand and agree that these photographs and videos will become the property of MYFL and will not be returned. I also understand the photographs and videos may be used without any further consent or authorization from me. I hereby hold harmless and agree to release and forever discharge MYFL, its officers, employees, volunteers, coaches, or agents, from any and all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on behalf of my estate have by reason for Authorization.

I proclaim with my signature below that the MYFL and/or a Member Organization have provided me the 'Heads Up Concussion In Youth Sports' fact sheet.

Print Players Full Name *Age as of June 1st, 2018* *Grade Fall 2018*

School Attending Fall 2018 *Anticipated High School (Required)*

Address *City, State, Zip*

Parent or Guardian Signature *Date*

Date

PLAYERS, PARENTS, SPECTATORS, VOLUNTEERS

Junior Packers and MYFL Code of Conduct:

So that everyone may enjoy a safe and respectful game experience the following code of conduct must be followed by all players, parents, spectators, volunteers (participants) at Junior Packers games and activities.

When attending Junior Packers sponsored events, I therefore agree:

- I will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
- I will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing, taunting or using profane language or gestures, etc.
- I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
- I will teach my child to play by the spirit of the rules and to resolve conflicts without resorting to hostility or violence.
- I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, sex, or ability.
- I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
- I will respect the officials and their authority during games and will never question, discuss, or confront coaches or referees at the game field, and will take time to speak with coaches at an agreed upon time and place.
- I will not undermine, in work or deed, the authority of the coach and/or the Junior Packers organization.
- I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.
- I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
- I will abstain from being under the influence of or in possession of and/or drinking alcoholic beverages and the possession or use of any illegal substance on both the game and practice fields.
- I will stay behind the designated spectator line during a game.
- I will follow all facility rules for home and away games including:
 - No smoking or alcohol on school property.
 - Parking only in designated areas.
 - Respecting facility concession rules including stadiums that ban coolers or sunflower seeds.
 - Noise makers including air-horns and cow-bells are prohibited by league rules.

Violation of the Code of Conduct

- All players, parents, spectators, volunteers (participants) at a MYFL game are required to demonstrate positive sportsmanship in respect to their players, opposing team players, all other parents, all other spectators, their coaches, opposing coaches, and game officials.
- ANYONE unable to demonstrate proper sportsmanship and follow the code of conduct may be suspended or be subject to permanent league expulsion. All provisions stated will be applied uniformly to encompass all relative to violation of league sportsmanship policies and subsequent punitive assessments.
- If any participant that approaches a game official, a league official, a league volunteer and/or an organization representative anywhere before, during or after a game in an unsportsmanlike manner, the player and/or related persons connected with that participant will be subject to suspension and/or league expulsion and will be banned from participation or attendance at league games and activities.
- Junior Packers have the right to apply their own internal handling of punitive actions.
- The MYFL is not to be contact directly by players, parents, spectators, volunteers per MYFL rule. The organization will determine if the league's involvement is necessary.
- There will not be any refund of registration fees and all equipment and uniforms must be returned.

Detach this sheet and keep for your own reference.



WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a 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 your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- 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 behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

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
- Does not "feel right"

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- 1. Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- 2. Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
- 3. Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It's better to miss one game than the whole season.

For more information and to order additional materials free-of-charge, visit:
www.cdc.gov/ConcussionInYouthSports

For more detailed information on concussion and traumatic brain injury, visit:
www.cdc.gov/injury

Detach this sheet and keep for your own reference.