

EASTCHESTER BLUE DEVILS

2021 REGISTRATION FORMS

SECTION I: MEDICAL HISTORY FORM

This Section is to be completed by Parent/Guardian

This form must be dated after January 1, 2021

Legal Name of Participant (must match birth certificate):

Last _____ First _____ Middle _____

Address: _____ City: _____ Zip: _____

Telephone No: _____ Date of Birth: _____

Name of Primary Medical Insurance Company: _____ Policy Number: _____

Membership Number: _____ Name of Primary Insured: _____

Does primary insured have Medicaid? Yes No Does primary insured have Medicare? Yes No

Sport (check one): Cheer _____ Rookie Tackle _____ Tackle _____

PARTICIPANT MEDICAL HISTORY

- | | | |
|---|-----|----|
| 1. Are there any injuries requiring medical attention? | Yes | No |
| 2. Are there any past surgeries or scheduled surgeries? | Yes | No |
| 3. Is there any history of concussions and/or head injuries? | Yes | No |
| 4. Is the participant currently under the care of a medical practitioner? | Yes | No |
| 5. Is the participant currently taking any medications? | Yes | No |
| 6. Does the participant have any allergies (penicillin, bee stings, etc)? | Yes | No |
| 7. Does the participant have asthma/require the use of an inhaler? | Yes | No |
| 8. Is the participant diabetic/require medication for diabetes? | Yes | No |
| 9. Does the participant carry sickle cell trait/suffer from sickle cell disease? | Yes | No |
| 10. Does the participant currently require medication? | Yes | No |
| 11. Does/has the participant have/had seizures? | Yes | No |
| 12. Does the participant wear glasses or contact lenses? | Yes | No |
| 13. Does the participant wear a brace or other medical support device? | Yes | No |
| 14. Does the participant have any other physical limitations or medical conditions? | Yes | No |

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space and/or attach to this form: _____

I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it's my responsibility to obtain written permission from my child's physician on official medical stationery in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

Signature of Parent or Legal Guardian: _____

Print Name _____

Relationship to Participant _____

Dated _____

SECTION II: PHYSICAL FITNESS

This form must be dated after January 1, 2021.

This Section is to be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc.)
NO other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws OR because of medical practitioner regulations (i.e. the medical practice insists on its own form)

Name of Participant: _____

(Please check the following if healthy or note otherwise):

Height	Weight	Eyes
Ears	Mouth	Nose & Throat
Respiratory	Cardiovascular	Neurological
Muskoskeletal	Dermatological	Blood Pressure

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in football, cheer or dance programs. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in Such activities for the 2021 season. I am therefore clearing this individual for athletic participation without limitation.

Please indicate medical profession (M.D., D.O. R.N., etc.) _____

Are you licensed in your state to perform physical examinations? YES NO

Dated: _____

Please sign and fill out the following information OR place Official Medical Practice Stamp here:

Signature _____ Printed Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax: _____

Email/Website: Email _____ (Optional)

SECTION III: PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM

Special Note: This form must be dated after January 1, 2021 and is APPLICABLE ONLY FOR THE 2021 SEASON. Every Participant must have a fully completed and signed original of this form before allowing the athlete to participate.

PERMISSION TO PARTICIPATE: I, the parent/guardian of the above-named participant hereby acknowledge that my child is in good general health and I give my approval for my child to participate in any and all Eastchester Blue Devil activities, including transportation to and from the activities. I give my approval for, and assume any and all risk of my child's use of various playing surfaces and conditions, including, but not limited to, dry and wet natural and artificial grass, hard dirt, and/or mud and I hereby acknowledge and understand that said surfaces may be regular or very irregular.

INTENT TO INFORM: I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football or cheerleading may result in PARALYSIS, BRAIN OR OTHER SERIOUS INJURY, PERMANENT DISABILITY AND/OR DEATH. Further, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I waive, release, absolve, indemnify, and agree to hold harmless the Eastchester Blue Devils coaches, volunteers and any and all organizers, sponsors, supervisors, participants, and persons transporting the above named participant to and from activities, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

EMERGENCY MEDICAL AUTHORIZATION: I grant permission for emergency medical/dental treatment or first aid to be administered to my child for any illness/injury/accident resulting from participation in any and all Eastchester Blue Devil activities.

EQUIPMENT RESPONSIBILITY: I agree to assume full responsibility for any and all equipment/uniforms loaned to my child and I agree to promptly return, upon request, the uniform and other equipment in good condition except for normal wear and tear. If I fail to comply, I will be responsible for the cost of such equipment.

INSURANCE DISCLOSURE: I am aware that the Eastchester Blue Devil's organization carries group accident medical insurance which is secondary or excess to my insurance which is considered primary insurance. Further, I agree to notify in writing my head coach of any medical claim from participation in Eastchester Blue Devil activities, as soon as reasonably possible. I understand that the registration fee is not premium for insurance and that deductibles may apply.

FINANCIAL RESPONSIBILITY: I confirm that I have been advised of my rights, if any, to a refund in accordance with the organization policies, and I have also been advised of my fundraising obligations for the entire season and agree to fully comply with those obligations.

COMMUNICATIONS, PROMOTIONS, AND CONSENT: As a condition to my child's participation, I consent to receive communications by email and mail from the Eastchester Blue Devil's and its partners. I understand that Eastchester Blue Devil's does not sell its contact lists. Communications may contain program information or special offers and may be "opted out" by instruction in the email. Further, I hereby grant the Eastchester Blue Devil's the right and permission to make, reproduce, broadcast or otherwise use participant's name and likeness including photograph, films, videos, recordings, or other depictions or images in any form or media throughout the universe in perpetuity for promotion materials, advertising, editorial, trade or other purpose. To the extent that any benefit or may accrue there from, I forever waive any interest in or claim to such benefits and acknowledge that the Eastchester Blue Devils are under no obligation to exercise any rights granted herein.

ADULT CODE OF CONDUCT: In order to uphold the goals of the Eastchester Blue Devil's and ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians and other adults attending events, including but not limited to practices, competitions, and banquets, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times. Please see Eastchester Blue Devil's official Code of Conduct for expected behavior and disciplinary actions.

In consideration of participation in Eastchester Blue Devil activities and by my signature below, I confirm that I have read, fully understand and voluntarily agree to be bound by all of the above and that all information provided by me is true and accurate. I understand and acknowledge that as a parent/guardian of an Eastchester Blue Devil participant it is my responsibility to comply with all rules and regulations of the Eastchester Blue Devil's or any of its member organizations and understand that non-compliance may be cause for discipline and/or dismissal of the participant, myself, and/or other persons affiliated with the undersigned and the participant. I/We hereby hold the Eastchester Blue Devil's harmless of any financial loss as the result of any disciplinary action.

Participant's Name _____

Football Cheer

Print Full Legal Name: _____

Date: _____

Signature of Parent/Guardian: _____

SECTION IV: OFFICIAL ADULT CODE OF CONDUCT

Children's sports are supposed to be fun – for the children. Unfortunately, many parents, fans and coaches don't realize that their actions, whether verbal or nonverbal, can have a lasting emotional effect on children. Too many children are leaving sports activities because the fun is unfairly taken away by adults.

Any adult who is using alcohol, tobacco or non-prescription drugs and/or appears intoxicated at an Eastchester Blue Devil's event, and/or who is flagrantly rude, attempts to intimidate, verbally abuse, heckles, taunts, ridicules, boos, throws objects and/or uses vulgarity or profane language/gestures with an official, coach, volunteer, staff member, participant or other event attendee, must receive a verbal warning and be asked to leave the event. The Eastchester Blue Devil's may also provide a written warning to the individual regarding the misbehavior. The adult's children may also be removed from the event.

Any adult who commits one of the above stated offenses a second time, will be banned from any and all Eastchester Blue Devil's events for a period of one year from the date of the second offense, and their children may also be removed from the program(s) for that time period.

Any adult who physically assaults an official, coach, volunteer, staff member or participant or threatens grave bodily harm may be banned from any and all Eastchester Blue Devil's events for one year from the date of the offense, and their children may also be removed from any and all programs for that same period of time. After the ban has expired, if the individual commits another offense of the adult code of conduct, the individual will be permanently banned from any and all Eastchester Blue Devil events and the individual's children may also be permanently removed from any and all programs.

By signing the below I agree:

- I will not force my child to participate.
- 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 (and my guests) 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 event.
- I (and my guests) will not engage or in any kind of unsportsmanlike conduct with any official, coach, player, or other parent such as booing, taunting or using profane language or gestures.
- I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
- I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, 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 at the game field, and will take time to speak with coaches at an agreed upon time and place.
- I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
- I will refrain from coaching my child or other players during games and practices.

If I fail to abide by the aforementioned rules and guidelines, EBD will impose in its sole, absolute, and non-reviewable discretion, disciplinary action that could include, but is not limited to a:

- Verbal warning by official, head coach, and/or head of league organization
- Written warning
- Parental game suspension with written documentation of incident kept on file by organizations involved
- Parental season suspension and/or permanent expulsion

Participant's Name _____

Football Cheer

Print Full Legal Name: _____

Date: _____

Signature of Parent/Guardian: _____