

DOWNRIVER JUNIOR FOOTBALL LEAGUE REGISTRATION

(Please Print)

Participant's Full & Legal Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Date of Birth: _____ League Age: _____

Cell Phone: _____ Email address: _____

Cell Phone: _____ Email address: _____

School District Child Attends: _____

Did your child participate in the DJFL last Season? YES NO

If YES, what Member Organization: _____

I / we, the parent(s) of _____ a candidate for a position on a team of the Downriver Junior Football League, 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 USA Football, Heads Up Football LLC, the local team, the Downriver Junior Football League, the organizers, sponsors, supervisors, participants, and persons 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 medical professional to render whatever emergency medical care he 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.

PARENT/GUARDIAN (PRINTED): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

DOWNRIVER JUNIOR FOOTBALL LEAGUE
REGISTRATION
CONSENT FOR MEDICAL TREATMENT

I, _____ parent of _____ 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.

MEDICAL CONSENT

Parent / Guardian

League Age _____ Weight _____ Unit and Team Assignment _____

Number of Previous Seasons of Participation _____

I have examined the birth record of this child and find it accurate as indicated.

Registrar

I have examined this child and it is my considered opinion that he / she does not have any physical defect or
impairment which will prevent him / her from participating in the sport of football or cheerleading.

Name and address of Physician

Signed _____

Examining Physician

Date _____

Practice Jersey _____ Game Jersey _____ Helmet _____

Parka _____ Game Pants _____ Practice Pants _____ Game Socks _____

Should Pads _____ Knee Pads _____ Thigh Pads _____ Girdle Pads _____

Skirt _____ Pants _____ Sweater _____ Shoes _____

Date Returned _____

Date _____

Parent / Guardian _____

EQUIPMENT ISSUE

REGISTRATION
INFORMATION

PHYSICIAN
AUTHORIZATION

DOWNRIVER JUNIOR FOOTBALL LEAGUE MEDICAL HISTORY & INFORMATION

Child Name: _____ Date: _____
 Street Address: _____ D.O.B: _____
 City: _____ Telephone: _____

EMERGENCY CONTACT (S):

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

FAMILY INSURANCE INFORMATION:

Insurance Company: _____ Policy Number: _____
 Policy Holder: _____ Telephone Number: _____
 Family Medical Insurance coverage in effect at this time: Yes No

Please complete the following: If the answer to any question is or was yes, please describe.
 Please describe the problem and it's implications for proper first aid treatment on the back of this form.
 Has the child had, or does the child currently have:

Head Injury (concussion, etc.)	Y	N	Fainting Spells	Y	N
Convulsions / Epilepsy	Y	N	Asthma	Y	N
Neck or Back Injury	Y	N	Hernia	Y	N
High Blood Pressure	Y	N	Diabetes	Y	N
Kidney Problems	Y	N	Heart Murmur	Y	N
Poor Vision	Y	N	Poor Hearing	Y	N
Allergies	Y	N	Other: _____		

Has the child had, or does the child currently have injuries to:

Shoulder	Y	N	Knee	Y	N	Ankle or Leg	Y	N
Finger	Y	N	Arms	Y	N	Back or Neck	Y	N

Is the child currently taking any medication? Y N

If Yes, what and why: _____

LIST ANY CURENT RESTRICTIONS CURRENTLY PLACED ON THE CHILD'S ACTIVITIES AT THE DIRECTION OF HIS OR HER DOCTOR OR OTHER MEDICAL CARE PROVIDER: _____

Parent / Guardian (Print): _____

Parent / Guardian (Sign): _____ Date: _____

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

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

▶ **"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

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).

