



Platte County Youth Football League

2012 General Information

It's that time of year again – time to get ready for another exciting season of Platte County Youth Football.

When you come to sign ups, please bring multiple checks. We will need the following:

- 1 check for the deposit
- 1 check for the actual league fees
- 1 check for fundraisers if you decide to do the buyout option.

Please do not bring cash to sign ups. Please bring multiple checks.

Doing this will make our bookkeeping much easier. At the end of the season, we will be handing back your deposit check to you. It's stapled to the equipment checkout form all season long.

We need copies of the birth certificates. Not the actual birth certificate itself. It needs to be the state issued certificate, not the first one you get from the hospital. Even if you have played PCYFL Football before, we need you to bring a copy.

Your child will be issued equipment at the time of signups, please bring them with you to try on their equipment.

Every player, both flag and tackle will need to participate in the Fundraiser. The trash bags literally sell themselves. This fundraiser is what has allowed us to keep the boys in the latest and safest equipment.

All tackle kids will need to have a physical. Please do not check the waiver portion of that section. If they do not have a physical form on file, they will not be allowed to practice. If you are unable to get into your regular doctor in a timely fashion, 3 places in Platte City that handle physicals are the CVS Minute Clinic, Walgreens, and the Heartland Clinic off Running Horse Road.

Merchandise will be available to view and order during football camp and the 2nd round of sign ups.

If anyone has any questions about the upcoming season, please contact any board member.

Thank you

PCYFL
www.pcyfl.org

MIDLAND EMPIRE YOUTH FOOTBALL
REGISTRATION FORM

For Office Use Only:	
Deposit Check	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>
Physical	<input type="checkbox"/>

Player's Name: _____

Address (including zip code): _____

Phone: _____ Age: _____ Birth date: _____

School Attending Fall 2012 _____ Grade _____

Both Parents or Guardian Data:

Father/Custodial Parent: _____ Mother/Spouse: _____

Email 1: _____ Email 2: _____

Check if address same as player

Address: _____ City/State/Zip: _____

Home Phone: _____ Mobile or second phone: _____

In Case of Emergency Contact: Name: _____ Relationship: _____

Address: _____ Phone: _____

Family Doctor: _____ Phone: _____

Note: The submission of false information will result in dismissal from the league without refund.

Weight _____

LIABILITY RELEASE
TERMS AND CONDITIONS

PLEASE READ CAREFULLY:

Health and Safety:

Our youth sport league strongly recommends that each player have medical approval. The League must be informed of any medical condition which may require special treatment or attention. No parent or guardian will register any child whose physical capabilities or general health prevent participation in, or may be impaired by, involvement in the league.

Privacy:

All information given will be for league use only.

Release:

I, the parent or legal guardian of the candidate for a position on a league team, agree to the terms and conditions of this Liability Release Form. I hereby give my approval to participate in all our youth league activities. I waive, release, absolve, indemnity, or agree to hold harmless Midland Empire Football and Platte County Youth Football, its league officers, director, property owner, coordinators, sponsors, and coaching staff for any claim arising out of an injury to my child, except to the extent and in amount covered by accident or liability insurance.

Signature of Parent or Legal Guardian: (X) _____



Platte County Youth Football League

2012 PARENTS' CODE OF CONDUCT

All parents/guardians who have children participating in the Platte County Youth Football League must abide by a Code of Conduct that includes the following provisions:

1. I/We agree to support the volunteer coaches in their efforts and never argue with a coach during a practice.
2. I/We agree not to incite or participate in "un-sportsman-like" conduct at any PCYFL function.
3. I/We agree not to use abusive or profane language at any time during a PCYFL function.
4. I/We agree not to criticize, belittle, antagonize, or otherwise incite the opposing team, its players, coaches, or fans by word of mouth or by gesture.
5. I/We agree to accept all decisions of the game officials as being fair and called to the best of their ability.
6. I/We agree to take responsibility for any actions by a guest or relative that violates this Code of Conduct.
7. I/We agree to not smoke at or within sight of a practice or playing field, or in the presence of a gathering of the team/squad.
8. I/We agree to abstain from the possession and drinking of alcoholic beverages and the possession or use of any illegal substance at any PCYFL function.
9. I/We agree to return all equipment in clean and good condition to my child's team at the time and place designated by the coaching staff. I understand that failure to do so may result in forfeit of my equipment deposit and/or my child being banned from the league and criminal and/or civil act.

Any violation of these rules may result in one or both of the following actions being taken by the PCYFL Board of Directors:

- The suspension or revocation of privileges associated with a parent/guardian's attendance or child's participation in any PCYFL practice, game, or other activity.
- The forfeiture of games and/or wins against teams whose parents and/or supporters consistently fail to comply with this Code of Conduct and/or fail to comply with any subsequent disciplinary action that is imposed.

I/We understand that by signing below, I/we are acknowledging that I/we have received the PCYFL Parent Code of Conduct, have read it, understand it, and agree to comply with its provisions. I/we further understand the consequences of failure to comply with this agreement and acknowledge that I/we are not entitled to a refund of any PCYFL fees as a result of a suspension or revocation of privileges from league activities. I/We understand that by signing below, we are in effect making it applicable for all parents/guardians.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



Platte County Youth Football League
PHYSICAL EXAM STATEMENT OR RELEASE AND
CONSENT TO TREAT MINOR PLAYER

Name of player: _____ Date of Birth: _____

I/We, the custodial parent(s) of the above-named player.

_____ Verify that he/she has taken a physical examination by a licensed physician within six (6) months of this date.

_____ **FLAG ONLY** - He/she has not taken a physical examination within six (6) months of this date, but we voluntarily waive this league requirement and consent that he may work out with this team without having taken an exam.

I/We, the custodial parent(s) of _____ realize that football is a contact sport. We realize an injury, accident or even death may occur.

_____ Grade _____ Height _____ Weight _____

AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR CHILD

I/We, hereby give authorization to any of the following people (recommend two coaches and one individual who likely will be at practice/games):

To consent to unexpected or emergency medical and dental treatment and surgical care for my/our child on my/our behalf, and to consent to hospitalization if, at time of injury or illness, it is recommended by a private physician or consulting physician of their choice.

_____ Medical Insurance _____ Insurance ID # _____ Private Physician

_____ Dentist _____ Allergies _____ Current Medications

In case of emergency, contact: _____
Name _____ Phone _____

Please Print: _____
Mother _____ Father _____

_____ Address _____ Phone _____

Sign below

_____ Player _____ Mother _____ Father _____ Date _____

Preparticipation Sports Examination

Medical History

Please answer the following questions by circling yes or no. If you answer yes, please explain at the bottom of the form and on back if necessary.

1. Have you ever had a serious medical problem requiring surgery, hospitalization or prolonged treatment by a doctor? Yes No
2. Do you take any medication of any type? Yes No
3. Have you ever had a severe allergic reaction to anything? Yes No
4. Have you ever had allergic problems such as hay fever, asthma or eczema? Yes No
5. Do you have difficult breathing or wheezing during or shortly after exercising? Yes No
6. Have you ever had a heart murmur, racing heart or irregular heart beat? Yes No
7. Have you ever been dizzy or passed out during exercise? Yes No
8. Has any family member ever had a heart attack or died suddenly before age 50? Yes No
9. Do you have chest pain or tire more easily than others your age when exercising? Yes No
10. Have you ever suffered heat related problems such as heat cramps, severe headache, dizziness or passing out? Yes No
11. Have you ever had a significant injury such as a sprain, fracture or dislocation to a bone or joint or persistent back/neck pain? Yes No
12. Have you ever had a concussion or been knocked unconscious? Yes No
13. Have you ever had a seizure? Yes No
14. Have you ever had burning pain, numbness or tingling in your arms or legs associated with any athletic or physical activity? Yes No
15. Is there any other medical or family history which might be important? Yes No
16. Have you ever been taken out of or kept from participating in a sports activity or practice for an injury or physical reason? Yes No
17. Have you ever required taping, padding or bracing before events or practices? Yes No
18. Do you have damage or absence of one of any paired organs (i.e., kidney, testicle, eye, etc.)? Yes No
19. Do you have any skin problems (rash, itching)? Yes No
20. In the last year, how much weight have you gained or lost? Yes No
21. What is the date of your last tetanus booster? Yes No
22. What is the date of your last MMR? Yes No
23. Do you or any members of your family have a history of sickle cell trait? Yes No Uncertain

For Females Only:

24. What is the date of your last menstrual period? Yes No
25. In the last year have you gone for three months or more without a menstrual cycle? Yes No

Physical

height _____ blood pressure _____ *~140/85? _____
 weight _____ vision _____ pulse _____
 vision R corrected _____ uncorrected _____
 L corrected _____ uncorrected _____
 glasses _____ contact lenses R _____ L _____ both _____
 general observations: _____
 Tanner maturity staging: _____
 HEENT: _____
 Neck: ROM _____ palpation _____ tenderness _____
 Chest: auscultation _____ wheezing? _____
 wheezing? _____ Rales? _____
 CV: heart murmur _____
 * murmur increase with valsalva? _____
 * murmur grade III or IV? _____
 * murmur diastolic? _____

rhythm _____ click _____ rub _____
 pulses: carotid _____ radial _____ pedal (DP _____ PT _____)
 edema? _____ cyanosis? _____

Abdomen _____ *enlarged liver? _____ *enlarged spleen? _____

GU: hernia? _____ scars? _____
 male _____ testicles R _____ L _____
 female _____
 inguinal hernia? _____

Skin: gen. _____
 rashes _____ impetigo _____ herpes s. _____

**MS elbow _____
 wrist/hand _____
 back _____
 hip _____
 knee _____
 ankle _____
 feet _____
 other _____

identified problems: 1 _____
 2 _____
 3 _____

recommendations coach/athletic trainer: _____

* Marfan? >2 (tall _____ striae _____ hyperextensibility _____)
 upper to lower body ratio <0.9 _____ lens dislocation _____

* requires additional evaluation
 ** detailed exam if history of injury or problem

The above named individual has been cleared for participation in the following sports:

- _____ Contact collision (football, soccer, wrestling, etc.)
- _____ Limited contact impact (baseball, basketball, volleyball)
- _____ Noncontact strenuous (track, field, running, tennis, etc.)
- _____ Noncontact moderately strenuous (badminton, table tennis)
- _____ Noncontact nonstrenuous (golf, archery, riflery)

Additional evaluation suggested:

_____ none
 _____ coach/athletic trainer notification and clearance
 _____ physician
 _____ family physician
 _____ sports physician
 _____ orthopedic surgeon
 other _____

Provider's/Physician's signature _____ Date _____

Physician's Name _____
 (Physician's name [printed] must also appear if examination is given by an Advanced Nurse Practitioner or a Certified Physician's Assistant in written collaborative practice with a physician)
 (continued on reverse side)