

CLAWSON MAVERICKS



2010 REGISTRATION FORM

PARTICIPANT'S INFORMATION

NAME: _____

ADDRESS: _____

CITY & ZIP: _____

PHONE #: (_____) _____

BIRTHDATE: _____

AGE ON NOVEMBER 1, 2010: _____
(2010-11 School Year)

GRADE DURING SEASON: _____

WEIGHT: _____ SQUAD: _____

SCHOOL: _____

PARENT'S INFORMATION

MOTHER'S NAME: _____

FATHER'S NAME: _____

Mom's EMERGENCY #: (_____) _____

Dad's EMERGENCY #: (_____) _____

1ST E-MAIL ADDRESS: _____

2ND E-MAIL ADDRESS: _____

MEDICAL INFORMATION

DOCTOR'S NAME: _____

DOCTOR'S #: (_____) _____

IF CASE OF AN EMERGENCY AND YOU CANNOT BE REACHED, PLEASE LIST A THIRD PARTY WE MAY CONTACT

NAME: _____

PHONE #:(_____) _____

HAVE YOU EVER PLAYED YOUTH FOOTBALL/CHEER FOR A CITY OTHER THAN THE CLAWSON MAVERICKS Y/N

IF YES, PLEASE LIST THE CITIES: _____

IF YES, A RELEASE FORM IS NEEDED, PLEASE ATTACH A COPY.

HOW DID YOU HEAR ABOUT THE MAVERICKS? _____

*****There will be no refunds after the first game day*****

Do Not Check Anything Below This Line but These Items Are Needed For Registration

REQUIRED REGISTRATION PAPERWORK

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> REGISTRATION FORM | <input type="checkbox"/> ATHELETIC CONSENT FORM | <input type="checkbox"/> RELEASE OF LIABILITY FORM | <input type="checkbox"/> MEDICAL TREATMENT FORM |
| <input type="checkbox"/> BIRTH CERTIFICATE | <input type="checkbox"/> VOLUNTEER FORM | <input type="checkbox"/> FEE (Clawson Resident (\$100)
(Non-Clawson Resident (\$120) | <input type="checkbox"/> PHYSICAL (Dated after 4/15/2010) |
| <input type="checkbox"/> CURRENT PICTURE | <input type="checkbox"/> SIGNATURES ON ALL FORMS | <input type="checkbox"/> LEGIBLE E-MAIL ADDRESS | |

CLAWSON MAVERICKS



2010 ATHLETIC CONSENT FORM

I, _____, while a participant on a **CLAWSON MAVERICKS** team promise to:

Student Athlete

1. Keep up with my School work and grades.
2. Attend all practices, team meetings and competitions.
3. Follow all **CLAWSON MAVERICKS** & **OMFYA** policies including discipline, attendance, etc.
4. Follow all team rules and policies.
5. Contact the coach personally or in writing if I am unable to attend practice, team meeting or competition.
6. Replace any equipment or uniform issued to me, either by payment or the equivalent of the lost article.
7. Report any personal injury or teammate's injury to the coach and athletic trainer immediately.
8. Treat opponents with respect.
9. Respect the judgment of contest officials, abide by the rules of the contest and display no behavior that would draw attention away from the contest.
10. Cooperate with contest officials, coaches, and fellow participants to conduct a fair contest.
11. Accept seriously the responsibility and privilege of representing **CLAWSON MAVERICKS** & **OMFYA** and our community, displaying positive actions at all times.
12. Be no party to the use of profanity, obscene language, or improper actions.
13. Live up to the high standard of sportsmanship established by the coaches, **CLAWSON MAVERICKS** & **OMFYA**.

I, _____, as the parent/guardian of the above named student athlete will:

Parent/Guardian

1. Respect the decisions made by the organization and the coaching staff.
2. Respect the decisions made by the contest officials.
3. Be an exemplary role model by positively supporting teams in every manner possible, including cheers vs. Jeers.
4. Respect fans and athletic participants.
5. Realize that a ticket is a privilege to observe a contest and support youth football and cheerleading.

I, _____, as a representative of the coaching staff of **CLAWSON MAVERICKS** & **OMFYA** (Oakland/Macomb Youth Football Association) will:

1. Always stress the importance of academics to our student athletes.
2. Always set a good example for participants and fans to follow.
3. Instruct student athletes in proper sportsmanship responsibilities.
4. Respect the judgment of contest officials, abide by the rules of the event and display no behavior that would draw attention away from the contest.
5. Treat opposing coaches, participants and fans with respect.
6. Respect the integrity and personality of the individual student athlete.
7. Develop and enforce policies for sportsmanship standards.
8. Abide by and teach the rules of the game in letter and in spirit.
9. Be no party to the use of profanity, obscene language or improper actions.
10. Be sure background check information is turned into **CLAWSON MAVERICKS** & **OMFYA**.

Student Athlete Signature & Date

Parent/Guardian Signature & Date

Coach Signature & Date

CLAWSON MAVERICKS



2010 RELEASE OF LIABILITY

NATIONAL RECREATION AND PARK ASSOCIATION

In consideration of being allowed to participate in any way in the CLAWSON MAVERICKS program, its related events and activities, I _____, the undersigned, acknowledge, appreciate and agree that: (Name of Participant)

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES of others and assume full responsibility for my participant; and
3. I willingly agree to comply with the stated and customary terms and conditions for participants, if, however, I observe any unusual significant hazard during my presence or participating, I will remove myself from participating and bring such to the attention of the CLAWSON MAVERICKS immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CLAWSON MAVERICKS their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and , if applicable, owners and leasers of premises used for the activity (Releases), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the full extent permitted by the law; and
5. I give permission for my child's image/photograph to be used on the Organization's Website, Yearbook, advertisement or any other outlet the Organization may use.

I HAVE READ THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releases, and, for myself, my heirs, and next of kin, I release and agree to indemnify and hold harmless the releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____ PARENT/GUARDIAN'S SIGNATURE

() _____ EMERGENCY PHONE #

_____ DATE SIGNED

CLAWSON MAVERICKS



2010 MEDICAL TREATMENT FORM

**PARENTAL CONSENT FOR MEDICAL TREATMENT OF MINOR
For the OAKLAND-MACOMB YOUTH FOOTBALL ASSOCIATION**

If the applicant is under 18 years of age, the parents or guardians must execute in place of the minor.

I hereby authorize any duly authorized doctor, athletic trainer, emergency medical technician, paramedic, nurse, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by or illness of said minor while he/she is a participant or observer at the event named below.

I authorize any licensed physician to perform any procedure which he/she deems advisable in attempting to treat or relieve any injuries to or illness of said minor that he/she may encounter during any necessary operation.

I consent to the administration of anesthesia to said minor as deemed advisable by any licensed physician.

The undersigned parent or natural guardian or legal guardian of said minor does hereby represent that he/she is, in fact, in such capacity and to the extent permitted by law agrees on his behalf and that of the minor to save and hold harmless and indemnify Oakland-Macomb Youth Football Association, it's elected and appointed officials, employees and volunteers, event holders and sponsors, doctors, emergency medical technicians, athletic trainer, paramedics, nurses, hospitals or other medical facilities from all liability, loss, cost, claim or damage whatsoever that may be imposed upon or incurred by said parties because of the participation of the minor in the event shown, and does release said parties on behalf of both the parents or legal guardian.

STUDENT PARTICIPATION

This application to participate in athletics is voluntary on my part and the information submitted is truthful to the best of my knowledge.

I have never received money or negotiable certificates for merchandise in any amount, nor any emblematic award or merchandise worth more than twenty-five dollars (\$25.00) for participating in athletic events, nor have I ever competed under an assumed name. After I have represented my team my team in any sport, I will not compete in any outside athletic contest in this sport until after the Oakland-Macomb Youth Football Association season has been completed.

I understand that I am expected to adhere firmly to all established athletic policies of my team and the Oakland-Macomb Youth Football Association, such as those previously mentioned above as examples but which do not present all the policies to which I am subject.

I give my permission for my child to receive a physical from the doctor the league has provided or I may get one from my own physician.

I hereby give my consent for my son/daughter to engage in interscholastic athletics and understand the possibility that serious injury may result from participating in athletic activities.

I further understand that my son/daughter will be expected to adhere firmly to all established athletic policies of the Oakland-Macomb Youth Football Association.

By signing below I agree to all of the above

NAME OF PARTICIPANT (please print): _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

SIGNATURE OF PARTICIPANT: _____ DATE: _____



CLAWSON MAVERICKS



2010 VOLUNTEER AGREEMENT FORM

PARENTAL PLEDGE TO PARTICIPATE IN HOME GAME DAY ACTIVITIES

I _____ hereby understand that I **MUST** volunteer for no less than two (2) game day activities for the 2010 season. Game day activities consist of, but are not limited to:

- Ticket Sales
- Concession Attendee
- Play-by-Play Announcer
- Spotter for Play-by Play Announcer
- Chain Gang
- 50/50 Sales
- Video Camera Operator
- Merchandise Sales
- Game Day Set Up
- Game Day Clean Up
- ClawTV Camera and Announcer

Volunteer can consist of family/or friends but your assistance is required at all games. Please understand that we will do our best to make sure that your time does not impede you viewing your participant's actual game.

Please contact Tammy Kennedy (Volunteer Coordinator) at tammy.stark@srgsaas.com or stop by the Maverick Office to schedule your game day volunteer positions. Positions are filled on a first come, first filled policy.

Remember it takes 60 to 65 volunteers to make a home game successful, your assistance is needed and required.

If any volunteer position is not filled, forfeiture of that game can occur. Your Board of Directors, Committee Members, Coaches, Assistant Coaches all commit a tremendous amount of time to your child and the success of the Clawson Maverick program. We are only asking you to commit to just two (2) positions all year long. **DON'T LET YOUR CHILD OR THE MAVERICKS DOWN**, please be on time to your committed position.

By signing below I agree to all of the above

PARENT(S) NAME (please print): _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

***On game days that you or your family/friend is scheduled to volunteer for an activity, their entrance fee will be waived.

OAKLAND-MACOMB YOUTH FOOTBALL ASSOCIATION



**CLAWSON MAVERICKS
2010 MEDICAL HISTORY**

**TO BE COMPLETED BY PARENT OR GUARDIAN
A CURRENT YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15TH OF THE CURRENT SCHOOL YEAR.**

NAME		GRADE	AGE	WEIGHT
ADDRESS (STREET, CITY, ZIP)				
FATHER'S NAME	FATHER'S PHONE #	MOTHER'S NAME	MOTHER'S PHONE #	
DOCTOR'S NAME		DOCTOR'S PHONE #	EMERGENCY #	

INSURANCE STATEMENT

OUR SON/DAUGHTER WILL COMPLY WITH THE SPECIFIC INSURANCE REGULATIONS OF THE O.M.Y.F.A.

FAMILY INSURANCE CO. _____

CONTRACT # _____

ANY MEDICAL CONDITIONS: _____

ALLERGIES: _____

MEDICAL HISTORY

HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
HAVE YOU EVER HAD:			HAVE YOU EVER HAD:			DO YOU NOW HAVE:		
FAINTING			JAUNDICE			PAINFUL JOINTS		
DIPHTHERIA			SICKLE-CELL ANEMIA			BACKACHES		
SCARLET FEVER			BLEEDING DISORDER			POUNDING OF THE HEART		
RHEUMATISM			CONCUSSION			SHORTNESS OF BREATH		
RUPTURE			SPRAIN OR FRACTURE			FREQUENT URINATION		
RHEUMATIC FEVER			SURGERIES			COUGH		
POLIOMYELITIS						NOSE BLEEDS		
PNEUMONIA			DO YOU NOW HAVE:			FREQUENT SORE THROATS		
ASTHMA			BLURRED VISION			STOMACH PAINS		
DIABETES			HEADACHES			CHRONIC FATIGUE		
HEART DISEASE			FAINTING					
KIDNEY DISEASE			CONVULSIONS					
TUBERCULOSIS			BLACKOUTS					

PHYSICAL EXAMINATION

COMPLETED BY THE EXAMINING MD, DO, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER
(CATAGORIES MAY BE ADDED OR DELETED; CHECK APPROPRIATE COLUMN)

SYSTEM	NORMAL	ABNORMAL	SYSTEM	NORMAL	ABNORMAL
VISION			HEART		
BLOOD PRESSURE			ABDOMEN		
PULSE RATE			HERNIA		
ORTHOPEDIC			GENITALIA/ TESTICULAR EXAM		
CHEST			NEUROLOGIC		
LUNGS			MUSCULAR		

RECOMMENDATIONS: _____

I CERTIFY THAT I HAVE EXAMINED THE ABOVE PARTICIPANT AND RECOMMEND HIM/HER AS BEING ABLE TO COMPETE IN SUPERVISED ATHLETIC ACTIVITIES. CIRCLE ONE -

CHEERLEADING

FOOTBALL

SIGNATURE OF EXAMINER: _____

PRINTED NAME OF EXAMINER: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____