

Midlothian Athletic Association Registration

Football

Cheerleading

Player Information:

Name: _____
(Last, First, Initial)

Address: _____
(Street, City, Zip)

Mother's Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Elementary School District that you **reside** in: _____
(Chesterfield Quarterback League uses elementary school boundaries to form association boundaries)

Grade: (as of Sept) _____

Date of Birth: _____ Age: _____ (Football – As of Aug 1st)

Has your child participated in any MAA program before? Yes No

I would like to volunteer to:

- Coach Team Mom/Dad Homecoming Committee Head
 Asst. Coach Homecoming Committee

Consent to Play:

I/We the parents of _____, hereby give my/our approval to his/her participation in any and all activities of the Football Program of the MIDLOTHIAN ATHLETIC ASSOCIATION. I/We assume all risks and hazards incidental to such participation including transportation to and from activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the MIDLOTHIAN ATHLETIC ASSOCIATION, THE CHESTERFIELD QUARTERBACK LEAGUE, AND THE CHESTERFIELD CHEERLEADING LEAGUE, the organizers, sponsors, supervisors, participants, and persons transporting my/our youth to and from activities, for any claim arising out of an injury to my/our youth whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return, upon request, any equipment issued to my child in as good condition as when received. I/We shall furnish a copy of a certified Birth Certificate as requested. I/We understand that no equipment will be issued until registration fees have been paid or payment arrangements made. The \$20 family discount is offered until June 15. Any check that is returned by any financial institution is subject to a \$25 service charge. I/We understand no requests for refunds of registration fees will be considered after the first game. Equipment deposits will be returned at the end of the season after equipment has been returned. Parents will be expected to commit to coverage of a one (1) hour time slot in the various volunteer opportunities during the season.

If you are unable to pay the sport registration fee, please contact the program director to discuss alternative payment arrangements. All requests must be approved by the Midlothian Athletic Association Board of Directors prior to the start of the season.

PERMISSION FOR USE OF PHOTOGRAPH: Permission is granted to use my daughter's/son's picture in future advertisement (to include Facebook MAA page) and literature for Midlothian Athletic Association events sponsored and conducted by them.

Yes No

Father: _____ Date: _____

Mother: _____ Date: _____

Staff Only Season _____ # of Players _____

CQL/CCL Forms Birth Certificate

CHESTERFIELD QUARTERBACK LEAGUE

2018 APPLICATION TO PLAY FOOTBALL

Association- MIDLOTHIAN

<u>Circle one</u>			
Flag	Minor	Junior	Senior
6&7	8&9	10&11	12 - 13

<u>CQL USE ONLY</u>						WEIGHT
LN	OPC	OP	PW	PD	S	_____

Player's name

Player's Date of Birth

Street Address

Home Telephone Number

City, State, Zip code

Parent/Guardian's Cell phone number

Age (as of July 31, 2018)

Parent/Guardian's Email Address

Elementary School Boundary

Current School Attending

Middle School Boundary

High School Boundary

Did Child Play Last Year? YES NO

Has The Child Ever Played? YES NO

If yes, for who _____

I/We, the parents of the above, a candidate for a position on the _____ team,
(Association-Team)

which is a Member Association of the Chesterfield Quarterback League, Hereby gives my/our approval of his/her participation in any and all League sponsored activities.

I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities, and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Chesterfield Quarterback League, the Organizers, Sponsors, Supervisors, Participants and Persons and/or all of them and waive all claims against any or all of them except to the extent and in the amount covered by accident or liability insurance.

I/We shall furnish a certified Birth Certificate or certified legal proof of birth or other legal proof as may be requested by the League for the above candidate at the time and place of his/her initial weigh-in or at some other time or place designated by the Commissioner.

I/We grant the Commissioner, Chesterfield Quarterback League, permission to verify, if necessary, my/our child's school records pertaining to birth date and residence information only.

I/We certify the information contained in the Application is true, correct, and complete. I/We understand that any false statements reported on this Application may be considered as an attempt to disregard the rules of the Chesterfield Quarterback League and may likely result in your child(ren) suspended from further participation for the remaining of the current season and/or the offending association(s) will be held accountable, subject to penalties

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

CONFIDENTIAL
Authorization for Medical Care of a Minor

I, _____ the undersigned parent or legal guardian of _____ do hereby authorized _____ **Athletic Association**, TO CONSENT to any x-ray examination, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Virginia.

IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate medical or hostel care it may not be possible to contact me, and that in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments of pr procedures, if an, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all medical treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor.

Date _____ Parent/Legal Guardian
Signature _____

Phone _____ Address _____

In case of an emergency please contact _____ Phone _____

Treatment Information

Minor's Birth Date _____ Minor's Allergies _____

Minor's Doctor _____ Phone _____

Minor's Medication _____

Date of Minor's Last Tetnus Shot _____ Hospital Preference _____

Does your child have any known allergies or is your child allergic to any medications? _____

If yes, please list any allergies and their reaction: _____

If there are any "Helpful Hints" (previous cheering, bathroom frequency, etc.) or "fears" (heights, being in front of people, etc.) you would feel helpful for me to know, please list them: _____

CONFIDENTIAL

ATHLETES' CODE OF CONDUCT

As a participant in sports with Midlothian Athletic Association, I agree to the following terms and conditions:

1. I will strive to be on time for all practices and games. If I am going to be late or absent, I will attempt to notify the proper person as early as possible.
2. I will abide by the rules of the sport as set forth by the governing league. If I have a question concerning a rule, I will speak with my coach at an appropriate time.
3. I will conduct myself properly, demonstrating good sportsmanship at all times, both on the court/field and off. I will show respect for my teammates as well as for the players on the opposing team. At no time will I use profanity.
4. I will demonstrate respect for my coach/sponsor and will observe all rules that he/she sets forth.
5. I will be attentive at all games and practices, whether I am on the field/court or on the sidelines, if I am not playing, I will support those who are.
6. I will, by both words and my actions, set a positive example for those around me.

I have read the above and agree to abide by such as a condition to participate in sports with Midlothian Athletic Association.

Player's Signature _____ Date _____

PARENTS' CODE OF CONDUCT

As the parent of an athlete who is participating in sports with Midlothian Athletic Association, I agree to the following terms and conditions:

1. I will endeavor to have my child present at all games and practices; if circumstances prevent his/her attendance, I will provide the coach/sponsor/team mom with as much prior notice as possible.
2. I will remain at games and practices whenever possible. If I cannot do so, I will ensure that a responsible adult is present in the event of illness, accident, etc. If I am not at a practice or game, it is my responsibility to contact the coach/sponsor/team mom regarding any announcements that may have been missed.
3. I will pay all registration fees in a timely manner. I understand that these fees will not be refunded after the season has started.
4. I will see that all uniforms and equipment provided for my child will be properly maintained, and I understand that I will forfeit my deposit check if such is not returned to the designated party by the time requested.
5. I will familiarize myself with the league rules for the sport my child participates in, and will assist my child in understanding the same.
6. I will request a conference with my child's coach if I feel there is a problem or question. If I do not feel I have received an adequate or acceptable response, I will follow the association's guidelines by next speaking with the director of the sport. Should I still feel there are unresolved issues, I will request to speak with the board of directors.
7. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field/court, and will take time to speak with coaches at an agreed upon time and place
8. At no time will I use profane language while in the presence of my child's coaches or teammates. I further understand that alcoholic beverages are prohibited at games and practices.
9. I will read the by-laws and policies and procedures of the organization, as posted on the web site, so that I am aware of the terms and conditions of participation in the association.
10. I will conduct myself in a seemly manner at all games and practices, setting a positive example as a parent.
11. I will not sell things for profit with out the consent of the director.
12. I will not make purchases on behalf of MAA without approval from the director.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- a. Verbal warning by official, head coach, and/or head of league organization
- b. Parental game suspension with written documentation of incident kept on file by organizations involved
- c. Parental season suspension

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____