

2009

New Britain Raiders

Football & Cheer Registration

Required items:

- Registration Contract
- Registration Fee \$50
- Medical Consent & Information Form
- Medical Clearance Form (2009)
- Original Birth Certificate (to be returned at end of season)
- Copy of Year end Report Card.

Mid Connecticut Youth Football & Cheerleading



2009 REGISTRATION CONTRACT

Last Name First Name Initial Preferred (nick) Name

Street Address City / Town State Zip Code Home Phone

Date Of Birth (M/D/YR) Age as of 12/31/2008 Weight Parent/Guardian First Name Parent/Guardian Last Name

Grade in Fall School in Fall School Phone Home Email Address

Football: Cheer: --CHECK ONE -- Registration Fee: \$ Check# Cash:

GRAY AREA - NOT OFFICIAL USE ONLY !!

Association: **New Britain Raiders Football**

Division:

Team:

ATTACH PHOTO HERE

Photo Certification

#Name? #Name?

REQUIRED PAPERWORK

Birth Certificate/DMV/ID/Military ID

Medical Consent

Waiver / Release

Medical Consent/Emergency Medical Info

Equipment / Uniform issued Returns

CONFERENCE OFFICIAL USE ONLY

PaperWork Certification	R	N
Player Certification Complete	E	A
	G	T
	I	I
	O	O
	N	N

SCHOLASTIC FITNESS

I Am Of The Opinion That My Son/Daughter/Ward Is Scholastically Fit And Would Benefit By Participation In This Program. I Agree To Submit A Copy Of My Son/Daughter/Ward's Last Completed Grade, End Of Year/Last Complete Report Card Or A Written Statement Of Scholastic Fitness From The School Administration.

Initial: _____

CODE OF CONDUCT

The Ideology Of Youth Sports Including This Program Is To Promote Good Understanding And Fundamental Knowledge Of The Sport. It Is Also Critical That Good Sportsmanship Including The Ability To Always Conduct Oneself In An Appropriate Manner Of Positive Accord Both On And Off The Field. It Is Understood That Any Incident Considered Detrimental To The Pursuit Of This Ideology Will Not Be Tolerated. It Will Be Addressed In Accordance With The Statutes Of The Association, Conference, Current National Affiliation, State and Local Laws, And May Result In Dismissal From The Program And The Inability To Participate In Any Future Related Activities Of The Association. This Code Of Conduct Applies To All Involved With The Program Including But Not Limited To, The Football Players, Cheerleaders, Spirit Participants, Parents And Guardians.

Initial: _____

PRINT Parents/Guardian Name: _____

Parents/Guardian Signature: _____

Date Signed: _____

Mid Connecticut Youth Football & Cheerleading



2009 EMERGENCY MEDICAL CONSENT & INFORMATION FORM

MEDICAL CONSENT

_____ Has My Permission To Participate In Any And All, New Britain Raiders Football & Cheer And, American Youth Football, Inc / American Youth Cheer DBA Program(S) Sanctioned Event(S), Be They Official Or Un Official, including But Not Limited To, Athletic, Social And/OR Fundraising Activities. I Further Hereby Authorize Any First Aid, Emergency Treatment, including But Not Limited To Transportation To And From Health Care Facilities And/OR Any Licensed Physician To Provide Treatment, Order Injections, Hospitalize, Give Anesthesia Or Perform Surgery. I Understand That This Authorization Is Given Prior To Any Need For Medical Care, But Given To Avoid Unnecessary Delay In Emergency Treatment Which The Physician May Deem Advisable In The Exercise Of Best Judgment. I Presume A Reasonable Attempt Was Made To Contact Me.

EMERGENCY MEDICAL INFORMATION

The Following Information Will Be Used In The Event That A Parent / Legal Guardian Is Not Available. The Purpose Of This Information Is To Provide A Quick Reference For Medical Personnel Should The Need Arise. Please Fill Out This Form Completely. If A Particular Question Is Not Applicable Write "None", N/A, Or Other Appropriate Comment otherwise NONE will be assumed. If Additional Space Is Needed, Please Use The BACK Of This Form. All Information Disclosed Here Will Be Treated As Confidential. It Will Be The Responsibility Of The Parent/Legal Guardian To Notify The Participants Coach And League Officials If Any Information Needs To Be Added, Deleted, Changed, Or Updated In Any Way. Please Keep A Copy For Your Records.

Participants Name: _____ Nick Name _____ Hm Phone: _____

Street Address: _____ City / Town: _____ State: _____ Zip: _____

Father's Name: _____ Email: _____

Street Address: _____ City / Town: _____ State: _____ Zip: _____

Employer: _____ Hm Phone: _____ Wk Phone: _____ Cell _____

Mother's Name: _____ Email: _____

Street Address: _____ City / Town: _____ State: _____ Zip: _____

Employer: _____ Hm Phone: _____ Wk Phone: _____ Cell _____

Family Medical Insurance:

Family Physician:

Carrier: _____

Name: _____

Group: _____

Address: _____

Policy #: _____

Phone Number: _____

Group #: _____

Alt Phone: _____

ID#: _____

Preferred Hospital: (1) _____ (2) _____

EMERGENCY CONTACTS: (MUST HAVE AT LEAST TWO CONTACTS)

Name: _____ Phone #: _____ Relationship to Player _____

Name: _____ Phone #: _____ Relationship to Player _____

Please List Any Medical Conditions (Allergies, Asthma, Etc.) And Medications Being Taken By The Participant Named Above. Please List Any Other Information You May Deem Relevant, And Helpful To Emergency Medical Personnel: (Please Note If No Information Is Given And The Words "None" Or "N/A" Is Not Filled In Then, "None" Will Be Assumed.

I HAVE READ, REVIEWED FOR ACCURACY, UNDERSTOOD, ACCEPTED AND AGREED TO THE ABOVE:

*Print Parent/Legal Guardian Name

*Signature Parent/Legal Guardian

*Date

Mid Connecticut Youth Football & Cheerleading



2009 MEDICAL CLEARANCE FORM

Medical Clearance Form - Must be dated after January 1st 2009

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: _____ is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance or athletic activities. I am therefore clearing this individual for athletic participation.

<p>Signature: _____</p> <p>_____/_____/2009</p> <p>Date: - (Must be dated after January 1st, 2009)</p>	<p>Please Print - or - Use Office Stamp Here:</p> <p>_____</p> <p>Print Name Clearly:</p> <p>_____</p> <p>Office Address:</p>
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PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician to resume participation. A "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationary and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer , dance or athletic activities. I am therefore clearing this individual for athletic participation."

This statement must be supplied by the physician attending to the injury, accident, or illness.

This form can be modified or substituted ONLY to comply with local and/or state laws or due to medical practitioner regulations.

Official Use Only		
Medical Certification	DOB Certification	Regional Certification