



2013 NFWB VIKINGS INFORMATION

OMYFA Football Age/Weight Restrictions (all ages are as of November 1st, 2013)

Flag: 5-7 years

Freshman: 8 – 9 years 125 max weight*

JV: 10 – 11 years 145 max weight*

Varsity: 12 – 13 years 170 max weight*

*max weight is with pads, no helmet

FOOTBALL REGISTRATION FEES:

	<u>FLAG</u> (5-7yrs)	<u>TACKLE</u> (8-13yrs)
Registration	\$125.00	\$175.00
Raffle	<u>\$100.00</u>	<u>\$100.00</u>
TOTAL	\$225.00**	\$275.00**

(Due at Registration)

OMYFA Cheerleading Age Restrictions (all ages are as of November 1st, 2013)

Flag: 5-7 years

Freshman: 8 – 9 years

JV: 10 – 11 years

Varsity: 12 – 13 years

CHEERLEADING REGISTRATION FEES:

Registration	\$125.00
Raffle	<u>\$100.00</u>
TOTAL	\$225.00**

(Due at Registration)

***Cash or Checks accepted for payment*

RAFFLE:

\$100 Prepaid Raffle Books (100 tickets/\$1.00 per ticket). It's your option to keep or sell. Winning tickets will be drawn for cash prizes during the Homecoming game; need not be present to win. This is the Club's main fundraising effort and has been a great success. Thanks for Your Support!

REFUND POLICY:

Full refunds are only granted up to August 9th, 2013, subject to written request. Prior to August 16th, 2013 the organization will honor written request for 50% refund. If you are unable to participate in the NFWB Vikings Youth Football or Cheer Organization for any reason AFTER AUGUST 16th, 2013, your registration fee will be considered a donation to the organization.

THINGS YOU WILL NEED FOR REGISTRATION:

- BIRTH CERTIFICATE** 1 CURRENT PICTURE COMPLETED FORMS FEES

****Birth Certificate (including returning players) –
Please bring a copy to be kept for league files****

****The sports physical form will be available online and must be returned to us on or before July 1, 2013 **
Physicals must be dated AFTER 4/15/2013**

PLEASE MAKE CHECKS PAYABLE TO: NFWB Vikings



2013 NFWB Vikings Parent Consent Form

I, the parent of _____, a member on a team of the NFWB Vikings, hereby give my approval for his/her participation in any and all of the League's activities during the current season. I assume all risks and hazards incidental to such participation, including transportation to and from the activities: and I do hereby waive, release, indemnify, and agree to hold harmless the local team, the OMYFA, the organizers, sponsors, supervisors, participants, and persons transporting my child to or from activities from any claim arising out of an injury to my child. I also grant consent for the home team medic to render whatever emergency medical care he/she deems necessary in the event of an injury to my child.

I acknowledge that registration and raffle fees are due in full at the time of registration.

I hereby certify that the birth certificate or other proof of age used in registration of my child is true and correct. I fully understand that should otherwise be proven true, my child will be immediately discharged from the NFWB Vikings organization with no refund.

I agree that when my child is issued team equipment, I will provide a check (or money order) for \$100.00 as an equipment deposit. I will be responsible for said equipment and immediately return all issued equipment upon demand. Further, I understand that my equipment deposit check will be cashed to cover any and all equipment lost, destroyed or not returned. I also agree to furnish my child with the prescribed shoes, socks, supporter, and such other personal equipment as is necessary for his/her health and safety.

I understand that the NFWB Vikings organization is a volunteer based program and I have volunteer commitments that must be met or I can be charged a penalty of \$25.00 for my first missed commitment and \$50.00 per each additional missed commitment. If I fail to meet my volunteer commitments and refuse to pay, I can lose my athletes right to play in the next scheduled game/event, attend the banquet and/or my returning player status for the next season.

I acknowledge that 'Returning Player Status' for the following season will only be granted if: 1) Parent/Guardian meets volunteer commitments and 2) Return of all issued equipment in good and clean condition.

I acknowledge and agree that a full refund will only be given though August 9th, 2013 with written request. A 50% refund will be given up to August 16th, 2013 with written request. No refunds will be given AFTER August 16th, 2013.

I acknowledge that my son or daughter is not concurrently registered as and active in another football club or organization, while a member of the NFWB Vikings. This is a violation of OMYFA rules.

I have read and agree to follow the NFWB Vikings Parent Code of Conduct provided to me online and at registration and found in the Program Guide. I understand that any of these infractions that I may cause or display can have my child removed from the organization at any time or as outlined in the code of conduct manual.

By signing this form below, I acknowledge and agree to abide by the above statements.

PARENT / GUARDIAN SIGNATURE

DATE SIGNED



2013 NFWB VIKINGS Media Release Form

PARTICIPANTS NAME

PARENT / GUARDIAN NAME

RELATIONSHIP

Often, our football players and cheerleaders are photographed either at practice or during games/events by parents, friends, and NFWB board members in order to preserve great moments in our children's lives, as well as to help promote the organization.

It has been the practice of the NFWB Vikings organization to ask for and collect copies of such photographs/videos in digital and other formats to display on our team website, for inclusion in our annual yearbook, game-day programs, or end of season banquet decorations and entertainment.

By completing the form below, you will give the NFWB Vikings organization permission to display such photographs/video images of your child described in the preceding paragraph for as long as the organization deems appropriate, or until you have notified the organization in writing that you no longer wish to give said permission.

The person named below gives the NFWB Vikings organization permission to allow the use of photographs and/or video images of his or her child in connection with the events and activities involving the NFWB Vikings football and cheer squads.

I consent to the use of his/her name and/or photograph in connection with the production, exhibition, distribution or other use of any photographs or motion video. I agree that his/her participation is voluntary, and without consideration or compensation. If, at any time, I do not want my child to participate in this activity I will notify the NFWB Vikings organization in writing.

PARENT / GUARDIAN SIGNATURE

DATE SIGNED

OAKLAND MACOMB YOUTH FOOTBALL ASSOCIATION
NFWB Vikings
2013 REGISTRATION FORM

PARTICIPANT INFORMATION

NAME _____

ADDRESS _____

CITY & ZIP _____

PHONE # _____

BIRTHDATE _____

AGE ON NOVEMBER 1, 2013 _____

GRADE DURING SEASON _____

WEIGHT _____ SQUAD _____

SCHOOL _____

HAVE YOU EVER PLAYED YOUTH FOOTBALL FOR
A CITY OTHER THAN WHO YOU ARE NOW REGISTERING FOR? IF YES, PLEASE LIST
THE CITIES _____ Y N

RELEASE NEEDED Y N COPY ATTACHED Y N

PARENT INFORMATION

MOTHER'S NAME _____

EMERGENCY # _____

FATHER'S NAME _____

EMERGENCY # _____

1st E-MAIL ADDRESS _____

2nd E-MAIL ADDRESS _____

DOCTOR'S NAME _____

DOCTOR'S # _____

THIRD PARTY EMERGENCY CONTACT
NAME _____

PHONE _____

[Preferred placement of athlete picture]

REQUIRED REGISTRATION PAPERWORK

REGISTRATION FORM

ATHLETIC CONSENT FORM

RELEASE OF LIABILITY FORM

MEDICAL TREATMENT FORM

BIRTH CERTIFICATE

CURRENT PICTURE

FEE

PHYSICAL (Dated after 4/15/2013)

[Alternate placement of athlete picture]

[You may place (staple) athlete picture to Birth Certificate, but do not cover their Name or Birth Date]

BIRTH CERTIFICATE

OAKLAND MACOMB YOUTH FOOTBALL ASSOCIATION

NFWB Vikings

2013 PHYSICAL EXAMINATION FORM

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

NAME		GRADE	AGE	WEIGHT
ADDRESS (STREET, CITY, ZIP)				
FATHER'S NAME	FATHER'S WORK #	MOTHER'S NAME	MOTHER'S WORK #	
DOCTORS NAME	DOCTORS 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 HEART		
RHEUMATISM			CONCUSSION			SHORTNESS OF BREATH		
RUPTURE			SPRAIN OR FRACTURE			FREQUENT URINATION		
RHEUMATIC FEVER			SURGERIES			COUGH		
POLIOMYELITIS						NOSEBLEEDS		
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

SYSTEM	NORMAN	ABN.	SYSTEM	NORMAN	ABN.
VISION			HEART		
BLOOD PRESSURE			ABDOMEN		
PULSE RATE			HERNIA		
ORTHOPEDIC			GENITALIA/TESTICULAR EXAM		
CHEST			NEUROLOGIC		
LUNGS			MUSCULAR		

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

RECOMMENDATIONS: _____

I CERTIFY THAT I HAVE EXAMINED THE ABOVE PARTICIPANT AND RECOMMEND HIM/HER AS BEING ABLE TO COMPETE IN SUPERVISED ATHLETIC ACTIVITIES NOT CROSSED OUT BELOW.

BASEBALL - BASKETBALL - CHEERLEADING - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS
ICE HOCKEY - SKIING - SOCCER - SOFTBALL - SWIMMING - TENNIS - TRACK - VOLLEYBALL - WRESTLING

X _____ EXAMINER SIGNATURE	_____
X _____ EXAMINER PRINTED NAME	_____
X _____ PARENT/GUARDIAN SIGNATURE	_____
	DATE SIGNED
	DATE SIGNED
	DATE SIGNED
	TELEPHONE #
	EMERGENCY #

OAKLAND MACOMB YOUTH FOOTBALL ASSOCIATION
NFWB Vikings
2013 ATHLETIC CONSENT FORM

I, _____, while a participant with the _____ will:
Student Athlete

1. Keep up with my school work and grades.
2. Attend all practices, team meetings and competitions.
3. Follow all _____ & OMYFA 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 a 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 the _____, the OMYFA and our community, display 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 coach, and the OMYFA.

Parent/Guardian

1. Respect the decisions made by 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.
6. Follow all _____ & OMYFA policies including discipline, attendance, etc.

Coaches

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 is turned into the _____ and the OMYFA.

X _____ PARTICIPANT SIGNATURE	_____ AGE	_____ DATE SIGNED
X _____ PARENT/GUARDIAN SIGNATURE		_____ DATE SIGNED
X _____ HEAD COACH SIGNATURE		_____ DATE SIGNED

OAKLAND MACOMB YOUTH FOOTBALL ASSOCIATION

NFWB Vikings

2013 MEDICAL TREATMENT FORM

PARENTAL CONSENT FOR MEDICAL TREATMENT OF MINOR

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, ITS 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 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

EVENT: OAKLAND-MACOMB YOUTH FOOTBALL ASSOCIATION

PARTICIPANTS NAME

AGE

X _____
PARENT/GUARDIAN SIGNATURE

DATE SIGNED



AMERICAN YOUTH FOOTBALL Waiver and Release of Liability - Minor



ASSOCIATION NAME - _____

READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to participate in any way in American Youth Football, Inc.(AYF) or American Youth Cheer dba, Regional/National Championships, _____ my Local AYF Affiliation(s), athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury to my child/ward, myself, from the activities involved in these programs is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for child/ward, participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/wards', readiness or, hazard during my presence or participation, and/or in the program itself, I will remove my, child/ward, from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS American Youth Football, Inc.(AYF), American Youth Cheer dba, my Local AYF Affiliation, their officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, tournament host, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my child/wards', involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.
- 5) I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child/ward's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

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

Print Name of Parent/Guardian:

Parent/Guardian Signature:

Date Signed:

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Print Participant's Name:

Participant's Signature:

Date Signed:

NOTE: This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms.