

2020 MOUNT OAK FLAG FOOTBALL ENROLLMENT

Varsity / Middle School / Elementary School (circle one)

STUDENT'S NAME: _____ GRADE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ EMAIL: _____

MOTHER'S NAME: _____

PHONE # (H) _____ PHONE # (W) _____ CELL # _____

FATHER'S NAME: _____

PHONE # (H) _____ PHONE # (W) _____ CELL # _____

CHURCH _____ SCHOOL _____

Do you wish to **EXCLUDE** your children's photographs or images from use? **YES** **NO**

Do you wish to **EXCLUDE** your email, phone number, or both from a team parent roster?

(Possible uses for roster include: snack scheduling, carpooling, & phone tree for cancelations.)

Phone - Email - Both - Please include Me (Circle Answer)

EMERGENCY CONTACT INFORMATION

IN CASE OF **EMERGENCY OR CHILD IS ILL**, PLEASE CONTACT (*after trying parents*):

NAME _____ PHONE# _____

LIST ANY HEALTH PROBLEMS THAT YOUR CHILD MAY HAVE AND ANY TREATMENT THAT MAY BE REQUIRED, ALLERGIES, ASTHMA, ETC:

I AUTHORIZE THE FOLLOWING PERSONS TO PICK UP MY Child

(In the event that I can not or for carpool purposes):

NAME: _____ PHONE# _____

PERMISSION TO TAKE CHILDREN OFF CHURCH GROUNDS:

I give permission to have my child taken off church grounds only in an emergency situation. Such action would be warranted if, for example, my child were left at church due to my inability to pick him up in a timely fashion. The Mount Oak Sports Program staff member may take my child to the staff member's home. (This would *occur only after all other emergency contacts have been exhausted.*)

Signature of Parent/Guardian _____ Date _____

MOUNT OAK SPORTS PROGRAM

Athletic Travel and Individual Participant Indemnification and Release Form

NOTE: By signing this Indemnification and Release Form, you are releasing MOUNT OAK SPORTS PROGRAM, its Board of Directors, faculty, staff, coaches, assistant coaches, parent chaperones and any and all other of their agents, servants, and/or employees (hereafter collectively referred to as "Mount Oak Sports Program") from and against any and all liability, from any and all claims, costs, suits, actions, judgments, and expenses, arising from your child's participation in interscholastic athletics and sports.

Parents Initials ()

NOTICE OF RISK: I understand that participation in athletic activity is dangerous and may expose my child to risk of serious bodily injury and possibly death. These risks include, but are not limited to, the possibility of collisions with other participants, spectators and the public, vehicle accidents while traveling to and from such activities, and equipment failure. I understand that no degree of care or caution can completely eliminate these risks.

Parents Initials ()

ASSUMPTION OF RISK, RELEASE OF LIABILITY, REQUIREMENT TO MAINTAIN

HEALTH INSURANCE: I hereby freely and expressly assume and accept any and all risk of injury and/or death arising from my child's participation in any and all athletic activities my child may undertake by or through MOUNT OAK SPORTS PROGRAM, or while traveling to and from such activities. I hereby release MOUNT OAK SPORTS PROGRAM from liability for any and all injuries and damages, including death, arising from my child's participation in any and all athletic activities and all travel to and from such activities. In so doing, I promise and agree not to make any claim or commence any lawsuit against MOUNT OAK SPORTS PROGRAM for injuries or damages arising from my child's participation in and/or travel to and from such activities. I also acknowledge that I am required to carry and maintain my child's accident and health insurance sufficient to meet all costs and expenses which might incur as a result of any injury my child might sustain while participating in and/or traveling to and from athletic activities, and by initialing below I acknowledge that I am presently covered by such accident and health insurance.

Parents Initials ()

INFORMED CONSENT: I hereby give my consent and authorize MOUNT OAK SPORTS PROGRAM and its faculty, staff, coaches, and parent chaperones to consent on my behalf and on behalf of my child, to emergency medical care and treatment in the event I am unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

Parents Initials ()

INFORMED CONSENT: I knowingly and willingly give my informed consent for my child to travel with MOUNT OAK SPORTS PROGRAM and its faculty, staff, coaches, and parent chaperones to and from all athletic events for the purpose of interscholastic athletics.

Parents Initials ()

Child Name: _____

Grade: _____

Signature of Parent: _____

Date: _____

Physical Examination/Screening/Medical History Form

(To be completed by parent/guardian)

Youth's Name:	Date of Birth:	Date of Last Physical:
Parents Name:	Phone:	

**Please answer the questions below PRIOR TO EXAMINATION by physician.
Explain "YES" answers in the space below.**

- | | | |
|---|---|---|
| 1. Do you have an ongoing or chronic illness (asthma)? | Y | N |
| 2. Are you currently taking any medications or using an inhaler? | Y | N |
| 3. Do you have any severe allergies (bee stings or medicine)? | Y | N |
| 4. Have you ever been dizzy during exercise? | Y | N |
| 5. Have you ever passed out during exercise? | Y | N |
| 6. Have you ever had chest pain during or after exercise? | Y | N |
| 7. Have you had a seizure, concussion or been unconscious for any reason in the last year? | Y | N |
| 8. Has any family member died suddenly or had a heart attack before age 50? | Y | N |
| 9. Have you ever had a sprain, fracture, or dislocation of a muscle, tendon, bone or joint? | Y | N |

PLEASE EXPLAIN "YES" ANSWERS (by numbers):

(To be completed by physician)

	YES	NO
There are no medical problems for the youth named above that would prevent safe participation in a youth sports league. He/she is medically qualified to participate in the Mt Oak Fellowship Youth Sports Program.		
Is vision correction required for participation? Glasses/Contacts		
Are there health problems that should be evaluated or treated before participation in a recreational sports league?		
Are there medical problems/chronic (on-going) health problems that may affect participation? (e.g., Asthma)		
If YES, please provide detailed information about the specific health issue(s) and the effect on the athlete: _____		
<i>Coaches must be alert to children who have chronic (on-going) health problems.</i>		
Date:	Printed Physician's Name:	
		Signature of Examining Physician: