

WESTSIDE YOUTH FOOTBALL 2021 SIGN-UP INFO

We are pleased to offer again this year to you the Westside Youth Football League belonging to the Northern Rocket Football League (NRFL) as the team name WESTSIDE FALCONS. The NRFL is associated with USA Football - the only youth program recognized by the NFL. This form may be used to sign up your child for flag football (ages 5-7) or rocket football, now grade-based for 3rd & 4th graders (8-9-10 year olds with a birthdate as of 9/1/21). We look forward to players from our area partner schools to be a part of our season! **Please be sure to check out the WC Football website under the "Youth" tab at www.westcatholicfootball.com/youth** for updated information and materials. Please make sure that your child's date of birth and weight on the sign-up form are accurate. This is how the Northern Rocket Football League places players on their respective teams. This is done via a league software program, so the Westside Youth Football League does not select which players go on the respective teams. Rocket practices scheduled to begin around the week of August 23rd.

Flag football will be opened up to any child that is 5-7 years old. All games are tentatively scheduled to be held in the evening during the week and/or Sunday afternoons. Players will be contacted the 1st week of September with team assignments & all games to be played in September.

We are also in need of qualified parents willing to coach for all levels of the program. If you have previous experience and are interested in volunteering, please email mdorato@rockinterface.com or call Mike Dorato @ 616-291-6407.

PLEASE NOTE: for Rocket Players only, you will need to bring a birth certificate for us to view & verify age, as well as the sign-up forms to the time listed below.

SIGN-UP DATES:

June 22, 2021, Tues 6-8:00 pm during camp

June 23, 2021, Weds 6-8:00 pm during camp

2021 Rocket Football is \$ 95.00 per player

2021 Flag Football is \$ 55.00 per player

Please make all checks payable to "WESTSIDE YOUTH FOOTBALL LEAGUE"

Drop Off/Mailing Address:

West Catholic Athletic Office
Attn: Megan Pittman/WYFL
1801 Bristol Ave, NW
Grand Rapids, MI 49504

WESTSIDE YOUTH FOOTBALL LEAGUE SIGN-UP FORM FOR 2021

THIS FORM IS NOT VALID UNLESS THE RELEASE OF LIABILITY/PERMISSION SLIP IS ATTACHED. ORIGINALS ARE TO REMAIN WITH THE AREA, COPIES FURNISHED TO THE LEAGUE.

PLAYERS NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **PHONE #** _____

PARENT NAME _____ **ALT PHONE #** _____

EMAIL _____

ROCKET _____ **FLAG** _____

PREVIOUS TACKLE FB EXPERIENCE? YES ____ NO ____ **HOW MANY YEARS?** _____

VERIFICATION BY

GRADE IN FALL 2021 _____

AGE AS OF 9/01/2021 _____

DATE OF BIRTH _____

T- Shirt size (Flag Football Only) Youth Small Youth Medium Youth Large Adult small Adult Medium

WEIGHT _____

COPY OF BIRTH CERTIFICATE REQUIRED (Rocket Only) _____

SCHOOL _____

PAYMENT AMOUNT \$ _____ **CHECK** _____ **CASH** _____

League Fees:

Rocket Football \$95

Flag Football \$55

****MAKE CHECKS PAYABLE TO: WESTSIDE YOUTH FOOTBALL LEAGUE****

INTERESTED IN COACHING? **ROCKET FOOTBALL** _____ **FLAG FOOTBALL** _____

Name _____

Phone _____

Email _____

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

FOR

WESTSIDE YOUTH FOOTBALL

READ BEFORE SIGNING

**WESTSIDE YOUTH FOOTBALL PERMISSION SLIP AND INDEMNITY AND HOLD HARMLESS
AGREEMENT**

I hereby give my permission for my child _____
NAME

to participate in the WESTSIDE YOUTH FOOTBALL LEAGUE, a member of the Northern Rocket Football
League, Inc.

I (we) the undersigned do hereby agree and contract to INDEMNIFY AND HOLD HARMLESS, WESTSIDE
YOUTH FOOTBALL LEAGUE and the Northern Rocket Football League Inc, and any and/or all Rocket
coaches, assistant coaches, field directors, board members, teammates and players for any and/or all injuries
incurred to my child. The INDEMNITY AND HOLD HARMLESS AGREEMENT however, shall not bar actions
for intentional gross or wanton negligence.

If I (we) or my above named child and his/her heirs, executors or assigns, bring any legal action against any of the
aforementioned individuals and/or organization(s), I (we) agree to indemnify the aforementioned individuals and
organization(s) for and/or liability and/or costs and/or expenses they may incur. This specifically includes
indemnity for all attorney expenses, legal expenses, costs, including any amount of settlement, or the amount of any
jury verdict.

The undersigned warrants that no promise or inducement has been offered except as herein set forth; THIS IS AN
INDEMNITY AND HOLD HARMLESS AGREEMENT; the undersigned is of legal age, is legally competent, and
has legal custody of the aforementioned child.

This is not a recital and this INDEMNITY AND HOLD HARMLESS AGREEMENT contains the entire
agreement.

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

TODAY'S DATE X _____
PARENT/LEGAL GUARDIAN

X _____
PARENT/LEGAL GUARDIAN

STREET ADDRESS CITY STATE/ZIP TELEPHONE (+ AREA CODE)

WESTSIDE YOUTH FOOTBALL LEAGUE 2021

MEDICAL HISTORY AND MEDICAL CONDITIONS

Players Name: _____ Telephone # _____

Player's Physician: _____ Telephone () _____

Players Dentist: _____ Telephone () _____

CIRCLE APPROPRIATE ANSWER & ANSWER ALL QUESTIONS COMPLETELY

Allergies:	Yes No	Asthma:	Yes No	Congenital Problems:	Yes No
Diabetes:	Yes No	Epilepsy:	Yes No	Heart Disease:	Yes No
Convulsions:	Yes No	Insects:	Yes No	Ankle injuries:	Yes No
Knee injuries:	Yes No	Back injuries:	Yes No	Head injuries:	Yes No
Shoulder injuries:	Yes No	Elbow injuries:	Yes No	Wrist injuries:	Yes No
Hand injuries:	Yes No	Finger injuries:	Yes No	Other injuries:	Yes No

If any of the above are answered "YES", list all details and other medical conditions of PLAYER not mentioned above: _____

List medications PLAYER should NOT take: _____

List medications PLAYER is currently taking: _____

*CERTIFICATION OF PLAYER'S MEDICAL CONDITION AND ABILITY TO PARTICIPATE IN ROCKET FOOTBALL AND
MEDICAL TREATMENT AUTHORIZATION*

In case of an accident, injury or serious illness of the above named PLAYER, I the undersigned (Parent/Guardian), state that I have authority to execute this AUTHORIZATION and hereby make, constitute and appoint the PLAYER'S WESTSIDE YOUTH FOOTBALL LEAGUE coaches and any other representative of WESTSIDE YOUTH FOOTBALL LEAGUE my attorney-in-fact to act for me, in my name, and in my place to seek and obtain any and all reasonable dental and medical treatment of any type or nature for the above named PLAYER. I understand that WESTSIDE YOUTH FOOTBALL LEAGUE, a member of the NORTHERN ROCKET FOOTBALL LEAGUE, Inc., DOES NOT have any insurance which pays for the dental, medical and/or hospital costs that might be incurred on behalf of the PLAYER. Consequently, I understand that any and all costs incurred for any treatment shall be my sole responsibility. I further request that I be contacted as soon as practicable after the accident, injury, or illness. In addition, I consent to the release of the above insurance and medical information by my attorney-in-fact. I further certify that the above named PLAYER is medically fit and is able to participate as a PLAYER in WESTSIDE YOUTH FOOTBALL LEAGUE. I understand that football is a contact sport and it is my sole decision as to whether or not the above named PLAYER obtains a medical examination before participating in this program. This Authorization shall terminate on November 30, 2017.

Dated

Signature of Parent/Guardian

Print Name of Parent/Guardian

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not “Feeling Right”
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	“Feeling Down”	Sleep Problems
		Grogginess		

WHAT IS A CONCUSSION?

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven’t been knocked out.

You can’t see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don’t hide it, report it. Ignoring symptoms and trying to “tough it out” often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don’t let the student return to play the day of injury and until a health care professional says it’s okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student’s school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can’t recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

<p>Parents and Students Must Sign & Return the Educational Material Acknowledgement Form</p>

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by *Westside Youth Football League* (Sponsoring Organization).

Participant Name Printed

Participant Name Signature

Date

Parent or Guardian Name Printed

Parent or Guardian Name Signature

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.