

WIYFL WISCONSIN INDEPENDENT YOUTH FOOTBALL LEAGUE

Warriors Football

Celebrating 12 years of Youth Football

April 16, 2008

Dear WIYFL Parents, Players, and Coaches,

We will hold our annual orientation meeting on Wednesday, May 14, 2008 beginning at 6:00pm, in the Butler Middle School Auditorium. This meeting will give players and parents an opportunity to meet their coaches and teammates. On the agenda will be pertinent information for the football season, equipment handout dates, tentative practice and game schedules, and team scrimmage dates. After the short informational meeting; coaches, players and parents will gather to meet as teams. Coaches will talk concerning team expectations, how to prepare to have a successful season, and answer any questions regarding the team. Attendance is extremely important and required.

Enclosed please find a **Informed Consent / Medical Examination** form. This form must be completely filled out, signed and returned by August 1st. No player will receive equipment or be allowed to practice until this form and any outstanding fee balance is received. The form can be mailed to me when completed, please make a **copy for your records**. Completion of this form is an **annual requirement**, last years form is no longer valid. A full physical exam **is not** required, but encouraged. Your Doctor may be able to complete the form based on previous exams. The school district offers Sports Physicals in the summer. Information on this is usually posted on the Schools Cable Channel.

Our annual **Grab Bag** fund raiser, which is used to fund our Scholarship Program, will be available at the meeting. Each bag costs \$10.00 and has items which were donated from various Companies. Each bag is well worth the \$10.00. donation. Organizations which have contributed in the past include: Master Lock, Harley-Davidson, Green Bay Packers, Milwaukee Bucks, Milwaukee Brewers, Husco, Waukesha Police Department, Riddell, just to name a few. This year we have received some special items from the Packers! We are always seeking contributions of promotional or overstock product to add to the grab bags. If you or your employer can help with a donation, it will help those in need. Our Scholarship program has allowed 43 players, of low income families, to participate in our program over the last 6 years.

IMPORTANT: There are still roster spots available on the 5th and 6th grade teams. Talk to your friends and classmates! Registration forms can be downloaded at the WIYFL web site. We will still accept players until the rosters are at the maximum.

I'm looking forward to meeting each of you on 14th of May.

Just for Kids,



Jim Grisaffi
Warriors Program Coordinator
547-8997 (voice/fax)

WIYFL Web Site: <http://wiyfl.aayfl.org>

For information on our league affiliation go to: <http://aayfl.org>

P.O. BOX 541 WAUKESHA, WI 53187-0541

INFORMED CONSENT FORM

I hereby give my permission for _____ to participate in TACKLE FOOTBALL during the athletic season beginning in August. Further, I authorize the team/league to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Parent or guardian _____ Phone _____

Address _____

My child and I are aware that participating in TACKLE FOOTBALL is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and appreciated by me.

I understand this informed consent form and agree to its conditions on behalf of my child.

Parent's Signature _____ **Date** _____

EMERGENCY INFORMATION

Athlete's name _____ Age _____ SSN _____

Address _____ Phone _____

Family physician _____ Phone _____

List two persons to contact in case of emergency:

Parent or guardian's name _____ Home phone _____

Address _____ Work phone _____

Second person's name _____ Home phone _____

Address _____ Work phone _____

IMPORTANT:

Are you allergic to any drugs? _____ If so, what? _____

Do you have any other allergies? (i.e., bee sting, dust) _____

Do you suffer from _____ asthma, _____ diabetes, or _____ epilepsy? (Check any that apply.)

Are you on any medication? _____ If so, what? _____

Do you wear contacts? _____

Other: _____

Insurance Co. _____ Policy No. _____

Parent's signature _____ **Date** _____

ATHLETIC MEDICAL EXAMINATION FOR FOOTBALL

Athlete _____ Age _____ Birthdate _____ Grade _____

Address _____ Phone no. _____
(street) (city) (Zip)

Instructions: All questions must be answered. Failure to disclose pertinent medical information may invalidate your insurance coverage and may cancel your eligibility to participate in football. Any further health problems must be discussed with the physician at the time of examination. This form is required annually. Keep a copy for your records

Medical History: Has the athlete ever had any of the following? If "yes" give details to the examining doctor.

No Yes Details (if yes)

- | | | | |
|---|-------|-------|-------|
| 1. Head injury or concussion | _____ | _____ | _____ |
| 2. Bone or joint disorders, fractures, dislocations, trick joints, arthritis, back pain | _____ | _____ | _____ |
| 3. Eye or ear problems (disease or surgery) | _____ | _____ | _____ |
| 4. Dizzy spells, fainting, or convulsions | _____ | _____ | _____ |
| 5. Tuberculosis, asthma, bronchitis | _____ | _____ | _____ |
| 6. Heart trouble or rheumatic fever | _____ | _____ | _____ |
| 7. High or low blood pressure | _____ | _____ | _____ |
| 8. Anemia, leukemia, or bleeding disorder | _____ | _____ | _____ |
| 9. Diabetes, hepatitis, or jaundice | _____ | _____ | _____ |
| 10. Ulcers, other stomach trouble, or colitis | _____ | _____ | _____ |
| 11. Kidney or bladder problems | _____ | _____ | _____ |
| 12. Hernia (rupture) | _____ | _____ | _____ |
| 13. Taking medication regularly | _____ | _____ | _____ |
| 14. Allergies or skin problems | _____ | _____ | _____ |
| 15. Other illness, injury not named above | _____ | _____ | _____ |
| 16. Do any of these conditions limit the athlete from competing in tackle football? | _____ | _____ | _____ |

Athlete's Height _____ Weight _____

Print Physician's Name _____

Signature _____ **Phone** _____

Address _____ **Date** _____