

NEW RETURNING

Division

FOOTBALL NANAIMO 2014 REGISTRATION & MEMBERSHIP APPLICATION

Players Information

Players Name: Birthdate:

LAST

FIRST

YR/MO/DAY

Address: Postal Code:

Phone #

Primary Email Secondary Email

Parents Information

Mothers Name: ALT phone:

Address if different then above:

Fathers Name ALT phone:

Address if different then above:

Registration Checklist – ALL MUST BE INCLUDED ***Registration will not be processed if not complete***

- Registration Form
- Medical Form
- Concussion Form
- Volunteer Deposit \$200 Dated: July 1 Spring: Dec 1 Fall
- Birth Certificate (New Players ONLY)
- Care Card (New Players ONLY)
- Registration Fee Payment (Cash or Cheque)
- Gear Deposit \$300 Dated: July 1 Spring: Dec 1 Fall

PARENT PARTICIPATION

I understand that an adult in my family will be asked to volunteer throughout the upcoming season. I understand that if our volunteer time is not performed a \$200.00 Volunteer Fee will be paid to Football Nanaimo.

Date * Parent/Legal Guardian Signature

PHOTO RELEASE

Yes, I grant permission for my child's photo to be published on the Football Nanaimo Website, Social Media site and/or local Newspaper

No, I do not grant permission for my child's photo to be published on the Football Nanaimo Website, Social Media site and/ or local Newspaper.

Date *Parent/Legal Guardian Signature

CONSENT

My child and I are aware that participating in 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. Such risks to my child are understood by me. I understand the information that this consent form has indicated to me and I agree to its conditions on behalf of my child. I agree to abide by the rules and regulations of Football Nanaimo & their governing bodies.

Player Signature Parent Signature

Please let us know how you heard about Football Nanaimo:

Refund Policy-

Full refund up to, and including, the Exhibition Game. 50% refund up to Roster Freeze. No refund after Roster Freeze.

Equipment Deposit will be returned when ALL of the equipment issued to you is returned to Football Nanaimo in good, clean condition.

PAYMENT ENCLOSED				
Division <input type="text"/>	Fee (see attached Schedule) <input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OFFICE USE ONLY	CASH	Cheque #	Amt Paid\$	Date:

PLAYER MEDICAL INFORMATION SHEET

DATE YR/M/D SPRING FALL

Name: Birthdate: YR/M/D

Height Ft. In. Weight Lbs

Address:

Postal Code: Care Card Number:

Doctor's Name: Doctor's Number:

Parent/Guardian Name & Phone # 1

Parent/Guardian Name & Phone # 2

Emergency Contact:(this person will be contacted if both parents are not available)

Name: Relationship:

Contact number:

Please mark the appropriate responses that pertain to your player:

- | | | |
|--|------------------------------|-----------------------------|
| Previous history of concussion? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fainting episodes/trouble breathing during exercise? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Epileptic? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Wears glasses/ contact lenses? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hearing problems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Asthma? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Heart Conditions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Diabetic? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Medication? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Allergies? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has had surgery/ hospitalized in the last year? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has had injuries requiring medical attention in last yr. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has a health concern which would interfere with participation in football? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

PLEASE GIVE DETAILS IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS

Any life saving medication required by the player must be provided by the Parent/Guardian It must be supplied to the Teams 1st Aid Attendant to carry in their 1st Aid Kit for the entire Football Season.

Example: Epi Pen/ Inhaler Any information not covered above:

I give my consent for my child to be attended by the First Aid Staff present, should it be required at a practice or games.

I also give my permission for treatment, at a hospital if necessary should I be unable to be reached, to obtain my consent.

Date: YR/M/D

Parent/Guardian Signature: _____

*** Any medical concern or injury problem should be checked by your physician before participating in a football program.**



thinkfirst



pensez d'abord
CANADA

CONCUSSION INFORMATION SHEET

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- “Pressure in head”
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays lack of coordination
- Answers questions slowly
- Slurred speech
- Shows behaviour or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any changes in typical behaviour or personality
- Loses consciousness

