



# BEACH PARK BEARS YOUTH FOOTBALL & CHEER ORGANIZATION



PO Box 22  
Wadsworth, IL 60083  
(224) 572-1855  
[www.beachparkbears.org](http://www.beachparkbears.org)

## 2013 FOOTBALL Registration Form (please print clearly)

Additional Forms Needed - All sheets must accompany Registration Form, Check once Completed

Players Code of Conduct     Parents Code of Conduct     Medical Waiver     Birth Certificate     Concussion Info

Child's Name			
Date of Birth			
Age			
Grade Entering			
Is this your 1st year with the Bears: YES NO			
Have you participated in another program: YES NO      If YES, where, when and what level?			

### PARENT INFORMATION

Who does the child reside with:			
Parent's Name		Cell Phone	
Home Phone		Work Phone	
Address		Email Address	
City & Zip			
Preferred Method to contact you	Home   Cell   Email   Text		
Parent's Name		Cell Phone	
		Email Address	

### EMERGENCY INFORMATION

Emergency Contact Name		Doctor's Name	
Emergency Contact Phone		Doctor's Phone	
Relationship		Allergies	YES      NO
Medical Conditions		List Allergies	

### VOLUNTEER INFORMATION

The Beach Park Bears Youth Football is run solely on volunteers. How would you like to Volunteer (at least one is required)?

- Team Parent
- Fundraising
- Concession Stand
- Field Operations (Chain Crew, Score Keeper, Operate Clock, etc.)
- Homecoming Committee
- Before Game Set Up/After Game Clean Up
- Other:

\_\_\_\_\_ Please Initial

### EQUIPMENT/UNIFORM INFORMATION

A deposit of \$50 will be required at registration, in addition to the registration cost. This will be returned in full upon equipment hand on specified date. The following items will be collected at the end of the season: **Helmet, Shoulder Pads, Game Pants and Chin Strap**. If equipment/uniform is not turned in on the dates provided or equipment is lost, parents are responsible for reimbursement of equipment/uniform costs in an amount not to exceed \$300.

**Helmet - \$75    Shoulder Pads - \$80    Game Pants - \$20    Chin Strap - \$ 15**

Additional equipment (pads, mouth guards, cleats, cup, etc.) is required to be purchased by the parents prior to first practice.

Parents are not under any obligation to rent equipment from us but it must be approved by Beach Park Bears Youth Football before use.

\_\_\_\_\_ Please Initial

- OVER -

**REFUND INFORMATION**Refund Policy

There will be no refunds.

A medical refund must be requested by sending a letter to the Board of Directors and with it is supported documentation by a doctor.

If injured before July 30, 2013, please submit a refund request to the Board, each case will be reviewed and decided upon by the Board of Directors.

\_\_\_\_\_ Please Initial

WAIVER AND RELEASE OF ANY AND ALL CLAIMS AND RESPONSIBILITY

Please read this form carefully and be aware in registering your child/ward participation in the above named program, You will be waiving and releasing all claims and responsibility for all injuries your minor child/ward may sustain arising out of the program.

I/We give approval of this athlete to participate in any and all activities of the Beach Park Bears Youth Football and Cheer Organization.

I/We understand the Beach Park Bears Youth Football and Cheer Organization. will from time to time use the name, photograph and/or video of the athlete in newspaper articles or marketing materials, including on our website and I/We consent to such uses and waive all rights of compensation.

I/We understand the terms and conditions of the refund policy and acknowledge that portions of the registration fee are non-refundable as detailed in the policy.

I/We recognize and acknowledge that there are certain risks of physical injury to participate in the above named program and I/We agree to assume that full risk of injures, including death, damages or loss regardless of severity which my child/ward may sustained as a result of participation in any of the activities connected with or associated with such program.

I/We herby waive, release, absolve, indemnify and agree to hold harmless, the Beach Park Bears, the NWFYFL organization and the affiliate team organizations of the NWFYFL, other athletes and their families, volunteers and all hosting partners.

In the event of an emergency, I authorize the Beach Park Bears, and its officers, coaches and volunteers, to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I/We further agree that I/We will assume responsibility for any loss of such equipment assigned to the above named and agree that:

- a. In the event of any loss of such equipment, the undersigned will reimburse the organization for any costs to replace same.
- b. Said equipment will be returned to the organization at the time designated by it, properly cleaned and in the same condition as when delivered to the above named child/ward (reasonable wear and tear expected).

\_\_\_\_\_  
Parent/Guardian PRINT NAME

\_\_\_\_\_  
Parent/Guardian SIGNATURE

\_\_\_\_\_  
Date

**OFFICE USE ONLY****PAYMENT INFORMATION**

- |   |   |  |      |
|---|---|--|------|
| <input type="checkbox"/> Option A - FULL        | Payment in full \$275 , not including equipment deposit   | <input type="checkbox"/> Equipment Deposit | \$50 |
| <input type="checkbox"/> Option B - FUNDRAISING | \$75 now, not including equipment deposit (Raffle Tickets), \$100 due on April 15, 2013 and June 15, 2013 |  |      |
| <input type="checkbox"/> Option C - MONTHLY     | Amount due Monthly _____ Date Registered: _____   | FEB  | MAR  |
| <input type="checkbox"/> Option D - 50/50       | \$137.50 now and \$137.50 due on June 15, 2013, , not including equipment deposit                         | APR  | MAY  |
| <input type="checkbox"/> Add-on                 | One of the above options plus \$30 camp registration; Camp will be held July 29-Aug 2, 2013               | JUN  |      |

**PAYMENT HISTORY**

Form of Payment	Date	Amount	Receipt #	Beach Park Initials	Remaining Balance

**NOTES (OFFICE USE ONLY):**

LEVEL: PAC 10                      BIG 10                      TEAM: \_\_\_\_\_

WEIGHT: \_\_\_\_\_                      PANTS SIZE: \_\_\_\_\_

JERSEY SIZE: \_\_\_\_\_                      EXCEPTIONS: Older/Lighter                      Younger/Heavier

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## MEDICAL AND CONTACT INFORMATION

### *Authorization for Treatment of a Minor*

In the event of an emergency medical situation relating to my minor child as listed below, and in the event that I am unavailable, I hereby give my consent to the nearest medical hospital to administer whatever emergency medical care deemed appropriate by that medical staff until I can be contacted.

Player's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Medical Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications / Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Other Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Parents Code of Conduct

*The Beach Park Bears has one goal: A positive experience for every child and family, win or lose.*

What this means:

- Never yell, scream or approach another player, parent, coach or referee in an aggressive manner—One and done
- Never touch another player, parent, coach or referee in an aggressive manner—One and done
- I (and my Guest) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
- Will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.
- Always positively encourage your players and team
- Always be on time
- Always display respect for the game, your opponents and the Bears
- Always adhere to good sportsmanship
- Know that a coach drafts a FOOTBALL TEAM, not 12 running backs and quarterbacks. Your son will play more than one position as much as practical and the position that allows him to succeed, whether that is a linemen, defensive back, nose tackle or QB.
- If your child is on Pac Level team, this level is design as a learning level. To teach the fundamentals not to be focused on the score or winning.

If you have issues, you should address with the coach in an open, yet private and honest way. There should not be “unrest” or back channel discussions about coaches. Bring the issue out to the coach. If the issue is not addressed by your coach in a satisfactory manner, bring it to the Athletic Director, and if still not addressed, bring the issue to the President or Board.

Remember, winning is important to a sport program because a goal for each team is to compete! But winning is not the most important or only goal in youth athletics. Competition brings out a whole host of positive experiences for children. We want to make sure that each young person in Bears Football recognizes the virtues and character it takes to do your best not just for yourself but for your team. Again, what is most important is a positive experience for every player and family, win or lose and we cannot do this without the support of our parents and fans.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Players Name: \_\_\_\_\_

# Beach Park Bears Youth Football and Cheer Organization

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## Players Code of Conduct

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What this means:

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- Never touch another player, parent, coach or referee in an aggressive manner.
- I will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
- Always be on time
- Always display respect for the game, your opponents and the Bears
- Always adhere to good sportsmanship
- If you are on a Pac Level team, this level is design as a learning level, to teach the fundamentals not to be focused on the score or winning.

If you have issues, you should address with the coach in an open, yet private and honest way. Bring the issue out to the coach. If the issue is not addressed by your coach in a satisfactory manner, bring it to the Athletic Director, and if still not addressed, bring the issue to the President or Board.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Players Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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:

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

### 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 incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

## Concussion Information Sheet

### **What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

### **If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

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Student-athlete Name Printed

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Student-athlete Signature

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Date

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Parent or Legal Guardian Printed

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Parent or Legal Guardian Signature

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Date

## Return to Play (RTP) Policy

**Background:** With the start of the 2010-11 school term, the National Federation of State High School Associations (NFHS) implemented a new national playing rule regarding potential head injuries. The rule requires “any player who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the game and shall not return to play until cleared by an appropriate health care professional.” In applying that rule in Illinois, it has been determined that only certified athletic trainers and physicians licensed to practice medicine in all its branches in Illinois can clear an athlete to return to play the day of a contest in which the athlete has been removed from the contest for a possible head injury.

**Policy:** In cases when an athlete is not cleared to return to play the same day as he/she is removed from a contest following a possible head injury (i.e., concussion), the athlete shall not return to play or practice until the athlete is evaluated by and receives written clearance from a licensed health care provider to return to play.

For the purposes of this policy, licensed health care providers consist of physicians licensed to practice medicine in all its branches in Illinois and certified athletic trainers working in conjunction with physicians licensed to practice medicine in all its branches in Illinois.