

2020 Birmingham Patriots Registration

PARTICIPANT NAME: _____ **DATE OF BIRTH:** _____

LEGAL ADDRESS: _____

E-MAIL ADDRESS 1: _____ **PHONE 1:** _____

E-MAIL ADDRESS 2: _____ **PHONE 2:** _____

SCHOOL ATTENDING AS OF AUGUST 2020: _____ **GRADE LEVEL:** _____

SCHOOL DISTRICT AS OF AUGUST 2020: _____

PRIMARY CONTACT: _____

RELATIONSHIP: _____

PHONE 1: _____ **PHONE 2:** _____

SECONDARY CONTACT: _____

RELATIONSHIP: _____

PHONE 1: _____ **PHONE 2:** _____

MEDICAL INSURANCE PROVIDER: _____ **POLICY #** _____

FAMILY PHYSICIAN: _____ **PHONE #** _____

In consideration of the minor named above being allowed to participate in the Birmingham Unified Youth Football Organization (also known as the "Birmingham Patriots"), the undersigned, being the lawful parent(s) and/or guardians of the above named minor(s), for myself, spouse and my child/ward, knowingly and freely assume all risks, both known and unknown and assume full responsibility for my child/ward's participation. I hereby release, hold harmless and agree to indemnify and defend the Birmingham Patriots organization, its board members, coaches, volunteers, agents, contractors, any affiliated franchises and the Oakland/Macomb Youth Football Association ("OMYFA") from any and all liabilities with respect to any and all incidents, injury, disability, damages or even death to my child/ward arising out of my child/ward's involvement or participation with the Birmingham Patriots. I fully understand the possibility that serious injury or even death may result from participating. I hereby give my consent for the above minor to engage in league play and for the disclosure to the BUYFO, the OMYFA, the MHSAA or any governing organization of football & cheer of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility within the league or tournament play. The above named minor has my permission to accompany the team for out-of-town trips, events, training, games, and other activities related to the participation in the Birmingham Patriots. I understand and agree that above named minor will be expected to adhere firmly to all established athletic and participation policies of the Birmingham Patriots, the OMYFA or tournament(s) that my child attends, and that their participation may be revoked in the event they do not adhere to such policies. In consideration of my child's/ward's participation, I agree to accept full financial liability for all equipment handed out by the Birmingham Patriots that is lost, damaged or not returned at the end of the season, and that I am contractually obligated to pay the replacement costs value of the equipment to the Birmingham Patriots. I understand that under no circumstances will any portion of my registration fees be refunded after June 28, 2020 for any reason. I hereby certify that all the information provided is accurate and that I have read the release of liability, Indemnity and Assumption of risk statement above and give consent to play for my child/ward. I fully understand its terms and by signing this form I am giving up substantial rights and I sign this form freely and voluntarily without any inducement. I grant permission to the Birmingham Patriots, the OMYFA and any tournament my child/ward participates in to use photographs of my child/ward for promotional purposes without any remuneration. I acknowledge that I have read the Birmingham Patriots rules and agree to be bound by the rules contained therein.

Parent / Guardian Signature: _____ **Date:** _____

Parent / Guardian Name (printed): _____

Any player with inaccurate or falsified registration information, physical and/or birth certificate is subject to immediate removal from the OMYFA. <http://www.hometeamsonline.com/teams/?u=OMYFA&s=football>

DO NOT WRITE BELOW * LEAGUE USE ONLY

RECEIVED (DATE):	FLAG	5 to 7 YEAR OLDS		TEAM PLACEMENT:
	FRESHMAN	8 & 9 YEAR OLDS	125 lbs max	
	JV	10 & 11 YEAR OLDS	145 lbs max	
	VARSITY	12 & 13 YEAR OLDS	170 lbs max	
	CHEER	5-13 YEAR OLDS		

*Eligibility date for 8-13 year olds determined as of 11/01/2020; 5 year olds must turn 5 on or before 08/01/2020 (OMYFA League requirements).

Birmingham Patriots Physical Form

HISTORY

DATE OF EXAM _____

A current physical must be dated on/after April 16, 2020

Name _____ Sex _____ Age _____ Date of birth _____
 Grade _____ School _____ Sports _____
 Address _____ Phone _____
 Personal physician _____
 In case of emergency, contact
 Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers below.
 Circle questions you don't know the answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical? Do you have an ongoing or chronic illness?	†	†	10. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?	†	†
2. Have you ever been hospitalized overnight? Have you ever had surgery?	†	†	11. Have you had any problems with your eyes or vision? Do you wear glasses, contacts or protective eyewear?	†	†
3. Are you currently taking any prescription or nonprescription (over the counter medications) or pills or using an inhaler? Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	†	†	12. Have you ever had a sprain, strain or swelling after injury? Have you broken or fractured any bones or dislocated any joints? Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? If yes, check appropriate box and explain below.	†	†
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? Have you ever had a rash or hives develop during or after exercise?	†	†	† Head † Elbow † Hip † Neck † Forearm † Thigh † Back † Wrist † Knee † Chest † Hand † Shin/calf † Shoulder † Finger † Ankle † Upper arm † Foot		
5. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you get tired more quickly than your friends do during exercise? Have you ever had racing of your heart or skipped heartbeats? Have you had high blood pressure or high cholesterol? Have you ever been told you have a heart murmur? Has any family member died of heart problems or of sudden death before age 50? Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? Has a physician ever denied or restricted your participation in sports for any heart problems?	†	†	13. Do you want to weigh more or less than you do now? Do you lose weight regularly to meet weight requirements for your sport?	†	†
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?	†	†	14. Do you feel stressed out?	†	†
7. Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory? Have you ever had a seizure? Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands legs or feet? Have you ever had a stinger, burn, or pinched nerve?	†	†	15. Record the date of your most recent immunizations (if known) for: Tetanus _____ Measles _____ Hepatitis B _____ Chickenpox _____		
8. Have you ever become ill from exercising in the heat?	†	†	FEMALES ONLY		
9. Do you cough, wheeze, or have trouble breathing during or after activity? Do you have asthma? Do you have seasonal allergies that require medical treatment?	†	†	16. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start on another? _____ How many periods have you had in the last year? _____ What was the longest time between in the last year _____ Explain "Yes" answers here: _____ _____ _____ _____ _____		

I hereby give my consent for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. I also hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

Birmingham Patriots Physical Form

OMYFA League requires physical dated on/after 4/16/20

Name _____	Date of birth _____
Height _____ Weight _____ % Body fat (optional) _____	Pulse _____ BP _____/_____(____/____, ____/____)
Vision R 20/____ L 20/____ Corrected: Y N	Pupils: Equal _____ Unequal _____

NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL		
Appearance		
Eyes/Ears/Nose/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (Males only)		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand		
Hip/thigh		
Knee		
Leg/ankle		
Foot		

* Station based examination only

CLEARANCE

Cleared

Cleared after completing evaluation/rehabilitation for: _____

† Not Cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician (Print/Type) _____ Date _____

Address _____ Phone _____

Signature of Physician _____ MD or DO _____

PHYSICIAN OFFICE STAMP REQUIRED