

## **2023 Fredericktown-Willie Davis Youth Football**

You will need to submit the following at the **Mandatory Coaches, Players, and Parents meeting at which time uniforms will be fitted:**

**Tuesday, August 1<sup>st</sup>, 2023**

**5<sup>th</sup> & 6<sup>th</sup> Grade 6 PM**

**3<sup>rd</sup> & 4<sup>th</sup> Grade 7 PM**

**Community Park Shelter House**

**There is a new law that came out called Lindsay's Law.**

- ☐ Registration Form
- ☐ Code of Conduct Form
- ☐ Risk Acknowledgment and Consent to Participate Form
- ☐ Concussion Form
- ☐ Emergency Treatment Authorization Form
- ☐ Physical Examination and Medical History Form
- ☐ Copy of Birth Certificate—we can't use copies from previous years
- ☐ Sudden Cardiac Arrest & Lindsay's Law

### **Sudden Cardiac Arrest**

**Every parent needs to go to Ohio Department of Health website and watch the video and read the hand out. Then parents and kids need to sign the handout and turn in before your kid can participate.**

# 2023 Fredericktown-Willie Davis Youth Football Registration Form

Fredericktown-Willie Davis Youth Football Association  
Attn: Sherry Wilson  
9944 Mount Gilead Rd.  
Fredericktown, Ohio 43019

**Deadline to register online is Saturday, July 29, 2023**

**Registration Fees:**

## Player Fees:

First Child \$60.00

Second Child \$30.00

- Additional \$5.00 if registration is after above date.

*The Fredericktown-Willie Davis Youth Football Program is committed to providing equal opportunities for all eligible athletes. Work exchange programs and adult volunteering are available. Please contact Bryce Yarman, 740-501-8535 for more information.*

Date of registration: \_\_\_\_\_

## PLAYER INFORMATION

*(Name must match birth certificate or passport exactly.)*

Legal Last Name \_\_\_\_\_

Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

Name that player wishes to be called: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Weight at registration: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone - ( ) \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone - ( ) \_\_\_\_\_ or ( ) \_\_\_\_\_ Phone - ( ) \_\_\_\_\_ or ( ) \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ Please choose from – YS YM YL AS AM AL AXL Other : \_\_\_\_\_

## PARENT PERMISSION

I give approval for participation in all activities of the Fredericktown-Willie Davis Youth Football Program during 2023 season. I assume all risk and hazards incidental to the program. In case of emergency, I hereby authorize any necessary treatment. I understand all property of the organization must be returned promptly at the end of the season or I will be billed for replacement(s).

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

FOR ASSOCIATION USE ONLY

Check # \_\_\_\_\_ Pay To: FYFA Amt. Paid \_\_\_\_\_ Work Exchange \_\_\_\_\_ Adult Volunteer Activity \_\_\_\_\_

**THIS COMPLETED  
REGISTRATION FORM MUST BE  
SUBMITTED ON REGISTRATION  
DATES ALONG WITH THE  
FOLLOWING:**

- ☐ Parent or legal guardian must accompany all players.
- ☐ Your registration check made out to: Fredericktown Youth Football Association (FYFA) or cash.

\*\*\*\*\*

I consent to allow the Fredericktown-Willie Davis Youth Football Association (FYFA) and any Mid-Ohio Colt Football League team to post my child's name, jersey number and picture(s) on the Mid-Ohio Colt Football League web site:

Parent or Guardian Name: \_\_\_\_\_

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

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



# 2023 FREDERICKTOWN-WILLIE DAVIS YOUTH FOOTBALL PROGRAM

## **\*\* PLAYER, PARENT and COACH CODE OF CONDUCT \*\***

### Key Fredericktown Youth Football Association and Mid-Ohio Colt Football League Rules and Regulations:

- 1) No Player may register to play following the first official football practice.
- 2) Participating players must be enrolled or living in that school district.
- 3) Eligibility date is August 1. Player must be going into the third grade. NO player in the seventh or eighth grade is eligible to play. Third graders will play on the Freshmen Team fourth graders will play on the JV team while fifth and sixth graders will play on the Varsity team.
- 4) Weight Limits:
  - Freshmen Team– Players under 100 lbs. may play any position.
  - Player over 100 lbs. must play a tackle-to-tackle position - offense and/or defense.
  - JV Team – is 120 lbs. see Freshman team for example: Varsity - NO weight limitations
- 5) NO game shall be started without the presence or immediate contact of an EMS or EMT.
- 6) Saturday Game Starting Times: Subject to change
  - 3<sup>rd</sup> & 4<sup>th</sup> Grade 1:00PM
  - 5<sup>th</sup> & 6<sup>th</sup> Grade 3:00 PM
- 7) Practice will start August 3, 2023 Community Park 5:30 pm
- 8) All games will follow Jr. High School rules with eight-minute quarters, a thirteen-minute halftime and regulation clock.
- 9) The use of a mouthpiece will be enforced and must be attached to the helmet facemask.
- 10) At the start of a game, the ball will be placed at the thirty-five (35) yard-line. There will be NO kick-offs or field goals.
- 11) EVERY player is required to participate in every game. However, should a player have unexcused absent(s) from practice(s) or has disciplinary issues, the Head Coach and the Mid-Ohio Colt Football League reserves the right to have limited playing or no playing time in the next Mid-Ohio Colt Football League game.

### **FREDERICKTOWN - PLAYERS, PARENTS and COACHES**

- 1) **NO PARENT(S)** are allowed on the sideline unless they are a coach or participating on the “chain-gang.”
- 2) **PROFANITY will NOT be tolerated.**
  - VIOLATION for above infractions:**
    - First (1<sup>st</sup>) Offense – Dismissed from that day’s activities.
    - Second (2<sup>nd</sup>) Offense - Participant will be suspended the next week’s game.
    - Third (3<sup>rd</sup>) Offense - Participant will be dismissed from that’s year’s program.
- 3) **PHYSICAL VIOLENCE from PLAYER, PARENT and/or COACH will NOT be tolerated:**
  - VIOLATION for above infractions:** Immediate dismissal from that year’s program. Board review and approval for re-instatement for the following year.
- 4) **SOCIAL & TRADITIONAL MEDIA** - Should the FYFA Board of Directors or any Officer find any negative comment made on Face Book, Twitter, Linked-In, My Space or any other Social or Traditional Media site from a Parent, Player, close relative or friend of a participant regarding one of its volunteer coaches, players, Board of Directors, Officers or volunteers, they will be asked to recant the remarks immediately. Should those remarks not be recanted within forty-eight (48) hours, the related player will forfeit the next week’s game. A second violation will result in the dismissal of that participant. There will not be an appeal.

\_\_\_\_\_  
Parent - Printed Name

\_\_\_\_\_  
Parent - Signature

\_\_\_\_\_  
Player - Printed Name

\_\_\_\_\_  
Player – Signature

**\*\* Must be signed before participating. \*\***

## 2023 FREDERICKTOWN-WILLIE DAVIS YOUTH FOOTBALL PROGRAM

### PARTICIPANTS RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATE

Player's Name: \_\_\_\_\_ Team: Fredericktown-Willie Davis Youth Football  
(Print Legibly)  
Program

I wish to participate in the sport of **Tackle Football** in the Fredericktown-Willie Davis Youth Football Association program for the 2023 season. I realize that there are risks involved in my participation. I have attended a meeting where these risks were discussed and explained. I listened to presentations by administrators, coaches and sports injury personnel, and understand that the risks involved include a full range of injuries, from minor to severe. I recognize the possibility that I might incur a permanent disability, become paralyzed or suffer a fatal injury as result of my participation. I release the Fredericktown-Willie Davis Youth Football Association, It's Coaches, It's Board and Founding Members, It's Elected Officers, It's Funds Contributors and Donors, the Village of Fredericktown, the Fredericktown Local School and the Fredericktown School Board for all the liability associated with my child's participation in this sport.

\_\_\_\_\_  
Date Signature(s) of Parent(s) or Legal Guardian(s)

\_\_\_\_\_  
Date Signature of Participant

### PARTICIPANTS CONCUSSION ACKNOWLEDGEMENT

I/We, the parent(s)/legal guardian(s) of \_\_\_\_\_, have read and understand the concussion information sheet provided by Fredericktown-Willie Davis Youth Football Association through the Ohio Department of Health website. I/We also understand that Ohio House Bill 143 and Ohio Revised Code inform me that "By law, the concussed participant must get medical clearance from a doctor before my son or daughter may participate in any practice or game". I/We also understand no Fredericktown-Willie Davis Youth Football Association, It's Coaches, It's Board and Founding Members, It's Elected Officers, It's Funds Contributors and Donors, the Village of Fredericktown, the Fredericktown Local School and the Fredericktown School Board may be held liable for any concussion injury to my son/daughter.

Signed \_\_\_\_\_  
Mother/Legal Guardian Date

Signed \_\_\_\_\_  
Father/Legal Guardian Date



## 2023 FREDERICKTOWN-WILLIE DAVIS YOUTH FOOTBALL PROGRAM

### AUTHORIZATION FOR EMERGENCY CARE

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

In case of accident or serious illness and the Association is unable to reach me, I hereby authorize the Association to contact the physician listed below and to follow their instructions. If it is impossible to contact this physician, the Association may make whatever arrangements necessary to provide care and treatment for my child. I understand the Association's insurance is to be used as secondary insurance and the Health Care Insurance listed below will be the primary insurance.

In case of accident or serious illness where immediate treatment of my child is not indicated but where he/she is unable to remain at the Association activity, the coach will contact me to arrange transportation for my child. If the Association is unable to contact me, I authorize the Association to contact one of the persons listed below and request them to come to the activity and transport my child home.

Date: \_\_\_\_\_ Parent or Legal Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_

#### Emergency Information:

Father or Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mother or Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group Plan: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy #: \_\_\_\_\_

Person(s) to contact if I cannot be reached.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Record any allergies, major illness, injuries, or operations this participant has had in the past 12 months and give approximate dates.

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

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

# 2023 FREDERICKTOWN-WILLIE DAVIS YOUTH FOOTBALL PROGRAM

THIS FORM OR DOCTOR'S FORM MUST BE DATED AFTER JANUARY 1<sup>ST</sup>, 2023 TO PARTICIPATE

## PHYSICAL EXAMINATION and MEDICAL HISTORY

To Physician: Your careful examination and wellness recommendation will encourage personal fitness and safe participation in strenuous sports activities. Please complete the following physical evaluation and review medical history with subject player.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

DOB: \_\_\_\_\_

Normal		Abnormal	Explanation if Abnormal
<input type="checkbox"/>	Weight _____ lbs.	<input type="checkbox"/>	_____
<input type="checkbox"/>	Height _____	<input type="checkbox"/>	_____
<input type="checkbox"/>	Eyes	<input type="checkbox"/>	_____
<input type="checkbox"/>	Vision	<input type="checkbox"/>	_____
<input type="checkbox"/>	Nose	<input type="checkbox"/>	_____
<input type="checkbox"/>	Throat	<input type="checkbox"/>	_____
<input type="checkbox"/>	Teeth	<input type="checkbox"/>	_____
<input type="checkbox"/>	Lungs	<input type="checkbox"/>	_____
<input type="checkbox"/>	Heart	<input type="checkbox"/>	_____
<input type="checkbox"/>	Blood Press. _____	<input type="checkbox"/>	_____
<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	_____
<input type="checkbox"/>	Hernia	<input type="checkbox"/>	_____
<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	_____
<input type="checkbox"/>	Extremities	<input type="checkbox"/>	_____
<input type="checkbox"/>	Spinal (posture)	<input type="checkbox"/>	_____
<input type="checkbox"/>	Skin	<input type="checkbox"/>	_____
<input type="checkbox"/>	Urinalysis	<input type="checkbox"/>	_____
<input type="checkbox"/>	Allergies	<input type="checkbox"/>	_____
<input type="checkbox"/>	Needs Breathalyzer	<input type="checkbox"/>	_____

Check any of the following illnesses or symptoms that have occurred to the subject player/cheerleader in the past or at the present time:

- ☐ Asthma      ☐ Fainting      ☐ Convulsions      ☐ Diabetes      ☐ Heart Problems      ☐ Headaches
- ☐ Medical Reaction - Describe: \_\_\_\_\_
- ☐ Medication or INHALER, frequency used \_\_\_\_\_
- ☐ Surgery - Describe: \_\_\_\_\_
- ☐ None of the above      Date of last Tetanus Shot: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

I certify that I have reviewed the medical history and examined the subject player and find him/her physically fit to participate in competitive youth sports activities, including contact football.

Physician's Signature: \_\_\_\_\_

Physician's Office Address: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Physician's Official Seal or Stamp: Mandatory

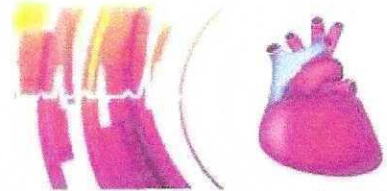
Today's Date: \_\_\_\_\_

\*\*\*\*\*  
TO BE COMPLETED BY ASSOCIATION OFFICIAL

Player Physical Examination and Medical History form reviewed AND approved: ☐ YES ☐ NO      Initials: \_\_\_\_\_



## Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) a heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach **MUST** remove the youth athlete from activity immediately. The youth athlete **MUST** be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest, review the ODH SCA handout and then sign and return this form.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date