



# HAMPTON TORNADOS



## YOUTH FOOTBALL AND CHEERLEADER LEAGUE REGISTRATION FORM

Child's Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Child's D.O.B.: \_\_\_\_\_ Birth Certificate in File w/Tornados: \_\_\_\_\_  
(Y/N)

Age as 7/31/17: \_\_\_\_\_

Parent or Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Apt. # or Street Address) (City) (Zip)

Phone Number: \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home) (Work/Cell)

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### EMERGENCY CONTACT INFORMATION (Person to be contacted if you are unreachable)

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_ ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

My child may participate in all Hampton Tornados Organizational activities:

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

*(Stop and complete reverse side of this form)*

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### ORGANIZATIONAL INFORMATION

Registration Fees Paid: \_\_\_\_\_  
(Date) (Amount) (Receipt No.)

Uniform Rental Fee Paid (if applicable): \_\_\_\_\_  
(Date) (Date of Receipt No.)

Date Uniform Issued: \_\_\_\_\_ Jersey No: \_\_\_\_\_ Size: \_\_\_\_\_

Date Uniform Returned: \_\_\_\_\_



**PLEASE NOTE: REGISTRATION FEE IS NON-REFUNDABLE AND THERE WILL BE A \$25 CHARGE FOR RETURNED/NON-SUFFICIENT CHECKS**



**MEDICAL TREATMENT PERMISSION FORM**

In the event of an emergency occurring while my son/daughter is on a recreation sponsored practice, performance or trip, I grant permission to the recreational facility and its staff to take whatever action necessary. In the event that I cannot be reached, I hereby authorize the recreational facility and/or its employees to give consent for my son/daughter,

\_\_\_\_\_ to receive medical treatment \_\_\_\_\_  
*(Child's Name)* *(Parent/Guardian's Signature)*

\*\*\*\*\*  
*Person to be notified other than parent or guardian in an emergency:*

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_ ( )

Child Physician: \_\_\_\_\_ Contact Number: \_\_\_\_\_ ( )

If you DO NOT grant permission or authorization for consent to medical treatment, what procedure should be followed?

\_\_\_\_\_  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian's Signature* *Date*

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**ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT**  
**(to be completed and signed by parent/guardian)**

I give permission for \_\_\_\_\_ (name of child/ward) to participate in any of the following sports that are not crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swimming/diving, tennis, track, volleyball, wrestling, other (identify sport(s)).

\_\_\_\_\_

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understood that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means.

He/She has student accident insurance available: Yes \_\_\_\_\_ No \_\_\_\_\_ is insured by our family policy with:

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for \_\_\_\_\_ (child/ward) to participate in the sport and travel with the team.

Additionally, I give my consent and approval for the above names student's picture and name to be printed in any \_\_\_\_\_ athletic program, publication or video.

**EMERGENCY PERMISSION FORM**  
**(to be completed and signed by parent/guardian)**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ City: \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies to medications, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has student been prescribed an inhaler or EpiPen? \_\_\_\_\_

Is student presently taking medication? \_\_\_\_\_ If so, what type? \_\_\_\_\_  
\_\_\_\_\_

Does student wear contact lenses? \_\_\_\_\_ Please list date of last tetanus shot \_\_\_\_\_

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**EMERGENCY AUTHORIZATION**

In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of \_\_\_\_\_ (team) to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in an emergency) \_\_\_\_\_

Evening time phone number (where to reach you in an emergency) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

\* *Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.*

I certify all the above information is correct \_\_\_\_\_

*Parent/Guardian's Signature*

## MEDICAL HISTORY

*This form must be completed by parent/guardian prior to the physical examination and should be taken with the physical examination form for review/by the physician during the examination.*

YES

NO

1. Have you ever had any of the following? *Please explain any YES answers.*

\_\_\_\_\_ Heart murmur? \_\_\_\_\_

\_\_\_\_\_ High blood pressure? \_\_\_\_\_

\_\_\_\_\_ Other heart problems? \_\_\_\_\_

\_\_\_\_\_ Broken bones? \_\_\_\_\_

\_\_\_\_\_ Weak joints – ankles, knees? \_\_\_\_\_

\_\_\_\_\_ Concussion? \_\_\_\_\_

\_\_\_\_\_ Operation? \_\_\_\_\_

\_\_\_\_\_ Seizures or epilepsy? \_\_\_\_\_

\_\_\_\_\_ 2. Have you ever fainted or passed out? \_\_\_\_\_

\_\_\_\_\_ 3. Have you ever been knocked out? \_\_\_\_\_

\_\_\_\_\_ 4. Have you ever been hospitalized? \_\_\_\_\_

\_\_\_\_\_ 5. Have you ever had to stop running after ¼ or ½ miles for chest pain or shortness of breath?  
\_\_\_\_\_

\_\_\_\_\_ 6. A. Have you ever had significant allergies to?

\_\_\_\_\_ Bee stings? \_\_\_\_\_ On medication? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Foods? \_\_\_\_\_

\_\_\_\_\_ Medicine? \_\_\_\_\_

\_\_\_\_\_ Others? \_\_\_\_\_

\_\_\_\_\_ B. Do you have a prescription for use of?

\_\_\_\_\_ Adrenaline? \_\_\_\_\_

\_\_\_\_\_ Inhalers? \_\_\_\_\_

\_\_\_\_\_ Other allergy medicine? \_\_\_\_\_

\_\_\_\_\_ C. Do you have asthma? \_\_\_\_\_

\_\_\_\_\_ 7. Do you take any medicine regularly? \_\_\_\_\_

\_\_\_\_\_ 8. Have you had any illnesses lasting a week or more such as mononucleosis, etc?  
\_\_\_\_\_

\_\_\_\_\_ 9. Have you had any blood disorders, including sickle cell trait, anemia, etc.?  
\_\_\_\_\_

\_\_\_\_\_ 10. Has any family member had a heart attach, heart problems or sudden death before the age of 50? \_\_\_\_\_

\_\_\_\_\_ 11. Do you wear contact lenses, eyeglasses or dental appliance? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 12. Do you have any missing or non-functioning organs such as testes, eye, kidney, etc?  
\_\_\_\_\_

\_\_\_\_\_ 13. Do you have any other significant health problems? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 14. Hepatitis B Immunization Series? \_\_\_\_\_

\_\_\_\_\_ 15. Date of last Tetanus Immunization? \_\_\_\_\_

*Parent/Guardian's Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_