

WILLIAM FOLEY FOOTBALL & CHEERLEADING

P.O. Box 2613 Bloomfield, New Jersey 07003

Website www.bloomfieldjrbengals.com

Dear Parents/Guardians

Welcome to the 2020 William Foley League Football & Cheer season. We have expanded our executive board with dedicated people from the ranks of parents like you, to help make our program the best it can be for our children. We are still asking that you ALL get involved in some capacity to make the organization strong and efficient. This is your league and you have a vested interest in it! **Playing time is earned in practice, we are in a competitive travel league! All players that meet practice requirements WILL play. However playing time is NOT equal.** Below is a breakdown of the 2020 fees.

EARLY REGISTRATION FEE MONTH OF APRIL 1st Child: \$150.00 Each additional sibling: \$75.00

LATE REGISTRATION \$175.00 Each additional sibling \$75.00

1-Child Registration	\$150.00 paid up front (BEFORE MAY 2020)
Volunteer Work Bond	\$100.00 (separate check post dated Nov. 1st 2020 WON'T BE CASHED)
Uniform Equipment Security Bond	\$50.00 (separate check post dated Nov. 1st 2020 WON'T BE CASHED)
Each Additional Child	\$75.00 (plus the \$50.00 uniform equip. bond)

WILLIAM FOLEY FOOTBALL LEAGUE

2020 REGISTRATION FORM

CHILD'S NAME _____
(Last Name) (First Name)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ AGE _____

SCHOOL IN SEPTEMBER _____ GRADE IN SEPTEMBER _____

KNOWN ALLERGIES _____

MEDICATIONS TAKEN _____

PRIMARY CONTACT _____ RELATION _____

CONTACT PHONE _____ CELL _____

EMAIL ADDRESS _____

SECONDARY CONTACT _____ RELATION _____

CONTACT PHONE _____ CELL _____

EMAIL ADDRESS _____

Registration Fee: **EARLY REGISTRATION FEE MONTH OF APRIL 1st Child: \$150.00**
Each additional sibling: \$75.00 LATE REGISTRATION \$175.00

\$50.00 Equipment Security (**not cashed—returned when equipment returned**)
\$100.00 Volunteer Work Bond (**not cashed returned when obligation met**)

Required with Registration:	Cheer	Football
Copy of Birth Certificate	1	1
Proof of Residency	1	1
Copy of FINAL report card	1	1
Fee	see above	see above

NOTE: ALL RETURNED CHECKS WILL BE SUBJECT TO A BANK SERVICE CHARGE OF \$25.00 IN ADDITION TO PROPER REGISTRATION FEES.

REGISTRATION FEES ARE NON-REFUNDABLE

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

DO NOT WRITE IN THIS AREA – FOR LEAGUE USE ONLY

REGISTERED BY _____ NUMBER IN FAMILY _____

TOTAL PAID _____ CHECK NUMBER _____ CASH _____

EQUIPMENT DEPOSIT _____ CHECK ONE: _____ **FOOTBALL** _____ **CHEER**

GRADE (CHECK ONE): __Flag __3 __4 __5 __6 __7 __8

SPORT PARENT CODE OF CONDUCT

On September 23, 2000, more than thirty heads of Massachusetts' chapters of national sports and medical associations, educational organizations, and professional associations met at Children's Hospital in Boston to participate in a consensus meeting to develop a sport parent code of conduct for the state. The meeting was convened by the Massachusetts Governor's Committee on Physical Fitness and Sports and the National Youth Sports Safety Foundation, Inc.

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character".

I therefore agree:

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) 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.
7. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also deemphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by official, head coach, and/or head of league organization
- Written warning
- Parental game suspension with written documentation of incident kept on file by organizations involved
- Game forfeit through the official or coach
- Parental season suspension

Parent/Guardian Signature _____ Date _____

Print Childs Name _____

William Foley Football & Cheerleading League

Parent's Permission and Acknowledgment:

I grant permission for my son/daughter to be enrolled as a candidate in the Football/Cheerleading program of the William Foley Football League.

Realizing that activity in this sport involves the potential for injury which is inherent in all sports, I/We acknowledge that even with the best coaching, use of protective equipment and observance of rules, physical hazards may be encountered and injuries, which on rare occasions can be severe, are still a possibility. I/We acknowledge that I/We have read and understand this warning.

Use of photo

I grant permission the use of my child's photo on William Foley League website, NJSYFL and newspapers and advertising material.

Accident and Injury Reporting Procedures

1. Any injury must be reported to the coach as soon as possible.
2. Any injury requiring emergency attention will be referred immediately to emergency medical services and parental notification will be given as soon as possible.

Equipment Usage and Responsibility to Return

1. All cheer uniforms shall only be professionally DRY CLEANED. Parent/Guardian is responsible for any discoloration or damage to uniform. And will be charged with the current cost of **new** to replace uniform.
2. All football equipment shall NOT be altered in any way and Parent/Guardian understands that by doing so may damage and void out manufactures warranty. They also understand that other than normal wear and tear will be responsible for replacement at current cost of **new** equipment.
3. Parent/Guardian understands that **all** cheerleading and football uniforms and equipment is the sole property of the William Foley League, and is on loan only and must be returned on demand. Failure to do so will be loss of security deposit and billed the cost of replacement of **new** items missing and or damaged at current cost.

Parent/Guardian Signature _____

Date: _____

Print Child's Name _____

WILLIAM FOLEY PARENT COMMITMENT ACKNOWLEDGEMENT

It is understood that as the parent/guardian of a Foley football player or cheerleader that I am obligated to volunteer for 3 events which are outlined below. Failure to meet these commitments will result in forfeiture of your \$100 work bond check.

- 1- Must work 1 Foley football league game concession stand or chain crew on game day (limited slots for chain crew 3 people per game)
- 2- Must work 1 Bloomfield High School football game concession stand.
- 3- Must work 1 Beg-A-Thon

Also it is understood that for every \$500 sponsor you get ONE child registration will be free. All registration fees will be paid up front and once we get sponsor fee you will be reimbursed your registration fee via Foley league check.

Participant Name _____
(print)

Parent/Guardian _____
(print)

Parent/Guardian _____
(signature)

Date _____

William Foley Football League

2020 Medical Clearance Form

Note: This is a 2 section form. Section 1 **MUST** be completed by Parent/Guardian, section 2 **MUST** be completed by a medical professional **ONLY!**

Section 1: FOR PARENT/GUARDIAN COMPLETION ONLY

Legal name of participant (must match birth certificate) _____

Last _____ First _____ Middle _____

Street Address _____

City _____ State _____ Zip _____

Telephone No. _____ Date of Birth _____ Male _____ Female _____

Primary Medical Insurance Co. _____ Policy # _____

Membership _____ Name of Primary Insured _____

Sport (check one) _____ Cheer _____ Football _____

PARTICIPANT MEDICAL HISTORY

- | | |
|---|--------------------|
| 1. Are there any injuries requiring medical attention? | Yes _____ No _____ |
| 2. Are there any past surgeries or schedule surgeries? | Yes _____ No _____ |
| 3. Is the participant currently under the care of a medical practitioner? | Yes _____ No _____ |
| 4. Is the participant currently taking any medications? | Yes _____ No _____ |
| 5. Does the participant have any allergies (penicillin, bee stings, etc.) | Yes _____ No _____ |
| 6. Does the participant have asthma/require the use of an inhaler? | Yes _____ No _____ |
| 7. Is the participant diabetic/require medication for diabetes? | Yes _____ No _____ |
| 8. Does the participant currently require medication? | Yes _____ No _____ |
| 9. Does/has the participant have/had seizures? | Yes _____ No _____ |
| 10. Does the participant wear glasses or contact lenses? | Yes _____ No _____ |
| 11. Does the participant wear a brace or other medical support device? | Yes _____ No _____ |
| 12. Does the participant have any other physical limitations or medical conditions? | Yes _____ No _____ |

If you answered yes to any of the above questions, please provide the question number and an explanation below. If needed write on back also.

I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it is my responsibility to obtain written permission from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

Signature of Parent/Legal Guardian _____

Print Name _____

Relationship to Participant _____ Date _____

William Foley Football League

2020 Medical Clearance Form

Section 2: THIS SECTION MUST BE COMPLETED ONLY BY A MEDICAL PROFESSIONAL

Name of Participant _____

(Please check the following if healthy or note otherwise)

___ Height	___ Weight	___ Eyes
___ Ears	___ Mouth	___ Nose & Throat
___ Respiratory	___ Cardiovascular	___ Neurological
___ Muskoskelatal	___ Dermatological	___ Blood Pressure

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participation in William Foley Football & Cheerleading. I hereby swear and attest that this individual is physically fit and have found no medical reason which would prevent this individual from safely participating in William Foley activities for the 2020 season. I am clearing this individual for athletic participation without limitation.

Please place medical professional stamp here or fill out the following COMPLETELY:

Signed _____ Date _____

Print Name _____

Please indicate medical profession (M.D. D.O. R.N., etc.) _____

Complete this section or medical professional's stamp may be placed below.

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax Number _____

Section 2 MUST be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc.)