

# NORTHMONT WEE-BOLTS FOOTBALL AND CHEER ORGANIZATION



## 2018 SEASON REGISTRATION FORM

All Fees are due at time of registration  
 Checks payable to: Northmont Wee-Bolts Football and Cheer  
 Mail to: P.O. Box 118 Englewood, Ohio 45322  
 Questions? Visit [www.WeBolts.com](http://www.WeBolts.com) -or- E-mail: [Secretary@WeeBolts.Com](mailto:Secretary@WeeBolts.Com)

**EARLY REGISTRATION DISCOUNT ENDS:**  
**MARCH 31<sup>ST</sup>**  
**FINAL REGISTRATION DEADLINE IS:**  
**JULY 1<sup>ST</sup>**  
**FIRST DAY OF PRACTICE IS:**  
**JULY 23<sup>RD</sup>**

# of Children Registering:	With Early Reg. Discount (before March 31 <sup>st</sup> )	Registration Fees (April 1 <sup>st</sup> – July 1 <sup>st</sup> )
1 child	\$100 (save \$25)	\$125
2 children	\$150 (save \$50)	\$200
3 children	\$200 (save \$75)	\$275
4 (+) children	\$250 (save \$100)	\$350

Please complete one form for each child participating

Participant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_

Registering for SPORT: Football \_\_\_\_\_ Cheer \_\_\_\_\_ CHEER ONLY: (circle camp t-shirt size) YS YM YL AS AM AL AXL

Grade (Fall 2018) \_\_\_\_\_ School \_\_\_\_\_ Date of Birth (MM/DD/YY) \_\_\_\_\_ Age \_\_\_\_\_

\*\*\*Child must physically live within the boundaries of the Northmont school district and be entering the 1<sup>st</sup> through 6<sup>th</sup> grades for the 2018/2019 school year\*\*\*

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Information (if the parent/guardian cannot be reached):

Name \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Cell or work No: \_\_\_\_\_

Did this child participate in the 2017 Season? YES / NO If yes, Team Color: \_\_\_\_\_

**Would you like your child/children placed back in the draft for the 2018 season?**

This is NOT a guarantee that your child/children will not be drafted by the same color team as they have been on in past years.

**All children within the primary family must be on the same color. Therefore, placing one child back into the draft will place the remaining children back in the draft as well.** Per our draft guidelines, higher grades are drafted first, then younger siblings will be placed accordingly. ***This option is only available during the initial registration process and decision made is IRREVOCABLE***

Parents' initials: \_\_\_\_\_ YES, please put my child BACK INTO THE DRAFT for the 2017 season.

Initial only \_\_\_\_\_ NO, please LEAVE MY CHILD ON SAME COLOR / TEAM played on DURING THE 2017 season.

ONE choice \_\_\_\_\_ N/A – my child did not participate in the 2017 season

Number of children registering total from your primary family for the 2018 season: (circle one) **1 2 3 4 or more**

If registering more than one child, please list name(s) and grade(s) of other children:

(Example: Brother 4th, Sister 6th)

### Include annual fundraiser BUYOUT in registration costs?

If you would like to *not participate in the 2018 Wee-Bolts organization fundraiser* you can **add the fundraiser buyout** to your early registration fee. The buyout will be \$75 per participant. **Include buyout now to include an additional \$75 buyout fee with registration fee?**

Yes / No



### Do you have any interest in Volunteering to be a Coach? Yes / No



IF YES, please select any interested Coaching & Team Level Volunteer Options: (if positions are needed to be filled)

Head Football Coach \_\_\_\_\_ Football Asst. Coach \_\_\_\_\_ Head Cheer Coach \_\_\_\_\_ Asst Cheer Coach \_\_\_\_\_

*Coaching positions must be able to pass a background check, go through an interview process, and attend all required training dates*

**Please list Volunteer Name(s), email, and Phone # for contact purposes:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Mail In / In-Person Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_ \$ Type: Cash \_\_\_\_\_ Money Order/Check # \_\_\_\_\_ Buy-out Paid at Registration: YES / NO

FB / CHR Player Grade: Bantam 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> New Player / Returning Player's Prior Year Color: \_\_\_\_\_

Sibling Grade(s) FB \_\_\_\_\_ CHR \_\_\_\_\_ FB Redraft Selected: YES / NO

# **WEE-BOLTS FOOTBALL & CHEER ORGANIZATION 2018 REGISTRATION RULES AND POLICIES**

**PLEASE READ, INITIAL AND SIGN & DATE BELOW: (initial acceptance of each)**

## **Initial \_\_\_\_\_ EQUIPMENT POLICY**

I am responsible for the return or replacement of all equipment and/or properties of the Northmont Wee Bolt Football & Cheerleading organization that my child is loaned. It is to be in clean, good condition upon its return. I am responsible any required cleaning cost or the replacement cost of any item not returned by December 1, 2018. A bill of \$150 for cheer and \$350 for football could be assessed to me for failure to return said items.

*Football parents are responsible for the purchase of shoulder pads, athletic supporter (with cup), cleats, socks, and mouthpiece (non-clear color).*

*Cheer parents are responsible for purchasing anything needed for their child other than a vest, skirt, shoes and warm up suit.*

## **Initial \_\_\_\_\_ FUNDRAISING REQUIREMENTS POLICY**

I understand that failure to turn in fundraiser minimums/buy-out money by the designated deadline will result in my child sitting out of games until said monies are paid.

## **Initial \_\_\_\_\_ ADDITIONAL COSTS & GRADE TEAM FEES**

I understand that there will be additional costs to support my child's participation in football or cheer. Examples of additional costs include, but are not limited to: team socks, fish fry tickets, game snacks, end of season party, etc. **There WILL be additional monies collected by each team, other than just your registration and organizational fundraiser!**

**Initial \_\_\_\_\_ REGISTRATION FEES & REFUND POLICY** I understand there will be no refunds after cheer camp / football conditioning begin.

## **Initial \_\_\_\_\_ EMERGENCY MEDICAL AUTHORIZATION:**

I hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and all Wee Bolt/Gem City Youth Conference (GCYC) activities.

## **Initial \_\_\_\_\_ 2018 PHYSICAL REQUIREMENT**

I understand that prior to cheer camp or football conditioning, I must submit a completed physical form for my child. I also understand that the physical must have been performed in the 2018 calendar year and be submitted on the form provided by the Wee Bolt Organization.

## **Initial \_\_\_\_\_ FAMILY CODE OF CONDUCT**

*Applies to all members of the participant's family, including but not limited to parents, guardians, step-parents, grandparents, siblings.* Parents are vital to the development of young athletes. Whether sitting in the stands or helping out as a volunteer, parents must set a positive example. Parents and adults involved in youth sports should be models of good sportsmanship and lead by example on and off the playing field.

**All player family members expected to abide by the following code of conduct:**

- Give constructive criticism during a private moment, never in front of other parents, players, officials, spectators, etc.
- Support the coaches, players and officials and help teach the value of commitment to the teams, sportsmanship, ethical conduct and fair play.
- Refrain from "sideline coaching" from the stands. Parents must stay off the field and remain under control in order to set a good example for players and other spectators.
- Demand a sports environment for my child that is free from drugs, alcohol, tobacco, and profanity and I will refrain from their use at all practices, games, functions and youth sports events.
- Abide by a doctor's decision in all matters of players health and injuries and physical ability to play.
- Accept the decisions of officials on the field as being fair and called to the best ability of the officials.
- Do not criticize an opposing team, its players, fans, coaches or team by words or gestures. Parents will not encourage their child or any other person to engage in unsportsmanlike conduct with any coach, parent, player, participants, officials or any other attendee.
- Inappropriate behavior or language is cause for immediate ejection from any Wee-Bolts practice, game or sponsored event. Repeat offenses will result in being banned from future games and league sponsored activities.
- I understand that by failing to abide by the Parents Code of Ethics will result in my expulsion from the stadium and possibly all GCYC functions.

## **OHIO'S RETURN-TO-PLAY LAW – WHAT A PARENT/GUARDIAN NEEDS TO KNOW**

Coaches, referees, or officials must **remove an athlete from play** if the athlete is exhibiting the signs and symptoms of a concussion during practice or a game. These include:

- |  |  |  |             |
|--|--|--|-------------|
| • Appears dazed or stunned   | • Double or blurry vision                          | • Nausea or vomiting                       | • Confusion |
| • Answers questions slowly   | • Does not "feel right."                           | • Trouble falling asleep                   |             |
| • Balance problems or dizziness  | • Can't recall events before or after hit or fall. | • Sensitivity to light and/or noise        |             |
| • Concentration or memory problems   | • Sleeping more or less than usual.                | • Loses consciousness (even briefly)       |             |
| • Feeling sluggish, hazy, foggy or groggy  | • Is unsure of game, score or opponent.            | • Is confused about assignment or position |             |
| • Any headache or "pressure" in head. (How badly it hurts does not matter.)                          |  | • Forgets plays                            |             |
| • Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional) |  | • Moves clumsily                           |             |

**Initial \_\_\_\_\_** I understand as a parent/guardian to \_\_\_\_\_ that if a Coach, Referee, Game Official or another representative of The Northmont Wee Bolt Football & Cheer Organization or the GCYC determines that my child is exhibiting the signs and symptoms of a concussion during practice or a game (football or cheer) the following guidelines must be followed:

- The athlete **cannot** return to play on the same day that the player is removed.
- The athlete **is not permitted** to return to play until they have been assessed and receive written clearance by a physician (MD or DO) or by any other licensed health care provider approved by the youth sports organization.

By signing below I acknowledge the information I have provided on the registration form is complete and accurate. I also understand that by signing this form, I acknowledge that I have read, understood and agree to all the rules, policies and code of conduct. I agree to abide by the **rules** and **decisions** of the Northmont Wee Bolt Football and Cheerleading Organization, as well as the Gem City Youth Conference. I fully understand the risks involving personal injury, which may arise during the course of the football program, and voluntarily assume any and all such risks. I hereby release the Northmont Wee Bolt Football and Cheer Organization and the officers, coaches, and directors of all fields and facilities for any and all injuries that may occur during games, practice, and traveling to and from the game.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME \_\_\_\_\_