

Mighty Knights Player Information Form

Player Information

Full Name: _____

Date of Birth: _____

Address: _____

City, State, ZIP Code: _____

Phone Number: _____

School: _____

Grade: _____

Medical History

Allergies: _____

Current Medications: _____

Past Injuries (Please include dates):

Any known medical conditions:

Are there any restrictions on physical activity? (If yes, please specify):

Parent/Guardian Information

Parent/Guardian 1 Full Name: _____

Relationship to Player: _____

Phone Number: _____

Email Address: _____

Address (if different from player's):

Parent/Guardian 2 Full Name: _____

Relationship to Player: _____

Phone Number: _____

Email Address: _____

Address (if different from player's):

Emergency Contact Information (Other than Parent/Guardian)

Emergency Contact Full Name: _____

Relationship to Player: _____

Phone Number: _____

Email Address: _____

Physician Contact Information

Physician's Full Name: _____

Physician's Phone Number: _____

Physician's Address: _____

Consent and Agreement

I hereby give permission for my child to participate in the youth football program. I understand that football is a physical sport and there are inherent risks involved. I have provided accurate and complete information regarding my child's medical history.

Parent/Guardian Signature: _____

Date: _____

Mighty Knights Sports Liability Waiver (Informed Consent)

Liability Waiver and Informed Consent

Participant's Name: _____

Parent/Guardian's Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Email: _____

Acknowledgment of Risk and Consent to Participate

I, the undersigned, as the parent/guardian of the above-named participant, acknowledge and understand that participation in youth football involves the risk of injury, including but not limited to, concussions and other head injuries. I acknowledge that:

1. Football is a contact sport that inherently involves a risk of injury.
2. Injuries, including concussions, can occur despite proper equipment, safe play techniques, and coaching.
3. Concussions are serious and can have long-term health consequences if not properly managed.

Assumption of Risk

I voluntarily agree to allow my child to participate in youth football and assume all risks, known and unknown, associated with the sport. I understand that while efforts will be made to ensure the safety and well-being of all participants, injuries can and do occur.

Consent for Medical Treatment

In the event of an injury, I consent to my child receiving appropriate medical treatment. I understand that it is my responsibility to inform the coach and medical personnel of any pre-existing medical conditions or concerns.

Concussion Awareness

I have received and read the Concussion Education Materials provided by the team. I understand:

1. The nature and risks of concussions.

2. The symptoms of concussions and the importance of recognizing them.
3. The procedures for responding to suspected concussions, including the action plan of removing the athlete from play and seeking medical attention.
4. The necessity of obtaining written clearance from a licensed physician before my child can return to play after a suspected concussion.

Liability Waiver

In consideration of allowing my child to participate in youth football, I, on behalf of myself and my child, hereby release, waive, and discharge the team, its coaches, volunteers, and affiliated organizations from any and all liability for injuries, including concussions, that may occur during participation in practices, games, or other activities associated with the team.

Agreement to Follow Protocols

I agree to follow all team protocols and procedures related to injury prevention, recognition, and management, including those specifically related to concussions. I understand that failure to comply with these protocols may result in my child being removed from participation for their safety.

Confirmation of Informed Consent

By signing below, I confirm that I have read and understand this waiver and the Concussion Education Materials. I acknowledge the risks involved in youth football and agree to the terms outlined above. I confirm that I have informed my child of these risks and the importance of following safety protocols.

Parent/Guardian Signature: _____

I have received a copy of the Concussion Education Materials for Mighty Knights Youth Football Team.

Parent/Guardian Initials: _____

Date: _____

Participant's Signature (if 12 years or older): _____

Date: _____

Coach's Signature: _____

Date: _____

This waiver is intended to be legally binding. If any part of this document is found to be invalid, the remaining provisions shall remain in effect.

Concussion Education Materials

Introduction

Concussions are a serious concern in youth football. As participants, parents, and coaches, it is essential to understand the risks, prevention methods, symptoms, and recovery process associated with concussions. This guide aims to provide comprehensive information to ensure the safety and well-being of our athletes.

1. Understanding Concussions

A concussion is a type of traumatic brain injury (TBI) caused by a blow to the head or body, a fall, or another injury that jars or shakes the brain inside the skull. Concussions can have serious, long-term consequences if not properly managed.

Potential Consequences:

- Memory problems
- Difficulty concentrating
- Mood changes
- Headaches
- Dizziness
- Long-term cognitive impairment

2. Prevention and Preparedness

While it is impossible to eliminate the risk of concussions entirely, there are steps we can take to minimize the risk:

a. Proper Equipment:

- Ensure all athletes wear properly fitted helmets and protective gear.
- Regularly inspect and maintain equipment.

b. Safe Play Techniques:

- Teach and enforce safe tackling and blocking techniques.
- Discourage aggressive or dangerous play.

c. Educate and Train:

- Educate athletes, parents, and coaches about the risks of concussions.
- Train coaches in recognizing and responding to concussion symptoms.

d. Environment:

- Ensure the playing field is safe and well-maintained.

- Monitor weather conditions to avoid extreme heat or cold.

3. Recognizing Concussion Symptoms

Symptoms of a concussion can vary and may not appear immediately. It is crucial to recognize the signs and respond promptly.

Common Symptoms:

- Headache or "pressure" in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, foggy, or groggy
- Confusion or memory problems
- Just not "feeling right" or "feeling down"

4. How to Respond to a Suspected Concussion

If a concussion is suspected, it is vital to take immediate action. We have an action plan that includes:

a. Immediately Remove the Athlete from Play or Practice:

- Immediately remove the athlete from the game or practice.
- Do not allow the athlete to return to play the same day.

b. Seek Medical Attention:

- Have the athlete evaluated by a healthcare professional experienced in treating concussions.
- Follow the healthcare professional's advice and instructions.

c. Keep the Athlete Out of Play or Practice Until Written Clearance:

- The athlete must provide written clearance from a licensed physician before returning to play or practice.

d. Confirm Sports Liability Waivers (Informed Consent):

- Ensure sports liability waivers are secured from parents and/or players, indicating they are informed about the risks and protocols related to concussions.

e. Inform and Educate:

- Inform the athlete's parents or guardians about the injury.

- Educate them on the symptoms and importance of monitoring the athlete.

f. Monitor Symptoms:

- Keep a close watch on the athlete's symptoms over the next few days.
- Ensure the athlete avoids physical and cognitive activities that can worsen symptoms.

5. Steps for Returning to Play

Returning to play after a concussion should be a gradual process overseen by a healthcare professional:

a. Rest and Recovery:

- Complete rest from physical and mental activities until symptoms resolve.

b. Gradual Return to Play Protocol:

1. **Symptom-Limited Activity:** Begin with light physical activity, such as walking or stationary cycling.
2. **Light Aerobic Exercise:** Progress to moderate intensity exercise that doesn't cause symptoms.
3. **Sport-Specific Exercise:** Begin non-contact training drills.
4. **Non-Contact Training Drills:** Increase intensity of sport-specific drills.
5. **Full-Contact Practice:** Participate in normal training activities.
6. **Return to Play:** Resume full participation in games and practices.

c. Monitoring and Assessment:

- Continuously monitor the athlete's symptoms during each step.
- Ensure a healthcare professional evaluates the athlete before full return to play.

Conclusion

Understanding and managing the risk of concussions is crucial in youth football. By focusing on prevention, recognizing symptoms, responding appropriately, and following a structured return-to-play protocol, we can help keep our athletes safe and healthy. Let's work together to protect our young athletes and promote a safer sports environment.

For More Information:

- CDC Heads Up: Concussion in Youth Sports
- USA Football: Concussion Awareness and Education
- National Federation of State High School Associations (NFHS): Concussion Resources

By staying informed and proactive, we can minimize the risk of concussions and ensure the well-being of all participants in our youth football program.

Attendance Policy

Purpose:

To ensure consistent attendance at practices and games, promoting team cohesion, skill development, and a strong work ethic among players.

1. Policy Overview

This policy outlines the expectations for player attendance at practices and games, as well as the consequences for unexcused absences.

2. Attendance Expectations

Practices: Players are expected to attend all scheduled practices. Regular attendance is crucial for the development of individual skills and team dynamics.

Games: Players are required to attend all scheduled games. Missing games disrupts team performance and affects overall team morale.

3. Reporting Absences

Excused Absences: Parents or guardians must notify the coach at least 24 hours in advance if a player will be absent due to illness, family emergencies, or other valid reasons.

Unexcused Absences: Failure to notify the coach in advance will result in the absence being considered unexcused.

4. Consequences for Unexcused Absences

First Offense: The player will receive a verbal warning and a reminder of the attendance policy.

Second Offense: The player will be benched for the next game.

Third Offense: The player will be suspended from participating in two consecutive games.

Fourth Offense: A meeting will be held with the player, parents, and coaching staff to discuss further disciplinary actions, which may include suspension for the remainder of the season.

5. Tardiness

Players are expected to arrive on time for practices and games. Repeated tardiness will be addressed as follows:

First Offense: Verbal warning.

Second Offense: Additional conditioning or practice drills.

Third Offense: Benching for part of the next game.

6. Communication and Documentation

All absences and tardiness will be documented by the coaching staff.

Parents and players will be informed of their attendance status and any resulting consequences in a timely manner.

7. Special Circumstances

Special circumstances that may affect attendance will be considered on a case-by-case basis. The coaching staff will work with families to find reasonable solutions.

8. Review and Acknowledgment

This policy will be reviewed with all players and parents at the beginning of each season.

Players and parents must sign an acknowledgment form indicating they understand and agree to the attendance policy and its consequences.

Acknowledgment:

I have read and understand the East Feliciana Mighty Knights Attendance Policy. I agree to adhere to the attendance requirements and understand the consequences for unexcused absences and repeated tardiness.

Player Name: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____

Code of Conduct

As a participant in the Mighty Knights organization, I agree to uphold the following standards of conduct:

1. Respect: I will show respect towards coaches, teammates, opponents, officials, and spectators at all times.
2. Sportsmanship: I will demonstrate good sportsmanship and refrain from any form of bullying, taunting, or negative behavior.
3. Commitment: I will attend all practices and games on time, fully prepared to participate.
4. Integrity: I will play fairly, follow all rules, and represent the Mighty Knights with honor.
5. Responsibility: I will take care of my equipment and respect the facilities used for practices and games.
6. Communication: I will communicate respectfully with my coaches and address any concerns appropriately.

I understand that failure to adhere to this Code of Conduct may result in disciplinary actions, including suspension or dismissal from the team.

Participant's Name: _____

Participant's Signature: _____

Date: _____

Parent/Guardian Signature: _____

Mighty Knights Media Release Form

I, the undersigned, hereby grant the Mighty Knights organization permission to use my child's name, likeness, image, voice, and/or appearance as may be embodied in any photos, videos, or audio recordings taken during Mighty Knights events or activities. This includes, but is not limited to, promotional materials, social media posts, newsletters, and website publications.

I understand and agree that:

- These materials may be used for a variety of purposes including promotional efforts and event documentation.
- I will not receive any compensation for the use of these materials.
- My child's participation and name may be revealed in descriptive text or commentary.

I further release and hold harmless the Mighty Knights organization, its representatives, and volunteers from any claims, demands, or causes of action arising out of the use of these materials.

This consent is granted indefinitely unless revoked in writing.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Contact Information: Phone: _____

Email: _____

☐ I do not consent to the use of my child's image or likeness in any media materials produced by the Mighty Knights organization.

Practice Conduct & Post-Practice Procedures

To ensure a safe and organized environment for all participants, the following rules must be followed during and after practice:

Post-Practice Dismissal

- After practice, all players and cheerleaders must gather their personal belongings and equipment and head directly home or to their guardian.
- No lingering, horseplay, or loitering in the practice area, parking lot, or surrounding areas.
- Coaches and staff are not responsible for supervising children after practice ends.

No Horseplay Policy

- Horseplay is strictly prohibited at all times, including during water breaks.
- Players and cheerleaders should take water breaks seriously, hydrate, and return to practice promptly.
- Water bottles must be kept in designated areas and should not be left scattered around the practice field.

Late Pickup Policy

- Parents/guardians must pick up their child on time after practice.
- If a parent leaves and returns, they must arrive by the scheduled dismissal time.
- Late Pickup Fees:
 - First offense: Verbal warning
 - Second offense: \$10 late fee
 - Third offense: \$20 late fee and suspension from practice and games until the fee is paid

Tardy Policy

- Players and cheerleaders are expected to arrive on time for practice.
- After three tardies, the player or cheerleader will face disciplinary action as determined by the coaching staff.

Cell Phone Policy

- **No cell phones are allowed during practice or water breaks.**
- If a player or cheerleader brings a cell phone to practice, it must remain stored away and not used during practice.
- If a phone is used during practice, it will be collected by the coach and returned after practice.

By signing, parents and participants acknowledge these rules and agree to adhere to them.

Participant Name: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____

Guest Entry Policy

Purpose:

To ensure the safety and well-being of all players, coaches, families, and spectators, the Mighty Knights Youth Football & Cheer program enforces the following guest entry policy at all team events, including practices, games, and fundraisers.

1. Restricted Entry & Removal

- a. Any individual with a valid restraining order or legal restriction against them in relation to a player, coach, or team member will not be allowed entry to team events.
- b. Individuals who have been involved in prior disruptions, altercations, or have been notified by team leadership that they are no longer welcome may also be denied entry.
- c. Any guest refusing to leave when asked will result in law enforcement being contacted immediately.

2. Enforcement Process

- a. Parents or guardians who have obtained a restraining order must provide a copy to team leadership before the event.
- b. Team leadership will coordinate with the venue staff, security personnel, or local law enforcement to enforce the order as needed.
- c. Gate attendants and volunteers will be given clear instructions on who is restricted from entry and how to escalate concerns.

3. General Conduct & Safety

- a. All attendees must conduct themselves respectfully.
- b. Any behavior deemed threatening, aggressive, or disruptive will result in removal from the premises.
- c. Law enforcement may be called at the discretion of team leadership for any situation that poses a safety risk.

4. Compliance with Venue Policies

- a. As we utilize facilities such as Slaughter Community Charter School, all attendees must comply with school policies in addition to team policies.
- b. The team reserves the right to modify or enforce additional entry restrictions in coordination with venue administrators.

5. Final Authority

Decisions regarding entry and removal are at the sole discretion of the Mighty Knights Board of Directors and coaching staff in accordance with legal guidelines.

Participant Name: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____