



Wee Panther Football, Inc.

What is needed to play: The following information is provided to inform you as to what is needed or expected of all participants of Springboro Wee Panther football, Inc.

1. **Must bring three copies of the registration, emergency medical and birth certificate along with \$ 150.00 check to registration made payable to Wee Panther Football, Inc.**
2. **All participants must have an updated physical and turn in a copy, prior to first day of practice.**
3. **All participants must wear a mouth dental guard at all practices and games. Mouthpiece must be of a solid color and may not be clear or white in color.**
4. **All male players must wear a hard protective cup; female players must wear a hard or soft cup.**
5. **All participants must provide a pair of pure white football pants with the pads in them.**
 - a. **Game pants are to be pure white, no color to be used**
 - b. **Pants may be purchased at Get Game, Tuffy Brooks or Dicks sporting goods.**
6. **All participants must wear molded plastic or rubber cleats, no screw in cleats.**
7. **No refunds will be provided for a player that decides not to play after the first week of practices. All refunds will be issued at the conclusion of the season and when all equipment has been returned to the organization minus the cost of the jersey. The jersey is the players to keep.**
8. **At the conclusion of the season all equipment will be collected for all grades on the designated turn in date.**
 - a. **All equipment must be clean and free of mud.**
 - b. **All helmets must be free of all decals.**
 - c. **A \$50.00 dollar late fee will be assessed to those failing to turn in the equipment on the designated collection day.**

This form needs to be signed in the presence of an organization member.

Parent/Legal Guardian _____ **date** _____

Organizational Rep _____ **date** _____

Mission Statement:

It shall be the goal of the Wee Panthers Football INC to provide informed coaches that will promote the teaching of fundamentals, good sportsmanship, pride in belonging to a program and make it enjoyable to all, while at the same time give the participants and equal opportunity to learn through more manageable team sizes. **“Putting Kids on the Field”**

Wee Panther Football Emergency Medical Authorization

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under Wee Panther Football authority, when parent or guardians can not be reached: **Please use blue or black ink to complete.**

Participants name: _____ Sex: M F
Address: _____ Zip Code: _____
Home Phone: _____ Grade: _____ Date of Birth: ____/____/____

Father's Name: _____ Work Phone: _____
Address if different: _____ Home Phone: _____
E-mail Address: _____ Cell Phone: _____

Mother's Name: _____ Work Phone: _____
Address if different: _____ Home Phone: _____
E-mail Address: _____ Cell Phone: _____

Guardian's Name: _____ Work Phone: _____
(If other than parents)
Address: _____ Home Phone: _____
E-mail Address: _____ Cell Phone: _____

Person(s) who may be notified and to whom your child may be released in the event you can not be reached.

- 1. _____ Relationship: _____ Phone: _____
- 2. _____ Relationship: _____ Phone: _____
- 3. _____ Relationship: _____ Phone: _____

Medical History: please print

Does the participant wear an orthodontic appliance? _____ If yes what type? _____

Does the participant wear eyeglasses / contact lenses? _____ If yes to glasses do they have a **non-metal frame**? _____

Does the participant have asthma? _____ Use inhaler for their asthma? _____ How often? _____

Does the participant have any allergies that may affect their playing football? _____ If yes please explain: _____

Does the participant take any medications that may affect their playing football? _____ If yes please explain: _____

Preferred Doctor: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Preferred Hospital: _____

Part 1- To Grant Consent

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor or in the event the designated preferred practitioner is not available by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Date: _____ Signature of Parent / Guardian: _____

Part 2- To Refuse Consent

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Wee Panther Football Association to take NO action or to:

Date: _____ Signature of Parent / Guardian: _____

WEE PANTHER FOOTBALL REGISTRATION FORM

Player Information: Please print

Name: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: ____/____/____ Grade level in **UPCOMING FALL**: _____

Prior WPFI Experience years# _____ Team from last year _____

Name and grade of any siblings' participating _____

Preferred Jersey Numbers 1st choice _____ 2nd _____ 3rd _____ 4th _____

Jersey number will be assigned by the organization; selection of number does not guarantee that participant will get that number.

Parent Information: Please Print

Father: _____ E-mail: _____ Cell: _____

Address if different than participant: _____

Mother: _____ E-mail: _____ Cell: _____

Address if different than participant: _____

Wee Panther Football is a volunteer program. This means the association depends on volunteers to operate our program. Please indicate how you and your spouse will volunteer your time to help the association during the season. **Everyone is expected to volunteer during the season.**

Coaching: _____ Concession stand worker: _____ Clock operator: _____ Game Announcer: _____

Anything needed: _____ Equipment: _____ Fundraising: _____ Program: _____

****ANY INCORRECT INFORMATION ON ANY FORMS MAY BE GROUNDS FOR DENIAL OF PARTICIPATION****

As parent or legal guardian of the named child, I consent to his/her participation in the Wee Panther Football Inc. I, individually as a parent or legal guardian of my child, hereby give my approval for my child to participate in any and all WPFI / WOJFC activities. I understand that I am responsible for the care of all equipment (including uniforms) issued to my child. I agree to return all equipment belonging to WPFI upon request, and to replace any missing or damaged items. **If the equipment is not returned, I understand that I will be billed for the amount to purchase a new set of equipment to replace the ones originally issued.**

I release any WPFI officials, directors, coaches, members, supervision staff, representatives, or participants from any and all liability for injury received by my child while participating in, traveling to, or from any sponsored WPFI /WOJFC event.

I also understand that by signing this form, I acknowledge that I have read, understood, and agree to all of the rules, policies, and terms included with this registration for the 2009 WPFI season.

Parent(s) / Legal Guardian(s): _____ Date: _____

Association Use Only:

Jersey Size: _____ Helmet: _____ Shoulder Pads: _____ Height _____ Weight _____

Fee Received: _____ Cash / Check: _____ Witness: _____

Western Ohio Junior Football Conference

Parents' Code of Ethics

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents' Code of Ethics:

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at all WOJFC practices, games, functions and youth sports events.

I will place the emotional and physical well being of my child ahead of my personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.

I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.

I will 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 WOJFC practices, games, functions and youth sports events.

I will remember that the game is for youth - not adults.

I will do my very best to make youth sports fun for my child and all of the children of the WOJFC.

I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

I will help my child enjoy the youth sports experience by conducting myself in a positive manor that sets a good example for children at all WOJFC practices, games, functions and youth sporting events, by doing whatever I can, such as being a respectful fan, and providing assistance where needed.

I agree to follow all of the rules and guidelines set down by my organization and by the Western Ohio Junior Football Conference to which my organization belongs and abide by the decisions handed down by those organizations.

Child's Name: _____ **Team/Squad:** _____

I, the undersigned, have read and agree to comply with the above and understand that both my child's and my participation in the Western Ohio Junior Football Conference is subject to this agreement.

(Note: Both parents are required to sign. In the event of a single parent household, simply indicate so in the second signature block. In the event of multi-family/joint custody households, both parents may sign a single form or an additional form can be provided.)

Parent or Guardian Signature

Printed Name:
Signature:
Date:

Parent or Guardian Signature

Printed Name:
Signature:
Date: