



WEST POINT CITY RECREATION

WFFL Registration Packet

This checklist is to help you prepare to register your child for contact football. All items listed below are required for registration except the physical. **No partial registrations will be taken.**

Participants Name: _____ Weight: _____

Birth Date: _____ Age: _____

Preferred Number _____ 2nd Choice _____ Shirt Size _____

- Registration Fee (130.00)
- Birth Certificate On file (if you played last year)
- Proof of Insurance (copy of your current medical insurance card)
- Proof of Residence *
- Concussion Agreement
- Signed Participation Agreement
- Physical (July 30th) must be on file to receive equipment.

*Additional forms may be necessary if last name on birth certificate does not match last name on utility bill i.e. marriage license, adoption papers, residency verification ect.



WEST POINT CITY RECREATION
WFFL FOOTBALL REGISTRATION
 Player/Parent Registration Form

Name of Player _____ Male _____ Female _____
 Address _____ City _____
 Mother's Name _____ Father's Name _____
 Mother's Cell # _____ Father's Cell # _____
 Mother's Email _____ Father's E-mail _____
 Player's School _____ Grade _____ Age _____
 In Emergency Notify _____ Telephone # _____

PARENT'S AGREEMENT

(1) I hereby certify that _____ is in good health and capable of participating safely in the WFFL Football Program. That participant has accident and health insurance and the West Point City Recreation Department and all other participative agencies are not liable for any accident while participating in the WFFL Football Program.

(2) I hereby authorize the Directors and Coaches of WFFL Football Program to act in my behalf in accordance with their best judgment in case of an emergency.

(3) I understand the goals and objectives of the WFFL Football Program, which are based on fun, fair play, skill development and teamwork.

(4) I, as a parent or guardian, am willing to participate as a volunteer in support of the Program:

(5) I, as a parent or guardian, agree participants uniform will be cleaned and returned within 30 days of final game or \$150.00 will be assed to parent or guardians **City Utility Bill.**

***Signature of Parent or Guardian** _____

For Office Use Only

DATE	CHECK	CASH	CREDIT CARD	RECEIVED BY



WEST POINT CITY RECREATION

Medical Insurance Release to play WFFL Football

I, _____, the legal guardian of _____,

am without medical insurance for the above mentioned child. To be allowed to participate in WFFL contact football and West Point City Recreation Sports I understand that I am solely responsible for all medical expenses that may arise there from. I hereby recognize and acknowledge that my participation in WFFL contact football and West Point City Recreation Sports activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of my child being permitted to participate in such events, I hereby voluntarily and knowingly release, waive, and discharge the WFFL and West Point City, its officers, employees, assigns, executors, administrators, sponsors, suppliers and facilities from any and all liabilities for illness or injury that may result from my child's participation in such activities. I hereby authorize the WFFL and West Point City's program staff to act on my behalf in accordance with their best judgment in case of an emergency, and agree to assume full responsibility for all medical expenses that may arise there from.

Parent/Guardian's Signature: _____ Date _____



WEST POINT CITY RECREATION

Wasatch Front Football League Verification of Address

So that Association and League officials can make an appropriate placement, the guardian (Natural parent with custodial rights or adult granted custodial rights by the court or school district) must provide the information requested below.

Participant Name: _____

Address: _____

Phone Number: _____

Guardian Name: _____

Residency Information

Name of Person whom the guardian listed above is residing with:

Name: _____

Address: _____

Above named person's proof of residency: (Please attach and return with form)

- _____ Utility Bill
- _____ Lease Agreement, Rent Receipt
- _____ Report Card
- _____ Other - Please Specify _____

***** It is a Class B misdemeanor in Utah to knowingly make any false written statement to a public servant while he or she is performing an official function. (Utah Code 76-8-504)**

I hereby certify that the above student and guardian reside at the address stated. I also certify that I have accurately provided all the requested data and have not knowingly given any false or misleading information.

Guardian's Signature: _____



WEST POINT CITY RECREATION

CONCUSSION AND HEAD INJURY POLICY

In compliance with Utah Code, Sections 26-53-101 to 301 – "Protection of Athletes with Head Injuries Act"; West Point City has implemented the policy below which requires adherence by all coaches, volunteers, parents, legal guardians, participants, and agents of West Point City.

General Concussion Description

A concussion is a brain injury, and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and even death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious.

Symptoms and signs of concussions (see traumatic head injury below) may show up right after the injury or can take hours or days to fully appear. If your athlete reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away. You cannot see a concussion and most sports concussions occur without loss of consciousness.

Nature and Risk

A concussion or a traumatic head injury; and continuing to participate in a sporting event after sustaining a concussion or a traumatic head injury can leave the athlete vulnerable to greater injury or death. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first. This can lead to prolonged recovery, or even severe brain swelling with devastating and even fatal consequences.

Policy Requirements

If West Point City, its agents, coaches, volunteers, parents or legal guardians suspects an athlete (a child who is under the age of 18) of sustaining a concussion or traumatic head injury while participating in a sporting event; the athlete shall be removed immediately from further participation. Upon removal of an athlete suspected of sustaining a concussion or a traumatic

head injury, a written medical clearance from a qualified health care provider must be provided to the Recreation Director before the athlete can return to participate in any sporting event. West Point City will maintain a list of all athletes removed from a sporting event due to a traumatic head injury.

- 1) **“Qualified Health Care Provider”** means a health care provider who: (a) is licensed under Title 38, Occupations and Professions; (b) may evaluate and manage a concussion within the health care provider’s scope of practice; and (c) within three years before the day on which the written statement is made, have successfully completed a continuing education course in the evaluation and management of a concussion.
- 2) **“Sporting Event”** means any of the following athletic activities that is organized, operated, managed, or sponsored by West Point City, such as: a game, a practice, a clinic, a sports camp, an educational class, or a tryout.
- 3) **“Traumatic Head Injury”** means an injury to the head arising from blunt trauma, an acceleration force, or a deceleration force, with one of the following observed or self-reported conditions attributable to the injury: (a) transient confusion, disorientation, or impaired consciousness, neuropsychological dysfunction, including: (I) seizures, (II) irritability, (III) lethargy, (IV) vomiting, (V) dizziness, or (VII) fatigue.

Concussion Action Plan

What should a parent and/or legal guardian do when a concussion is suspected?

1. Report the suspicion to the coach:
 - a. Look for the symptoms and signs of a concussion (see traumatic head injury above)
 - b. When in doubt, remove the athlete from participation.
2. Ensure that the athlete is evaluated right away:
 - a. Do not try to judge the severity yourself, get assistance from a qualified Health Care Professional as soon as possible.
3. Allow athlete to return to participation only with permission from a qualified Health Care Provider:
 - a. Repeated concussion prior to recovery can increase the likelihood of further problems
4. Record the following:
 - a. The cause of the head injury and with what force
 - b. Any loss of consciousness and for how long
 - c. Any memory loss immediately after the injury
 - d. Any seizures immediately after the injury
 - e. Any other pertinent information you may think will help the Health Care Provider

PLEASE RETURN THIS PORTION TO HEAD COACH OR WEST POINT CITY

Acknowledgement

After reading West Point City's Concussion and Head Injury Policy; I understand what a concussion is, have been informed on how to recognize the signs and symptoms and agree to abide by the policy. I understand if my athlete is suspected of having a concussion, he/she will be removed from the sporting event and will not be permitted to continue participating in any upcoming sporting events until a qualified Health Care Professional has determined it to be safe. I will provide West Point City with a written statement by a qualified Health Care Professional acknowledging the athlete is cleared to resume participation. Within this statement the provider must acknowledge he/she has successfully completed a continuing education course in the evaluation and management of a concussion within three years before the day on which the written statement was made.

Signature of a parent or legal guardian of the athlete

Date

Print Name (parent or legal guardian)

Athlete's Name (please print)

Sport /Program/Activity

Division/Age group

Please return the completed form to:

West Point City Recreation
3200 West 300 North
West Point, Utah 84015
(801) 776-0970



WEST POINT CITY RECREATION WFFL Contact Football Participation Agreement

IMPORTANT: Read before you sign your child up.

Parents,

This will explain what is involved when you sign your child up for contact football. You must read each item and sign this document before you will be able to sign your child up. Contact football through the Wasatch Front football League, Inc. (WFFL) is different than any other organized sports program that is offered in this city. We hope this information will help you to decide if football is right for your child. Thank you for your support of youth sports.

- **FULL CONTACT SPORT:** Your son or daughter will be put through many drills that involve a maximum level of physical contact. We will provide safety equipment that has been NOCSAE certified, helmet, shoulder pads, pants and pads. Our equipment must be used. You will need to provide cleats, a mouth piece and athletic supporter. Uniform jerseys will also be provided that at the end of the season participant will keep. Many youth find that full contact sports are not what they are looking for after all. Because of this we will extend our refund policy. Refunds (less \$10.00 service fee will be available up to the first game. After the first game, NO refunds will be given.
- **PLAYING TIME:** WFFL league rules state that every child must play a minimum of 10 downs per game, (a down is one play, one snap or kick of the ball) this policy voided if your child is placed on discipline, sick or injured. An injured child may not play at all. A child placed on discipline, sick or other may play at the coached discretion, no minimum is required.
- **CONDIONIONING:** Conditioning begins the week of July 28th and runs for 5 days. Each participant is required to have 5 days of conditioning before they may begin full contact practices. This cannot be missed. Each conditioning practice will be 45 minutes with 45 minutes of fundamentals, for a total of 90 minutes. Remember to provide water and suitable clothing for these practices. Minimum registration requirements must be met before practicing of any kind may begin. This includes, but not limited to proof of insurance and current doctors physical.
- **PRACTICES:** Full contact practices will begin August 4th provided participant has met the conditioning requirements. Full practices are 90 minutes. These practices are very important to your child and the coaches; this is the only time they can practice together as a team. Parents

please limit your questions to the end of practice. Please do not interrupt practice to talk to a coach unless there is an emergency. Players arriving late, leaving early or missing practice may be placed on discipline. Practices cannot be missed. It is important to your child that he/she learns all that is necessary to keep him/her safe in a team sport of this nature. Some coaches may be flexible with you for a special or important event. Try to let the coach know as much as possible if participant will be missing practice. It is West Point City Recreation and the WFFL's policy to support this attendance policy.

- **DISCIPLINE:** A player may be placed on discipline for several reasons: Attitude, misconduct, arriving late or leaving early, missing practices and more. Please be considerate to your coaches and contact them if you know in advance of a scheduling problem, this usually helps, however if a child misses a practice, he/she may be placed on discipline. Being placed on discipline means that your coach will fill out a form that states why this child is on discipline. It is turned into the association director and signed. This form must accompany the player to the playing field, so the weight master can mark the player correctly on the roster. The coach may at his discretion play the disciplined player, however he does not have to enforce the 10 play requirement.
- **COACHES:** Coaches are carefully selected and trained. All coaches must pass a full background check and interview as well as attending coach's clinics required by the WFFL. They but in many more hours than you and your child will in preparation for the football season, and during the course of the season. Please be considerate of this fact. Football is a sport that requires discipline. Please support your coach, in this. If your child does not perform his/her responsibilities on the team correctly he/she any cause injuries to themselves and/or others.
- **LEAGUE RULES:** League rule that make playing WFFL Football different are:
 - Specific City Boundaries: Players must live in a designated are to participate in a WFFL association. These are laid out in the league by-laws (www.wffl.com). To play you must be a resident of West Point City or in our association boundaries. Residents are also prohibited from playing in any other city or association.
 - Age and Weight Stipulations: The WFFL is very strict in their weight and age categories, if your child does not meet the league requirements he/she may not play. Participants will be placed by the association director onto a team. Parents and coaches will not make this decision. We will not allow, sweating down, or starving a child to stay on a team. Each child will play in the appropriate division as determined by the association director.
 - Weigh-in and Weight Masters: Every child will be weighed in approximately 30 minutes prior to the game. Each week your child must meet the weight requirements. A designated "Weight Master" will be available at each park to weigh the participants. This individual will have the power to remove any player who does not meet weight, or is found with illegal equipment. The Weight Master will monitor the plays, checking that each child receives the minimum plays when applicable.
- **PARTICIPATION AGREEMENT:** I acknowledge and agree to be bound by the WFFL by-laws, rules, regulations, policies and procedures as outlined in the current WFFL by-laws and constitution for the 2012 season, a copy of which may be obtained from the West Point City Director of found on the league website www.wffl.com . I understand that it is my responsibility for reading, understanding and adhering to all WFFL by-laws, rules, regulations, policies and procedures. In addition to the WFFL policies I agree to adhere to all Association rules, regulations, policies and procedures as may be applied to the association from time to time. Which include; minimum weights and accepted behavior from players, parents and coaches.

Signed (parent or legal guardian): _____

Relationship: _____ **Date:** _____



W.F.F.L Physical Fitness Form
TO BE COMPLETED BY PARENT

Name of Participant _____ Weight _____
 Age _____ Date of Birth _____ Gender _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Skin Condition | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Broken Limbs | <input type="checkbox"/> Back Pain |
| <input type="checkbox"/> Poor Vision | <input type="checkbox"/> Back Deformity | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Wears Glasses | <input type="checkbox"/> Stomach Pain | <input type="checkbox"/> Neumonía |
| <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Frequent Nose Bleeds | <input type="checkbox"/> Frequent Constipation | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Frequent Nose Infections | <input type="checkbox"/> Liver Trouble | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Frequent Throat Infections | <input type="checkbox"/> Undescended Testicles | <input type="checkbox"/> Mental Illness |

Other (List) _____

LIST CURRENT MEDICINES _____

LIST OPERATIONS _____

LIST HOSPITALIZATIONS _____

I understand this is not a complete physical

LEGAL GUARDIANS SIGNATURE _____ Date _____

TO BE COMPLETED BY PHYSICIAN

Blood Pressure _____ Pulse _____ Weight _____ Urine _____

Albumin _____ Sugar _____ Lungs _____ Heart _____

Hernia _____ Back _____ Extremities _____

Physically Fit? YES _____ NO _____

If NO, reason: _____

Eligible to play W.F.F.L Football YES _____ NO _____

Physicians Signature _____ Examination Date _____

For office use only

Franchise **West Point City** Division _____ Coach's Name _____



PARENT CODE OF ETHICS

*West Point City Recreation Youth Sport Programs are based on certain beliefs, and philosophies. Our main philosophy is **EVERY ONE PLAYS**. WPCR (West Point City Recreation) encourages having a healthy mind and body meaning the development of the whole person. WPCR also emphasizes fundamentals, teamwork, fair play, cooperation, and respect for the officials, one's self, teammates, and the other team.*

Every decision you make and behavior you display is based on what you think is best for your athlete. Remember your athlete will not remember who won or lost, but how they felt sharing this experience with you.

I hereby pledge to provide positive support, care, and encouragement for my athlete participating in WPCR Sports Programs by following this Parent Code of Ethics.

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice, or any other WPCR event, and encourage my athlete to do the same.
- I will respect my athlete's coach and do my best to have my athlete at all practices and games on time.
- I will support coaches and officials working with my athlete in order to encourage a positive and enjoyable experience for all.
- I will not approach a coach during games, practices or in front of other athletes in a heated or negative manner. I will wait until the next day and if needed meet with the coach and the Recreation Director to solve any concerns.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will strive to be a good role model for my athlete and other athletes in the program. I will encourage my athlete to lose with dignity and win with grace.

- I will insist my child play in a safe and healthy environment free from drugs, tobacco and alcohol and I will refrain from their use at all WPCR Programs.
- I understand the need for volunteer coaches. I will help my athlete enjoy the WPCR experience by doing whatever I can. Such as being a respectful fan, assist with coaching when possible, or providing transportation.
- I will do my very best to make WPCR Programs fun for my athlete.

By signing below as a parent or guardian, I agree to abide by the West Point City Recreation Parents' Code of Ethics.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____



PLAYER CODE OF ETHICS

*West Point City Recreation Youth Sport Programs are based on certain beliefs, and philosophies. Our main philosophy is **EVERY ONE PLAYS**. WPCR (West Point City Recreation) encourages having a healthy mind and body meaning the development of the whole person. WPCR also emphasizes fundamentals, teamwork, fair play, cooperation, and respect for the officials, one's self, teammates, and the other team.*

I hereby pledge to provide positive support, care, and encouragement to my teammates and my coaches, as athlete participating in WPCR Sports Programs by following this Player Code of Ethics.

- I will demonstrate that I can be trusted. I will care for my teammates and make a commitment to do my best every day.
- I will respect the game, which means showing good sportsmanship towards all players, coaches and officials.
- I will not whine, complain or make excuses when things do not go my way.
- I promise to be as enthusiastic about the success of others as I am of my own success.
- I will listen to the best of my ability to my coaches and parents.

By signing below as an athlete, I agree to abide by the West Point City Recreation 'Player Code of Ethics'.

Athletes Name (printed): _____

Athletes Signature: _____

Date: _____