



# Southeast Texas Junior Football

## Track / Football/ Cheerleading Application

**Association:** West Beaumont Bulldogs Intermediate Football League

**Track**

**Football Player**

**Cheerleader**

**Applicants Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age (as of August 1<sup>st</sup>):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **2<sup>nd</sup> Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Siblings:** \_\_\_\_\_

**What school do you attend?** \_\_\_\_\_

**Did you participate last year?** \_\_\_\_\_ **In the same division?** \_\_\_\_\_

I, the parent/guardian of the above child, fully understand that football is a contact sport where serious injuries may result, hereby give my consent for said child to participate in any and all Southeast Texas Junior Football League activities during this current season. I do hereby waive, release, absolve, indemnify and agree to hold harmless any member of any team, association, league or organization that is affiliated with this youth program for any claim resulting from injury to my child.

I, hereby authorize any local hospital, doctor or other licensed medical practitioner, as well as Emergency Medical Treatment personnel to take what they feel are the correct procedures as an aid to my child's health and well-being in my absence.

**Parent / Guardian**

**Signature**

**Date**

### STJFL USE ONLY

**Report Card**

**Birth Certificate**

**Weight:** \_\_\_\_\_

5 year old flag or Home / Private School? If yes verify proof of residence: \_\_\_\_\_

\_\_\_\_\_  
**STJFL Representative**

\_\_\_\_\_  
**Date**

# STJFL Parent's Code of Conduct

## Parental Guidelines

1. Will not contact coaching staff directly regarding child participation.
2. Address all athletic concerns to a board member from your association.
3. Parents are not allowed on the practice field during practice. Association approves all coaches to coach your child. Let the coaches do their job.
4. Parents are not allowed on the sidelines during games at anytime. The STJFL must certify all volunteers that will be on the sidelines. If you want to be on the sidelines, become a volunteer and submit an application for approval.
5. Do not coach your child while they are being coached. This can be confusing to the player and disrupt the team. Refrain from scolding your child on our time. The coaches will address the situation when appropriate.
6. Players that are injured and are under a doctor's care will not be allowed returned to practice or game until the player has a doctor release. The release must be dated and turned into the head coach or a board member from your association. **NOTE:** All players must have 10 hours of full contact practice before they are eligible to play in game.
7. Do not strike, harm or abuse a player, cheerleader, coach, advisor or member of this association, the STJFL, or the opposing team. Fighting or abusive language is NOT tolerated.
8. Show appropriate conduct at all Association events. STJFL has a strict conduct policy. Any violation of the code of conduct could lead to probation, suspension, or lifetime ban from the league. STJFL can escalate any punishment set by the association. If any parent or coach is ejected from a game they could be fine up to \$500 and may be suspended for remainder of the year or longer.
9. Be responsible for your child before and after scheduled practice times. Please be respectful of the volunteers' time.
10. Contact the coach if your child will be absent from game or practice.
11. Do not alter uniforms in any way unless given permission by your coach or a board member from your association.
12. Do not criticize the opposing team, its coaches or fans, by word of mouth or gesture.
13. Do not criticize coaches, players, or cheerleaders, reserve constructive criticism for a private meeting.
14. Parents should encourage their children to stay with their assigned team/cheer squad during STJFL activities and games for their own safety. If they cannot stay with their team, you will be asked to take your child and not participate for the remainder of the game or function.

**This form must be signed and on file before your child can participate and it must be signed by the parent(s) or guardian(s) who will be responsible for the child throughout the football season.**

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

Players Name \_\_\_\_\_



## WBBIFL WAIVERS

### WBBIFL Coach/Parent/Player Code of Conduct

#### TEAM POSTURE

A team is a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable.

All our players/parents are role models. They represent our team, league, school, community, and their families. Only positive attitudes and good behavior are acceptable. This creates the type of leadership required to properly motivate each player in becoming a valuable asset to our program and our community.

Everyone is required to abide by the following code of conduct:

1. Do NOT criticize any player in front of spectators, but reserve constructive criticism for later, in private.
2. Accept decisions of the game officials and judges on the field during competition as being fair and called to the best of their abilities.
3. Do NOT criticize an opposing team, its players, coaches, cheerleaders, or fans by word of mouth or gesture. It is important that we teach good sportsmanship.
4. Emphasize that good athletes strive to be good students.
5. Strive to make every football activity serve as a training ground for life, and a basis for good mental and physical health.
6. Emphasize that winning is the result of good "Teamwork".
7. Do NOT shout instructions from the side line, this is the coach's responsibility.
8. All games and practices are closed. This means only players and designated WBBIFL representatives are allowed on practice and game fields. Parents and fans are not allowed in such areas.
9. Any fan/parent who becomes a nuisance and out of control will be asked to leave.
10. Do NOT use abusive or profane language at any time.
11. Considering this is a youth activity, no vulgar and/or explicit logos and/or attire, etc. will be allowed.
12. "Sweating Down" tactics in order for a player to make the team weight is prohibited.
13. Do NOT **incite** unsportsmanlike conduct.
14. Abstain from the possession and drinking of alcoholic beverages and the possession or use of any illegal substances on any associated facility of WBBIFL.
15. Uphold all rules and regulations.
16. Do not strike, harm or abuse a player, cheerleader, coach, advisor or member of this association, the STJFL, or the opposing team. Fighting or abusive language is NOT tolerated.

Please make all guests aware of this code of conduct, for they are your responsibility.

By signing below, you agree to be a team player and present yourself in a manner that reflects a positive environment for all who attend and participate in this program.

Player Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_



### PHOTO CONSENT

I give my permission for my child's/ children's photograph to be taken & used for any of, but not limited to, the following: appearance in a video/ digital picture to be used in a multi- media presentation or an internet web page and/or appearance in a photo that can be used in a publication to our social media pages.

Initial \_\_\_\_\_

### WBBIFL VOLUNTEER POLICY

Everyone Is Expected To Volunteer!

This organization is solely made up of generous adults who volunteer their time and energy so that each and every child has the best experience possible. The Board does not expect anyone to participate any more or less than we do ourselves. However, as mentioned before, we do volunteer our time and expect that each family involved do its share of the volunteering as well. Each football team will need one Team-Parent. Among other duties, the Team-Parent will be responsible for coordinating their team parent's time spent working the league's home game concession stand and the fundraising booth. Of course, we know your child's football game is important to you, and we will do our best to avoid scheduling you during your child's game time. The Team-Parent will coordinate these efforts with the Association Coordinator. The Team Parent will be responsible for finding parents to work on the sidelines at home games and away games.

Do you have any desire to be your team's Team-Parent? If so please list your preferred contact method here: List (email / phone) \_\_\_\_\_

By signing below, you verify that you have read and been notified of the volunteer guidelines.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### WBBIFL POLICIES & PROCEDURES

I acknowledge receipt of the WBBIFL Policies & Procedures page

Initial \_\_\_\_\_

**T**ogether **E**veryone **A**chieves **M**ore



## PHYSICAL EXAMINATION FORM

PARTICIPANTS NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**TO PHYSICIAN:** Your careful examination and written recommendation will encourage personal fitness and safe participation in strenuous sports activities.

PLEASE COMPLETE THE FOLLOWING PHYSICAL EVALUATION AND REVIEW MEDICAL HISTORY WITH PARTICIPANT.

	NORMAL	ABNORMAL
<b>WEIGHT:</b>	_____	_____
<b>EYES, EARS, NOSE, THROAT:</b>	_____	_____
<b>BLOOD PRESSURE:</b>	_____	_____
<b>HEART:</b>	_____	_____
<b>LUNGS:</b>	_____	_____
<b>ABDOMEN:</b>	_____	_____
<b>HERNIA:</b>	_____	_____
<b>EXTREMITIES:</b>	_____	_____
<b>SPINE (POSTURE):</b>	_____	_____

**MEDICAL HISTORY:**

**Check any of the following illnesses or symptoms that have occurred to the participant in the past or present time.**

- |                     |                     |                   |
|---------------------|---------------------|-------------------|
| _____ ASTHMA        | _____ FAINTING      | _____ DIABETES    |
| _____ HEADACHES     | _____ HEART TROUBLE | _____ CONVULSIONS |
| _____ HEAD INJURIES | _____ CONCUSSIONS   |                   |

MEDICATION ALLERGIES: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I approve this athlete's participation in youth sport for one year. \_\_\_\_\_ Yes \_\_\_\_\_ No

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHYSICIAN, NURSE PRACTITIONER, OR RN