



PVMFA



Pequea Valley Midget Football Association

2019

Football



Registration Packet

All forms must be complete, signed by both parent/guardian and player and accompanied by:

1. Cash or Check for all fees. We have payment plans available at any time. Financial aid is also available upon request. Please contact our Treasurer: treasurer@pvmfa.com.

From same household:
1st Football player \$95.00
2nd Football player **add** \$70.00
3rd Football player **add** \$60.00

*An additional late fee of **\$10/player** applies to all registrations received after July 31, 2019.

2. Fundraiser opt-out fee **per family** if you choose not to participate: **\$35.00** at time of registration (**plus additional \$10** late fee if payment is received after registration closes on **July 31, 2019**).
3. If this is the first year playing football for PVMFA, a **COPY** of player's birth certificate is required.

****Player must be between 7 - 12 years of age by Sept. 1, 2019****

(Please note there will be a meeting of all 7-year olds if a "D" team cannot be fielded.)

4. Physical Form completed and signed by a doctor due by August 5, 2019 (1 week prior to the 1st day of practice - August 12, 2019).

Complete paperwork may be submitted during scheduled registration events (see website www.pvmfa.com for details of times and locations) or mailed at any time to:

**PVMFA
6046 Buena Vista Rd.
Gap, PA 17527**

We will **NOT** accept paperwork that is incomplete.

PVMFA Fundraising

Should you choose not to participate in the fundraiser, there is a mandatory \$35.00 per family opt-out fee due at time of registration. Opt-out fees received after close of registration, July 31st, 2019 are subject to an additional \$10 late fee. (If you choose not to participate or OPT out late, you may be required to pay all fees up front in the future.)

*Fundraisers are being considered as well, more information to follow.

THANK YOU FOR YOUR SUPPORT!

Please note: Concession sales is our most profitable source of additional income. This is why concession stand participation is so very critical and has now been made mandatory for each player's family.

As always, our fundraising committee is open to your new ideas to help raise additional funds.

Uniform Wash & Care Instructions

For best result wash uniforms in cold water before they are worn the first time to set the dyes.

Launder uniforms immediately after they have been worn. Do not allow perspiration soaked garments to lay in a pile or rest folded on top of each other. This greatly increases the risk of dye/color migration. Garments that cannot be laundered immediately should be hung individually on rust proof (wood or plastic) hangers. Remove belts, pads, etc. immediately after wearing and launder separately.

Basic Washing Instructions

- Rinse washing machine before adding garments.
- White and colored garments cannot be washed together.
- Water temperature should be no more than 110 degrees. Do not rely on the "warm" setting on the washer. Ground water and hot water heaters vary greatly. Be sure you know what your temperature is.
- For best results, use a mild powdered detergent. Liquid and powdered detergents with enzymes can damage colors.
- Spot treat stains whenever possible. Avoid presoaking but if required, use luke warm water (90-100 degrees) and a non-enzyme release agent for no longer than 30 minutes. Launder garments immediately after presoaking.
- Water level in the machine should be on the highest setting for the best rinsing and less color migration.
- Do NOT use chlorine bleach! If garments are very soiled, a light application of dry oxygen based bleach is recommended.
- If possible, garments should be hung to dry on rust proof hangers. If machine drying is necessary, dryer should be set on the lowest temperature setting or air dry. Do not overload dryers.
- If you have had color migration problems during washing, do not place garments in the dryer; hang them to dry. The heat from the dryer will set the migrating dyes and make them much harder to remove.
- Do NOT dry clean garments! Dry cleaning can discolor garments and remove screen-printing.
- Do NOT iron or press garments! Screen-printing will melt. Rib trims will lose their stretch.
- Be sure that garments are completely dry before storing. Garments should be kept in a cool, dry area, protected from both sunlight and fluorescent light. White nylon will yellow from exposure to light.
- **Please communicate the above wash and care instructions to any others that may handle or launder your garments. Thank you!*

PVMFA

Pequea Valley Midget Football Association

Team: _____ Date of Birth: _____ Age as of Sep 1: _____ Weight: _____

Name of Player: _____

Address: _____

Home Phone: _____ Email: _____

Father's Name: _____ Cell Phone: _____ Text: (Y) (N)

Mother's Name: _____ Cell Phone: _____ Text: (Y) (N)

Guardian (If applicable): _____ Cell Phone: _____ Text: (Y) (N)

In the event of game or practice cancellation/changes/updates, would you prefer to be contacted by:

Email: _____ Phone: _____ or Text: _____

Are you interested in being a team parent? (Y) (N)

Players will NOT be issued football uniforms or equipment until all documents listed below are received.

Documents may be mailed to:

PVMFA
6046 Buena Vista Rd.
Gap, PA 17527

(to be completed by PVMFA)

Documentation Check List

	<u>Turned in signed/completed</u>
<input type="radio"/> PVMFA Emergency Contact Form	(Y) (N)
<input type="radio"/> Permission & Liability Waiver	(Y) (N)
<input type="radio"/> Player Code of Conduct / Disciplinary Policy	(Y) (N)
<input type="radio"/> Parent/Guardian Code of Ethics	(Y) (N)
<input type="radio"/> Equipment Policy	(Y) (N)
<input type="radio"/> Red Rose Midget Football League Player Contract	(Y) (N)
<input type="radio"/> Red Rose Midget Football League Physical Form	Date received: _____
<input type="radio"/> Birth Certificate	Date received: _____
<input type="radio"/> Registration Fee	Date received: _____ Amount: _____
	Paid by (cash, check, PayPal) _____
<input type="radio"/> Fundraiser Opt Out Fee (if applicable)	Date received: _____ Amount: _____
	Paid by (cash, check, PayPal) _____

Documents reviewed by: _____

PVMFA Emergency Contact Form

Player's Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Parent/Guardian Home Ph. (if different from player): _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Guardian's Name: _____ Cell Phone: _____

Relationship to player: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Does the player use an inhaler? Yes or No (circle one)

Is player allergic to bees? Yes or No If Yes, requires an Epi-Pen? Yes or No (circle one)

If you answered yes to either of the above, how will the appropriate emergency medication be available to the player?
(Circle one) Player will carry or Parent will carry/be present to administer

Other allergies or medical problems we need to be aware of: _____

Medications that the player takes on a regular basis that we need to be aware of?

<u>Name of Medication</u>	<u>Dosage</u>	<u>Condition</u>
_____	_____	_____
_____	_____	_____

In the event of an emergency and when parents/guardians cannot be reached - call:

1) Name: _____ Relationship to player: _____
Home Phone: _____ Cell Phone: _____

2) Name: _____ Relationship to player: _____
Home Phone: _____ Cell Phone: _____

Permission & Liability Waiver

Dear Player and Parent(s)/Guardian(s):

Welcome to the Pequea Valley Midget Football Association. We are looking forward to a great year of learning and having fun playing football. The PVMFA is the product of many individuals who devoted a great deal of time, effort and money in the past. In this year, we are reaping the benefits of all those individuals who contributed to the PVMFA before us. We hope to help the program to continue to grow and provide opportunities for youth in our area. We hope you will join in this effort by volunteering your time and expertise. If you have any questions or concerns, please do not hesitate to contact any of the officers.

The goal of The Association is to provide significant and meaningful playing time for all players. However, playing time is subject to attendance at practices, number of players, ability and league rules. In addition, the B and C teams are both competitive play. The ability of individuals to grasp the fundamentals of a position is always a critical component in any decision regarding playing time and/or positions.

One of the requirements of PVMFA is to obtain a signed code of conduct from EACH player, parent(s)/guardian(s) and coach. By signing the code of conduct you are agreeing to the requirements stated in this document.

I, _____, give _____ permission to play football with Pequea Valley Midget Football Association. I know that participation in football may result in serious injuries and protective equipment does not prevent all injuries to players. I hereby waive, release, absolve, indemnify and agree to hold harmless the Pequea Valley Midget Football Association, the organizers, sponsors, supervisors and participants whether the result of negligence or of any other cause, except to the extent and the amount covered by accident or liability insurance.

I further give Pequea Valley Midget Football Association permission to photograph my child/dependent and to use such photos for any lawful purpose, such as for illustration, advertising and PVMFA web content.

I have reviewed and received the attached policies, codes, contracts and forms and have discussed them with my son/daughter (player). We agree to abide by these documents and all by-laws of The PVMFA, the Red Rose Midget Football League and their governing bodies.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Player: _____ Date: _____

Player Code of Conduct / Disciplinary Policy

As a member of the Pequea Valley Midget Football Association, I will adhere to the behavior guidelines below as established by the Board of Directors:

- Foul language will not be tolerated
- Cyber bullying of any kind will not be tolerated
- Obey and respect the coaches
- Respect game officials and opposing team
- Treat teammates with respect
- No contact or horseplay prior to practice or game
- Respect all the football facilities home and away (leave it better than you found it please)
- Take care of your football equipment (It is very important to return all equipment in good condition at the designated time. We will not chase you. We will have no choice but to bill you for the missing equipment.)

Failure to comply with the guidelines will result in any of the disciplines listed below:

- Verbal warning
- Player to sit out a practice or a game
- Possible multi practice and/or game suspension
- Meeting with staff, player and parent
- Dismissal of the player without a refund, possible ejection from the facility
- Suspension from participating in youth football programs

Note: Appeal for any of the above actions will be directed to the Pequea Valley Midget Football Association Executive Board of Directors.

I have read, understand and will abide by the guidelines and disciplinary policy and agree to accept any applicable consequences.

Player Signature

Date

Parent/Guardian

Date

Parent/Guardian Code of Ethics

I hereby pledge to provide positive support, care and encouragement for my child/dependent participating in your sports by following this Parent/Guardian Code of Ethics Pledge:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports events.
- I will place the emotional and physical well-being of my child/dependent ahead of a personal desire to win.
- I will insist that my child/dependent play in a safe and healthy environment.
- I will support the coaches and officials working with my child/dependent in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child/dependent that is free from drugs, tobacco and alcohol and will refrain from their use at all 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/dependent.
- I will ask my child/dependent to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability and will not support bullying/cyber bullying of any kind.
- I will participate in all fundraisers or agree to pay the opt-out fee at registration. (I understand if I do not participate, I may be required to pay all fees upfront in the future.)
- Our family will volunteer our time a minimum of two home games where needed (Concessions or chain gang for any team's game) or an assigned time will be given. **(Not Optional)**
- I will return all football equipment on time. (It is very important to return all equipment in good condition at the designated time. We will not chase you. We will have no choice but to bill you)
- I promise to follow this Parent/Guardian Code of Ethics to ensure that all the youth involved in the Pequea Valley Midget Football Association have an enjoyable season.

Parent/Guardian

Date

Parent/Guardian

Date

Equipment Policy

Parents/Guardians will be responsible for all supplied equipment that is lost, neglected, abused or not returned at the end of the season. The costs listed below will be charged to the player's parent/guardian to replace the equipment and any legal fees. Each player is expected to maintain and care for his equipment while it is in his possession. Only normal wear and tear is expected.

Supplied Equipment

Helmet	Shoulder Pads
Hip Pads	Knee Pads
Thigh Pads	Rib Pads
Practice Shirt	Practice Pants
Game Shirt	Game Pants
Belts	

Total estimated cost for supplied equipment is \$550.00 (minimum)

All equipment LISTED ABOVE must be returned at announced hand-in times after the last game of the season. If equipment is not received by December 1st, parents/guardians will be billed the total cost for the player's equipment.

Many people volunteer their time and go out of their way to hand out and collect the equipment each year so please take the time to help us by returning everything by the announced date. Thank you!

Additional Equipment Needed

(Player must supply and may keep)

Jock and Cup
Mouthpiece(s)
Girdle
Black Football Socks
Black Cleats (rubber - not removable)
(we have used cleats if needed)

Optional Equipment

Gloves
Arm Pads
Hand Pads

I have read above equipment policy and understand that supplied equipment must be returned by the announced date or I will be charged the stated equipment fee. I further agree to maintain and care for the equipment as per the uniform wash and care instructions included in this registration packet.

Parent/Guardian Signature

Date

Red Rose Midget Football League Player Contract

Pequea Valley Midget Football Association

2019

Club

Season

Name of Player

Address of Player

Date of Birth

Phone Number

Last Year's Team, if any

Name of Parent/Guardian

Address of Parent/Guardian (if different from player)

I agree to play for the Pequea Valley Midget Football Association, of the Red Rose Midget Football League and to abide by all of the rules in the interest of fair play and good sportsmanship. I pledge good conduct during all contests in which the club is engaged.

I understand that all football equipment issued to me is the property of the club and shall be returned to the club at the conclusion of the season, or at such time as may be requested by a club official.

Signature of Player

Date

The above named Parent and/or Guardian of Player hereby requests that the Player participate in the organized football league sponsored by the Red Rose Midget League and in consideration of such participation and intending to be legally bound hereby. Said Parent and/or Guardian of Player acknowledges that Player will participate in the League and all games and practices incident thereto and by using said facilities at his own risk and said Parent and/or Guardian of Player on his own behalf hereby releases, discharges and indemnifies the Red Rose Midget Football League and its successors, assigns, officers and employees from all liability for injury to the person or damage to property of himself and Player. This release and indemnification shall bind Parent and/or Guardian, his spouse, heirs and legal representatives.

Signature of Parent/Guardian

Date

All paperwork must be completed by Aug 8, 2019 or your child may not play.

Note: Anyone who signs a contract with a given team MUST remain with that team unless he secures a release, in writing, from the director of that team with which he registered. A copy of this release must be forwarded to the League Commissioner.

Red Rose Midget Football League - Physical Form

(To Be Completed By Parent/Guardian)

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Parent/Guardian's Name: _____ Phone: _____

Family Doctor: _____ Dr. Office Phone: _____

Past Medical History

Yes **No**

- | | | |
|---|-----|-----|
| 1. Presently taking medications | ___ | ___ |
| 2. Allergic to medicine, foods, etc. | ___ | ___ |
| 3. Wears glasses, contact lenses, hearing aid, dentures, | | |
| 4. History of braces/chipped teeth bridges | ___ | ___ |
| 5. Has ongoing medical problems | ___ | ___ |
| 6. Had serious or significant illness in the past | ___ | ___ |
| 7. Any past surgical operations | ___ | ___ |
| 8. Any past injuries/accidents requiring medical help | ___ | ___ |
| 9. Any past injuries directly related to sports | ___ | ___ |
| 10. Any hospitalization not explained above | ___ | ___ |
| 11. Any know deformities (such as curvature of back, heart problems, one kidney, one testicle, etc.) | ___ | ___ |
| 12. Any serious family illness (such as diabetes, bleeding disorders, heart attack before age 50, etc.) | ___ | ___ |

Review of System

(Please check if there are problems with any of the following areas of the body)

- | | |
|-----------|------------------------------|
| ___ Skin | ___ Abdomen |
| ___ Head | ___ Back |
| ___ Neck | ___ Hips/Legs/Feet |
| ___ Eyes | ___ Urination/Bowels |
| ___ Ears | ___ Genital |
| ___ Nose | ___ Shoulders/Arms/Hands |
| ___ Mouth | ___ Throat |
| ___ Lungs | ___ Muscle Strength/Feelings |
| ___ Heart | ___ Mental Problems |

Date of last Tetanus shot _____

If you answered YES to any of the questions, please explain (what, where, when) _____

I certify that the above information is correct to the best of my knowledge.

Parent/Guardian Signature

Date

(To Be Completed By Doctor)

Height: _____ Weight: _____ Blood Pressure: _____

Visual Activity: Eyes (R) 20/____ (L) 20/____ w/o glasses _____ w/glasses _____

	Normal	Abnormal Findings		Normal	Abnormal Findings
1. General	_____	_____	5. Heart	_____	_____
2. HEENT-Neck	_____	_____	6. Abdomen	_____	_____
3. Skin	_____	_____	7. Genitalia (incl. Hernia)	_____	_____
4. Lungs	_____	_____	8. Orthopedic	_____	_____

Recommendations or Comments:

Date of Physical: _____

Doctor's Signature: _____