



GREATER 69TH STREET WILDCATS ATHLETIC ASSOCIATION

**433 Church Lane
Yeadon, PA 19050
(610) 284-7401**

www.greater69thstreetwildcats.org

PHYSICIAN'S MEDICAL FORM

Dear Parents/Guardians:

Even though we have an excellent record on an extremely small number of injuries that boys and girls obtain in our football/cheerleading program, there are cases where they do occur. In the event a child is injured during practice or a game, we may need access to medical supplies and staff for immediate attention. Although we provide an approved Bert Bell Nurse and/or Doctor at every game, most of the coaches are available for on site first aid. In any event, if a child is injured during practice and/or a game, regardless of how minor the injury, you will be personally contacted by a member of our organization.

The Greater 69th Street Wildcats Athletic Association requires a complete physical exam for every child by a medical doctor prior to engaging in any of the organizations activities. Below is a form that must be completed by your doctor and returned to the organization. **NO CHILD CAN PARTICIPATE IN ANY PRACTICE AND/OR GAME WITHOUT THIS COMPLETED FORM.** We would prefer that the physical exam be completed during the year of the child's pending/actual participation in our program

PLEASE PRINT CLEARLY

CHILD'S FULL NAME _____
As name appears on birth certificate

PHYSICAL EXAM COMPLETED ON (date) _____

MEDICAL PROBLEMS? (please list) _____

LIMITATIONS IMPOSED BY PHYSICIAN _____

IMMEDIATE TYPE OF FIRST AID/MEDICATION TO BE APPLIED TO THE CHILD:

OTHER INFORMATION _____

Parent/Guardian's Signature: _____ Date: _____
(Please use the back of this sheet for other information if you must)

This Child has passed the physical exam and can engage in all football and/or cheerleading activities
 Yes No _____ (Please explain in the "Limitations by Doctor" section of this form)

Physician's Signature _____ Date _____

Address _____ City _____ State _____ Tele# _____

PLEASE RETURN BY AUGUST 1ST OR YOUTH PARTICIPANT'S FIRST PRACTICE.



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Welcome to the Wildcats' Football /Cheerleading Program.

REGISTRATION FORM – fee \$100 / (Ages 5&6 - \$75)

- FOOTBALL PLAYER CHEERLEADER
 NEW RETURNING

Age _____ Date of Birth _____ School _____

Name of Youth _____ Grade _____
 (as it appears on their Birth Certificate)

Name of Parent/
 Guardian(s) _____

Current Address for Youth _____

Current Address for Parent/Guardians _____
 (if address is the same as Youth's then just print "same")

CONTACT NUMBERS (please don't forget area code)

Current Home # Youth (_____) _____

Home # for Parent/Guardian (_____) _____
 (if # is same as Youth's - print "same")

Work # for Parent/Guardian (_____) _____

Additional # Cell (_____) _____
 Pager (_____) _____

Emergency Contact Name _____

Phone # (_____) _____

Relationship to Youth _____

Has the youth ever played organized sports before? Yes No

If yes, what organization and where _____

Payment: Cash Money Order \$ _____

How did you hear about our organization? Television Radio
 Newspaper Word of Mouth Flyer Family Member/ Friend
 Youth in the Program

*Email address of parent/guardian _____

Note: We do not accept personal checks or credit cards

UPON SIGNING THIS FORM YOU ARE GOVERNED BY ALL OF THE POLICIES AND PROCEDURES ESTABLISHED BY THE GREATER 69TH STREET WILDCATS' ATHLETIC ASSOCIATION.

Copies of all by-laws, code of ethics and policies and procedures can be obtained at the Wildcats' headquarters at the address above.

Please read this document and sign below.

- This form is void if the registration is ***not paid in full*** and the Code of Ethics page is not signed by the registering parent/legal guardian. No Youth can compete in football or cheerleading without submitting completed forms.
- Volunteer and Accountability: As a parent/guardian I understand that I am obligated to volunteer for the parents group of this organization to participate on one committee and in organizing and implementing one activity during the season. I understand that I am also obligated to come to the games and bring others with me to cheer on the Youth I signed up, adhering fully to the parents code of ethics.
- I have read and completed the necessary information on this document.
- I understood and agreed that I have not provided false information.
- If I have provided falsified information, it can lead to criminal charges and an immediate termination of the Youth's right to participate in our program.
- ALL TRANSACTIONS ARE FINAL AND THERE ARE NO REFUNDS FOR ANY REASON.

Signed _____

Authorized Parent/Guardian of Enrolled Youth

Date _____

Registration Form and Information Sheet 2007 – Signing this document gives the Wildcat organization the right to provide your name and address to approved Wildcat partners – so you can receive promotional information for football, cheerleading and educational purposes only. All partnerships with additional companies/organizations benefit you as a Wildcat Member. We are not mandating that you use the products and services offered to you.



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Welcome to the Wildcats' Football /Cheerleading Program.

2007 BERT BELL MEMORIAL FOOTBALL ASSOCIATION

GAME SCHEDULE: Schedule is subject to change by August 1st, 2007

August 11th2st Annual Black and Gold Game
 August 18thAWAY –vs- Coatesville Kid Raiders
 August 25thHOME –vs- Rose Tree Colts
 September 1st..... HOME –vs- Darby Township Eagles
 September 8thAWAY –vs- Brandywine Bulldogs
 September 15thAWAY –vs- Aldan Trojans
 September 22ndAWAY –vs- Haverford Fords
 September 29th.....HOME -vs- Downingtown Young Whippets
 October 6thAWAY –vs- Folsom Falcons
 October 13thAWAY –vs- Marple Tigers
 October 20th..... HOMECOMING –vs- Prospect Park Termites
 October 27thHOME –vs- Rose Tree Colts

TEAM PARENTS MEETINGS – August 31, 2007 @ 6:00 p.m. – The Beverly Hills Middle School located at Sherwood Lane & Garrett Road. Each child is mandated to have a parent/guardian at the meeting

BOARD MEETINGS – Starting August 1st - Every Fourth Tuesday of the Month at 7:00 p.m. at the Watkins Center at the 69th Street AA Field. Coaches meetings are every Tuesday at 8:15pm.

FUNDRAISERS

TEAM PRACTICE BEGINS AUGUST 1ST

PRACTICE SCHEDULE: _____
 TEAM ASSIGNMENT _____
 YOUTH'S COACH _____

WE NEED YOU TO PURCHASE ITEMS FROM THE TEAM CONCESSION STAND: T- SHIRTS, SWEAT SHIRTS, FOOTBALL CAPS, MUGS, REFRESHMENTS

CHECK THE WEBSITE FOR UPDATES: www.greater69thstreetwildcats.org

FORMS CHECK LIST

- COMPLETED MEDICAL RELEASE RETURNED BY AUGUST 1ST
- ORIGINAL BIRTH CERTIFICATE BY AUGUST 1ST (new participants)
- COPY OF BIRTH CERTIFICATE FOR TEAM FILES (all participants)
- SIGNED PARENT CODE OF CONDUCT (SIGN 2 COPIES)
- SIGNED YOUTH CODE OF CONDUCT (SIGN 2 COPIES)
- RECEIVE COPY OF COACHES CODE OF CONDUCT
- COPY OF TEAM POLICIES AND PROCUDRES

REGISTRATION FEES INCLUDE:

- TEAM INSURANCE
- USAGE OF TEAM UNIFORMS AND HELMETS
- END OF YEAR TROPHY and 1 Youth Banquet Ticket for Participant
- TEAM DUES AND ASSOCIATION FEES
- WEBSITE MANAGEMENT
- START UP FOR CONCESSIONS
- PURCHASE AND REPAIRING OF UNIFORMS

PARENTS MUST FURNISH THE FOLLOWING:

FOOTBALL PLAYERS EQUIPMENT LIST

- SHOULDER PADS
- KNEE, THIGH, HIP and BUTTOCKS PADS (will come in one package)
- PRACTICE PANTS (with belt included)
- PRACTICE JERSEY(some weight divisions provide practice jerseys)
- MOUTH PIECE (3)
- FOOTBALL SHOES (rubber cleats or plastic detachables only)

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- | | |
|--|--------------------------------------|
| <input type="checkbox"/> FOOTBALL PLAYER | <input type="checkbox"/> CHEERLEADER |
| <input type="checkbox"/> NEW | <input type="checkbox"/> RETURNING |

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PARENTS MUST FURNISH THE FOLLOWING:

CHEERLEADERS ACCESSORY LIST

- BLACK BRIEFS OR BLOOMERS
- WHITE (BELOW THE ANKLE) SOCKS
- WHITE CROP TOP
- WHITE SNEAKERS (ZEPHRE – BUTTERFLY STYLE) 2 PAIR
- SWEAT SUITE (OPTIONAL) purchase from A&A SIGNS
- PRACTICE T-SHIRT AND BLACK SHORTS FOR SUMMER SESSION

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