



# “Just for Kids”

Wisconsin Independent Youth Football League  
associate member of the WIAAYFL since 2001  
www.wiyfl.aayfl.org



*Celebrating 15 years of Youth Football*

April 14, 2011

Dear Warriors Parents, Players, and Coaches,

We will hold our annual Orientation Meeting on Wednesday, May 11, 2011 beginning at 6:00p, in the Butler Middle School Auditorium/Cafeteria. This meeting will give players and parents an opportunity to meet their coaches and teammates. On the agenda will be pertinent information for the football season, equipment handout dates, tentative practice and game schedules, and team scrimmage dates. After the short informational meeting; coaches, players and parents will gather to meet as teams. Coaches will talk concerning team expectations, how to prepare to have a successful season, and answer any questions regarding the team. Attendance is extremely important and required.

Enclosed please find a **Informed Consent / Medical Examination** form. This form must be completely filled out, signed and returned by August 1st. No player will receive equipment or be allowed to practice until these forms and any outstanding fee balance is received. The form can be mailed to me when completed, please make a **copy for your records**. Mail to: 1115 N Bel Ayr Dr Waukesha, WI 53188.

Completion of the Medical Examination form is an **annual requirement**, last years form is no longer valid. A full physical exam **is not** required, but encouraged. Your Doctor may be able to complete the form based on previous exams or visits. The school district offers Sports Physicals in the summer. Information on this is usually posted on the Schools Cable Channel.

Our annual **Grab Bag** fund raiser, which is used to fund our Scholarship Program, will be available at the meeting. Each bag costs \$15.00 and has items which were donated from various Companies. Each bag has a minimum \$35.00 value and some over \$100.00, well worth the \$15.00 donation. Organizations which have contributed include: Master Lock, Harley-Davidson, Triumph Motorcycles America, Green Bay Packers, Milwaukee Bucks, Milwaukee Brewers, Milwaukee Admirals, Home Depot and more. We usually have a few special bags which have special items or gift cards. We are always seeking additional contributions of promotional or overstock product to add to the grab bags. If you or your employer can help with a donation, it will help those in need. Our Scholarship program has allowed 69 players, of low income families, to participate in our program since 2002.

This year to celebrate our 15<sup>th</sup> Anniversary we will have some Game Worn Jerseys, T-Shirts and Hats available for sale at the Orientation Meeting for \$10.00. We will also have in each players packet a order form for Warriors Apparel. Orders will be due August 1<sup>st</sup> so items can be delivered by the start of our team scrimmages.

**IMPORTANT:** There are still roster spots available on all teams. Talk to your friends and classmates! Registration forms can be downloaded at the WIYFL web site. We will still accept players until the rosters are at the maximum.

I'm looking forward to meeting each of you on 11th of May.

Just for Kids,

*Jim*

Jim Grisaffi  
Warriors Program Coordinator  
547-8997 (voice/fax)

Brookfield Central ★ Brookfield East ★ Brown Deer ★ Burlington ★ Cedarburg ★ Cedar Grove-Belgium ★ Cudahy  
Delavan ★ East Troy ★ Franklin ★ Fredonia ★ Germantown ★ Grafton ★ Greendale ★ Greenfield ★ Hartford  
Kewaskum ★ Lake Country ★ Milwaukee Custer ★ Mukwonago ★ Muskego ★ New Berlin Eisenhower ★ New Berlin West  
Nicolet ★ Oconomowoc ★ Oshkosh West ★ Pewaukee ★ Random Lake ★ Saukville ★ Slinger ★ St. Francis ★ Sussex  
Thiensville-Mequon ★ Wauwatosa East ★ Wauwatosa West ★ West Allis Central ★ West Allis Hale ★ West Bend East  
West Bend West ★ Whitefish Bay ★ Whitnall ★ WIYFL-Waukesha

## INFORMED CONSENT FORM

I hereby give my permission for \_\_\_\_\_ to participate in TACKLE FOOTBALL during the athletic season beginning in August. Further, I authorize the team/league to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Parent or guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

My child and I are aware that participating in TACKLE FOOTBALL is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable risk conditions associated with the sport. All such risks to my child are known and appreciated by me.

I understand this informed consent form and agree to its conditions on behalf of my child.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## EMERGENCY INFORMATION

Athlete's name \_\_\_\_\_ Age \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Family physician \_\_\_\_\_ Phone \_\_\_\_\_

List two persons to contact in case of emergency:

Parent or guardian's name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ Work phone \_\_\_\_\_

Second person's name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ Work phone \_\_\_\_\_

### IMPORTANT:

Are you allergic to any drugs? \_\_\_\_\_ If so, what? \_\_\_\_\_

Do you have any other allergies? (i.e., bee sting, dust) \_\_\_\_\_

Do you suffer from \_\_\_\_\_ asthma, \_\_\_\_\_ diabetes, or \_\_\_\_\_ epilepsy? (Check any that apply.)

Are you on any medication? \_\_\_\_\_ If so, what? \_\_\_\_\_

Do you wear contacts? \_\_\_\_\_

Other: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

**Parent's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## ATHLETIC MEDICAL EXAMINATION FOR FOOTBALL

Athlete \_\_\_\_\_ Age \_\_\_\_ Birthdate \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone no. \_\_\_\_\_  
(street) (city) (Zip)

Instructions: All questions must be answered. Failure to disclose pertinent medical information may invalidate your insurance coverage and may cancel your eligibility to participate in football. Any further health problems must be discussed with the physician at the time of examination.

**Medical History:** Has the athlete ever had any of the following? If "yes" give details to the examining doctor.

	No	Yes	Details (if yes)
1. Head injury or concussion	_____	_____	_____
2. Bone or joint disorders, fractures, dislocations, trick joints, arthritis, back pain	_____	_____	_____
3. Eye or ear problems (disease or surgery)	_____	_____	_____
4. Dizzy spells, fainting, or convulsions	_____	_____	_____
5. Tuberculosis, asthma, bronchitis	_____	_____	_____
6. Heart trouble or rheumatic fever	_____	_____	_____
7. High or low blood pressure	_____	_____	_____
8. Anemia, leukemia, or bleeding disorder	_____	_____	_____
9. Diabetes, hepatitis, or jaundice	_____	_____	_____
10. Ulcers, other stomach trouble, or colitis	_____	_____	_____
11. Kidney or bladder problems	_____	_____	_____
12. Hernia (rupture)	_____	_____	_____
13. Taking medication regularly	_____	_____	_____
14. Allergies or skin problems	_____	_____	_____
15. Other illness, injury not named above	_____	_____	_____
16. Do any of these conditions limit the athlete from competing in tackle football?	_____	_____	_____

Athlete's Height \_\_\_\_\_ Weight \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_