



ANTHONY WAYNE YOUTH FOOTBALL LEAGUE

www.awyfl.org

FALL 2009

Register on line at

www.awcommunity.com

Pay by Credit Card

1. All registrations will be done via on line registration only.
2. Deadline for registrations will be July 21, 2009
3. Physicals will be on Wednesday July 29, 2009 from 6:30 PM to 8:30 PM at WATERVILLE FAMILY PHYSICIANS 900 WATERVILLE MONCLOVA ROAD WATERVILLE OHIO. AWYFL will cover the cost of the physical as part of the registration fees>
4. A physical examination is required for ALL PLAYERS DESIRING TO PLAY CONTACT FOOTBALL 3rd -6th grade. THIS ALONG WITH LIABILITY RELEASE FORM MUST BE COMPLETED AND SIGNED BY GUARDIAN OR PARENT BEFORE THE PLAYER CAN PARTICIPATE IN any AWYFL ACTIVITY FOR THE 2009 SEASON INCLUDING THE CONDITIONING PERIOD.
5. 2009 fees: \$200 for 3rd -6th grade contact, \$75 for K-2nd grade flag.
6. Additional required forms can be down loaded from website during registration process.
7. Other information will be handed out at the Physicals.

Dates

1. Registration May 1, 2009 to July 21, 2009
2. Physicals: Wednesday July 29, 2009
3. Conditioning: Monday August 3th - Wednesday August 5th Times TBD
4. Equipment Distribution Sunday August 9, 2009 Time TBD
5. Team Practices begin Monday August 10, 2009

**ANTHONY WAYNE YOUTH FOOTBALL LEAGUE
STUDENT PARTICIPATION, PARENTAL CONSENT & PHYSICAL EXAM FORM**

PARTICIPANTS LAST NAME	PARTICIPANTS FIRST NAME	MIDDLE INITIAL	SEX
ADDRESS	CITY	STATE	ZIP
SCHOOL	GRADE(FALL 2008)	BIRTH DATE	HOME TELEPHONE NO.
EMERGENCY CONTACT	HOME TELEPHONE NO.	CELL PHONE NO.	ALTERNATE NO.
FAMILY PHYSICIAN	CITY	STATE	ZIP
ADDRESS	TELEPHONE NO.	FAX NO.	DATE OF LAST EXAM

ATHLETE'S MEDICAL HISTORY

	YES	NO
1. Has this Athlete ever had hospitalization, surgery, injury or serious medical illness?.....	.....	.....
2. Is this Athlete now under the care of a Physician or taking medication?.....	.....	.....
3. Has any Physician ever recommended or do you feel there should be limits placed on participation in any sport?..	.....	.....
4. Does this Athlete have any known allergies to any medication?.....	.....	.....
5. Does this Athlete wear glasses or contact lenses? If "yes" date of last exam: _____ / _____ / _____.....	.....	.....
6. Has this Athlete ever blacked out or lost consciousness during physical activity?.....	.....	.....

NOTE: If any of the above questions are answered "YES" please specify below:

I hereby give my consent for the above named student to engage in league athletics in the approved sports, not limited under the physical examination, including practice sessions and travel to and from athletic contests. I also agree to emergency treatment as deemed necessary by the physicians or EMT's designated by the league authorities. I full accept responsibility in case of accident or injury. My insurance company and policy numbers are as follows.

Company Name: _____ Policy Number: _____

Parent or Guardian Signature: _____ Date: _____ / _____ / _____

(HISTORY AND CONSENT MUST BE COMPLETED PRIOR TO PHYSICAL EXAMINATION)

PHYSICAL EXAMINATION FORM

Athlete's Name: _____ Age: _____ Grade: _____

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Abnormal Physical Findings:

Should there be any limitations placed on athletic participation? YES _____ NO _____

Recommendations:

I certify that I have on this date examined this student and that, on the basis of the examination requested by the League and or School authorities and the Athlete's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this athlete to compete in supervised athletic activities. (Note exceptions above)

Physician's Name and Address

Physician's Signature: _____

Examination Date: _____ / _____ / _____

Phone No. _____