

**Marimn Health Wellness Center
Chief Morris Antelope Football League
Participation Waiver and Medical Consent Form
2018 Season**



Child's Full Name: _____

Mailing Address: _____ City/Zip: _____ Best phone # _____

Birth date: _____ Age: ____ Grade: ____ School: _____

- Is your child a Tribal Member? (Circle One):
 - Yes, they are a CDA Enrolled Tribal Member (Non-CDA)
 - No, but they are a CDA Descendent
 - Yes, Enrolled in another Tribe (Non-CDA)
 - No, but they are a Descendent of another Tribe
 - No, My child is not a tribal member or descendant of any tribe

Parents Email Address: _____

(We will send updates to this email – Please use an email you check regularly or provide your mobile phone for text updates) Enter TEXT number & Carrier (Verizon, etc.): _____ & _____

THIS REGISTRATION IS FOR: (Circle One) DIVISION I – PEE WEE DIVISION II - YOUTH

FEE BREAKDOWN:

New Dues set for 2018: \$75 PER CHILD

**Reasoning: To cover the costs of High School Officials to provide
the safest football environment for our kids.**

REGISTRATION FEE IS DUE UPON SUBMISSION UNLESS PAYMENT

**ARRANGEMENTS HAVE BEEN MADE AT WITH MARIMN HEALTH YOUTH SPORTS STAFF
OR WITH THE CMAFL COMMUNITY REPRESENTATIVE FOR YOUR COMMUNITY**

If receiving equipment from Wellness center please Circle sizing, and enter fit (For Example: Youth L)

T-Shirt: Youth/Adult _____ Pants/Shorts: Youth/Adult _____ Height: ___FT___IN Weight: _____LBS

Optional: *If familiar with taking measurements, please perform the following or have a coach take these measurements to help WC Staff ensure they have the appropriately sized equipment for your child:*

Refer to these two pages for guidance: http://team.riddell.com/wp-content/uploads/Speed_web.pdf

http://team.riddell.com/wp-content/uploads/riddell_shoulderpad_fitting_youth.pdf

Head/Crown Measurement for Helmet Fitting: _____IN

Chest Width for Shoulder Pad Fitting: _____IN Shoulder Width for Shoulder Pad Fitting: _____IN

Please Complete All Three Pages of this Registration Form



**MARIMN
HEALTH**

Telephone numbers where emergency contacts can be reached. Please list Work, Home and/or Cell:

Parent/Guardian	Phone Numbers (Best Method to contact)	Relationship
Emergency Contact & Permission to Pick-up Your Child	Phone Numbers	Relationship

- **Can you, the guardian or parent, volunteer with:**
 - **Assisting Children perform drills (Not Coaching)**
 - **Set-Up/Clean-Up**
 - **Coaching**
 - **Not at this Time**

Frequency of Volunteering: 1x a week 2x a week All sessions Only Specific Dates

Enter Specific Dates: _____

MEDICAL INFORMATION NEEDED

Allergies (*drug or food*) _____

Current Medication child is taking _____

Any Current Health Problem (ex. Asthma, Diabetes)

Family Physician _____

Address _____ Phone _____

Dentist _____

Address _____ Phone _____

PLEASE COMPLETE WAIVER & MEDICAL TREATMENT CONSENT FORM BEFORE RETURNING TO WC FRONT DESK

AUTHORIZATION FOR CONSENT TO MEDICAL TREATMENT

We, the undersigned, having legal custody of _____, minor, do hereby authorize any x-ray examination, anesthesia, medical or surgical diagnosis or treatment diagnosis or treatment and hospital service that may be rendered to the minor under general or special instructions of the family physician, _____, M.D. whether such diagnosis and/or treatment is rendered at the office of said diagnosis and/or treatment is rendered at the office of said physician or at a hospital. In the event there is no family physician we authorize representatives of the Marimn Health Wellness Center to secure appropriate medical attention at Marimn Health Medical Center. It is understood that this consent is given in advance of any specific diagnosis or treatment being required and said physician to exercise his or her best judgment as to requirements of such diagnosis or treatment.

This shall remain in effect until December 31st, 2018, unless sooner revoked in writing by the undersigned. Nothing in this authorization shall be construed to in any way limit the sovereign immunity of the Coeur d'Alene Tribe.

(Legal Parent/Guardian)

Date

WAIVER

I understand that the Marimn Health Wellness Center assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, and the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the Marimn Health Wellness Center, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I understand that the Marimn Health Wellness Center is not responsible for personal property lost or stolen while members and/or program participants are using Marimn Health Wellness Center. I give my permission to the Marimn Health Wellness Center to use indefinitely, without limitation or obligation, photographs, film footage or tape recordings which may include my image or voice for purpose of promoting or interpreting Marimn Health Wellness Center. Nothing in this waiver shall be construed to in any way limit the sovereign immunity of the Coeur d'Alene Tribe.

I acknowledge the WAIVER set forth above.

(Legal Parent/Guardian)

Date

(Youth Participant)

Date