



# *Ladue Junior Ram Football Club*

## *Parents/Guardians Permission and Insurance Form*

**Please Print**

**Athlete's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact (In the event parents cannot be reached)**

<i>Name</i>	<i>Relationship to Player</i>	<i>Home Phone</i>	<i>Cell or Business Phone</i>
-------------	-------------------------------	-------------------	-------------------------------

### ***Physician's Information***

<i>Physician's Name</i>	<i>Office Address</i>	<i>Office Phone</i>
-------------------------	-----------------------	---------------------

<i>Specialty</i>	<i>Hospital Affiliation</i>
------------------	-----------------------------

*I hereby give my consent for the above named player to participate in the Ladue Junior Ram Football Club. I also give my consent for him/her to accompany the team on trips and will not hold the LFC responsible in case of accident or injury whether it is traveling to any games or during the course of practice. In case of an emergency, if I cannot be reached I also give my consent for the LFC to obtain through a physician or hospital of its choice such medical care as is reasonably necessary for the welfare of the player, if he/she is injured in the course of LFC activities. I understand that the LFC does not provide transportation to events, and permit my child to ride in a private vehicle in such cases.*

*I also acknowledge the risk of serious injury which my child may incur by participating in the Ladue Junior Ram Football Club.*

*I also state that my child is covered by accident insurance, which provides protection for accidental bodily injury while participating in LFC activities.*

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# **Ladue Junior Ram Football Club**

## **Code of Conduct**

The Ladue Junior Ram Football Club (LFC) is an organization where middle school student athletes can develop a winning attitude through teamwork and discipline; learn and practice football fundamentals; and prepare themselves for the next level of competition.

The LFC is not funded by the Ladue School District; it is an independent organization that fields 7<sup>th</sup> and 8<sup>th</sup> grade football teams that participate in a competitive league. It is funded by the participants/athletes in the LFC. All funds raised through registrations and other activities are used for the athletes and their teams. No coach or official of the LFC is compensated for his contribution to the organization.

**The coaches and officials of the LFC will strive to help all athletes reach their potential athletically and academically. Athletes will be required to maintain academic and citizenship standards appropriate for their grade level. LFC will honor all school suspensions by also suspending the athlete in question from team activities and games. LFC coaches and officials also have the authority to suspend any athlete for conduct in violation of team or club rules. Any athlete so suspended is required to meet with his coach along with a parent or guardian to discuss the athlete's reinstatement. Any athlete suspended twice by the LFC may be subject to expulsion from the LFC.**

-----Detach and Return-----

**I have read the above and all questions/concerns have been answered to my satisfaction.**

\_\_\_\_\_  
**Student Athlete's Signature**

\_\_\_\_\_  
**Parent/Guardian's Signature**

# Physical Examination Record

## Ladue Junior Ram Football Club

---

Name of Student (Please Print) \_\_\_\_\_

Grade in 2010-2011 \_\_\_\_\_

---

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Significant or past illness or injury \_\_\_\_\_

Eyes, Ears, Nose and Throat \_\_\_\_\_

Lungs \_\_\_\_\_

Heart \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Abdomen \_\_\_\_\_

Genitalia \_\_\_\_\_ Hernia \_\_\_\_\_

Musculo-Skeletal \_\_\_\_\_

Reflexes \_\_\_\_\_

Urinalysis \_\_\_\_\_

Date of Last Immunization – Tetanus \_\_\_\_\_

**I certify that I have, on this date, examined the above student and recommend him/her as being physically able to compete in all supervised activities except:**

\_\_\_\_\_  
\_\_\_\_\_

**Pertinent Information** \_\_\_\_\_

**Date of Examination** \_\_\_\_\_ **Signed** \_\_\_\_\_

(Physicals given after 2/1/10 are valid for 2010 season)

Examining Physician

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number