



EARLY REGISTRATION BEGINS

FRIDAY – March 31st * 6:00p – 7:30p

RAFFLES
You keep the money from the Raffles you sell Just turn the stubs in

Football: \$125.00 includes \$25.00 Raffles

Cheerleaders: \$75.00 includes \$25.00 Raffles

(Additional cost for Competition)

(10% Discount for 1st Sibling)

(15% Discount for 2 or more Siblings)

(10% Discount for 1st Sibling plus \$25.00 Raffles) (15% Discount for 2 or more Siblings plus \$25.00 Raffles)

April 24th * 26th * 28th / May 22nd * 24th

6:00p – 7:30p

MONDAYS * WEDNESDAYS * FRIDAYS

June 26th * 28th * 30th

6:00p – 7:30p

REGULAR REGISTRATION BEGINS

MONDAY – July 24th * 6:00p – 7:30p (ALL WEEK)

Football: \$150.00 includes \$25.00 Raffles

Cheerleaders: \$90.00 includes \$25.00 Raffles (Additional cost for Competition)

(10% Discount for 1st Sibling plus \$25.00 Raffles) (15% Discount for 2 or more Siblings plus \$25.00 Raffles)

FOOTBALL PRACTICE BEGINS

MONDAY – July 31st * 6:00p (at Mt. Airy Playground)

ALL RETURNING PLAYERS WHO REGISTER AFTER AUGUST 11th WILL INCUR and be RESPONSIBLE for PAYING KSL LATE FEES

We ONLY ACCEPT / CASH or MONEY ORDERS

Mt. Airy Playground * 7001 Germantown Ave. (Germantown & Sedgwick)

Website: www.leaguelineup.com/bantams EMAIL: Bantams4life@gmail.com

“Sign up for text/email alerts”



Don Harrison [215] 696-6426

[Football Director]

Kevin Norris [267] 265-4006

[1st Vice President]



Aisha Fulton [267] 259-9710

[Field Cheerleading Director]

Myra Bastone [267] 250-0559

[2nd Vice President]

TRANSPORTATION to the Games NOT PROVIDED

2017 REGISTRATION



FOOTBALL PACKAGE



EARLY REGISTRATION - March 25th thru June 27th
\$125.00 Includes \$25.00 Raffles

REGULAR REGISTRATION - July 21st thru August 25th
\$150.00 Includes \$25.00 Raffles

(10% Discount for 1st Sibling) (15% Discount for 2 or more Siblings)

**ALL RETURNING PLAYERS WHO REGISTER
AFTER AUGUST 11th
WILL INCUR and be RESPONSIBLE for Paying
KSL LATE FEES**

Don Harrison [215] 696-6426 Football Director
donrharrisonsr@hotmail.com

Kevin Norris [267] 265-4006 1st Vice President
norris1324@gmail.com

Visit us on the web at: www.leaguelineup.com/bantams
EMAIL: Bantams4life@gmail.com

SIGN UP FOR UP TO DATE TEXT/EMAIL ALERTS

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Registration Fee Schedule

Early Registration Begins: [March 31, 2017]

\$125.00 Football (includes \$25.00 Raffles)

\$75.00 Cheerleaders (includes \$25.00 Raffles) (Additional cost for Competition)
(10% Discount for 1st Sibling plus \$25.00 Raffles) (15% Discount for 2 or more Siblings plus \$25.00 Raffles)

Regular Registration: (July 24th - August 25th)

\$150.00 Football (includes \$25.00 Raffles)

\$90.00 Cheerleaders (includes \$25.00 Raffles) (Additional cost for Competition)
(10% Discount for 1st Sibling) (15% Discount for 2 or more Siblings)

LATE PICTURE CARD FEES:

(Football Players ONLY) All new players and certain veteran players are required to attend KSL picture day in order to be issued a league picture card. New players must have an **Original State Issued Birth Certificates and Physical Forms on file by August 11, 2017.**

Late fees up to \$38.00 – PARENTAL RESPONSIBILITY.

LATE PICK-UP FEES:

All children **MUST** be picked up from practice and games on time. If your child is picked up late, the following late fees and/or consequences apply, and will be **ENFORCED**.

1st late pick-up – WARNING (8:15pm)

2nd and subsequent late pick-ups - \$15.00 (8:16p-8:29p)

3rd and FINAL WARNING, your child **WILL BE** taken to the nearest Police Station. (8:30p)

If any of the above fees are not paid, your child(ren) will not be permitted to practice, play/cheer until the fee is paid.

REFUND POLICY:

If a child is withdrawn from the Mt. Airy Bantams, a portion of the registration fee may be refunded. Any league fees assessed will **NOT** be refunded, and **NO REFUNDS** will be given after the **11th of August.**

ALL REFUNDS ARE BASED ON THE BASE REGISTRATION FEE (RAFFLES ARE NOT INCLUDED)

All refunds **MUST** be requested in writing and will be paid no later than the 3rd business day after the date requested. All refunds will be prorated according to the schedule below. The refund amount will be based on the rate indicated for the Friday before the date the refund is requested.

Week Ending	8/4	8/11	9/8
% fee refunded (excluding Raffle Tickets) NO REFUNDS AFTER 8/11/2017	50%	25%	
% fee refunded (excluding Raffle Tickets) NO REFUNDS AFTER 9/8/2017			50%

Web: www.leaguelineup.com.bantams - "Sign up for text/email alerts"

Email: Bantams4life@gmail.com



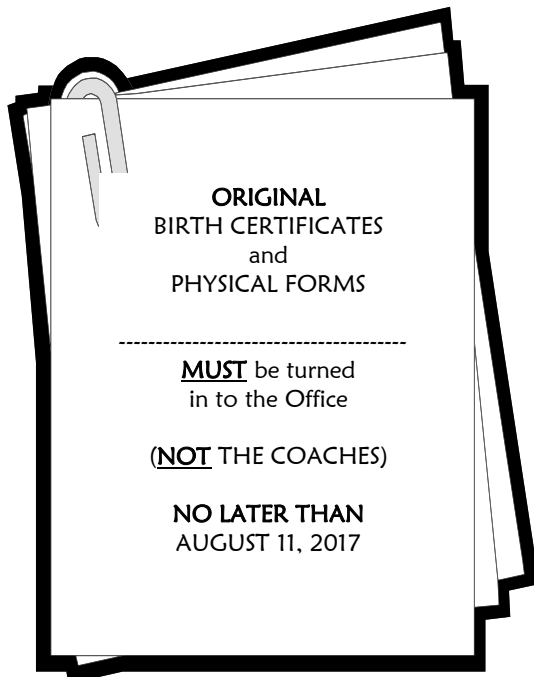
Parent Information:

1. The children who will be registering for Football will have to provide the organization with the **Original State Issued Birth Certificate**
2. Each child will be issued Game Jerseys, and a pair of Game Pants that **WILL BE** returned after each game for cleaning.
(These items are the property of the BANTAMS Organization)
3. Each child will receive a **PRACTICE JERSEY** that they will keep
4. The BANTAMS will supply all equipment for training
5. The BANTAMS will supply **ALL** mouth pieces and water bottles to the Head Coaches for distribution
6. Flag and 55lb Players will play **EVERY** game (how much is determined by the Head Coach)
7. End of Season Celebration

Parent Responsibilities:

1. ALL Transportation **WILL BE** provided by the parents
2. Outside of the Registration Fee, you need to purchase Cleats, Helmet, and Shoulder Pads.
 - a. Used Helmets **MUST** be **RECONDITIONED**
3. Team Fee to purchase sports drinks and snacks.

Any further explanation, please feel free to contact
Don Harrison, Football Director
215-696-6426



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Athlete's Name _____

CONCUSSIONS

Concussion is a very serious risk to young athletes. Education and prevention efforts are very important in reducing the risk of concussion.

A concussion is a traumatic brain injury that affects your brain function. Effects are usually temporary but can include headaches and problems with concentration, memory, balance and coordination.

Concussions are usually caused by a blow to the head. Violently shaking the head and upper body also can cause concussions. Some concussions cause you to lose consciousness. It's possible to have a concussion and not realize it.

Symptoms

Sometimes an athlete could start feeling certain symptoms without being aware that they may be in danger of a concussion. Without knowing what to look for, they could keep playing, putting themselves at risk for greater injury. Both athletes and coaches need to know what to look for – especially if the athlete has had some trauma to the head.

Athletes should be aware of the following symptoms:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right” or is “feeling down” (Center for Disease Control)

Coaches need to see if the athlete:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall (Center for Disease Control)

All athletes must be medically cleared by a physician prior to returning to any type of physical activity, including but not limited to participating in practice and/or games. This is for the safety of the athlete.

In an effort to support the safety of our athletes, all helmets must be certified prior to the first game of the season. There is no exception to this requirement.

By signing below, I acknowledge that I have received, read and understand the concussion statement and helmet certification information.

Print Name: _____

Signature: _____

Athlete's Name: _____

Date Signed: _____

Information obtained from the following sites:

<http://www.mayoclinic.org/diseases-conditions/concussion/home/ovc-20273153>

<http://globalsportsdevelopment.org/concussions-young-athletes/>



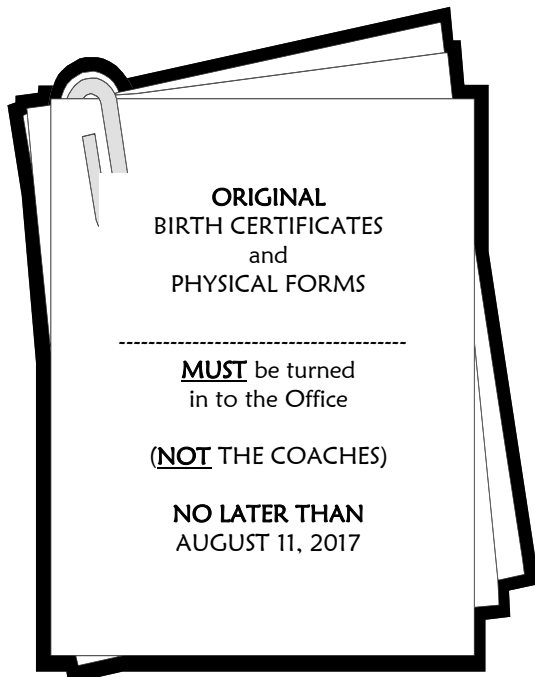
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HELMET WAIVER

The following recommended warning is placed on all football helmets;
WARNING: DO NOT STRIKE an opponent with any part of the helmet or facemask. Such an action is a violation of football rules and can result in injuries to the brain and/or neck, paralysis, or accidental death.

All Helmets **MUST BE** reconditioned

NOTE:

Helmets can be Reconditioned for a fee at:

Lloyd Sixsmith Sporting Goods
7554 Frankford Ave.
Phila. PA 19136
[215] 624-6670

WARNING:

Do not use this helmet to butt, ram, or spear an opposing player. This is in violation of football rules.

No helmet can prevent all head or neck injuries a player might receive while participating in football.

By signing below as the parent/guardian of the named below I waive all responsibilities and liabilities to the Mt. Airy Bantams Youth Association in regards to the Football Helmet my child will be wearing during the **2017** Keystone State League Football Season.

Childs' Name: _____

Parent/Guardian Signature

Date

Mt. Airy Bantams Representative

Date

Parents Code of Conduct

I hereby pledge to provide positive support, care and encouragement for my child participating in the athletic program by following this Code of Conduct.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other League event.

I will place the emotional and physical well being of my child ahead of any personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.

I will demand a drug-free and alcohol-free sporting environment for my child and agree to assist by refraining from their use at all League events.

I will do my very best to make the League fun for my child.

I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex creed, or ability. I will promise to set a good example for my child by extending the same respect to all players, coaches, fans, and officials.

I will promise to help my child enjoy the experience within my personal constraints by assisting with coaching, fundraising, being a respectful fan, providing transportation or whatever I am capable of doing.

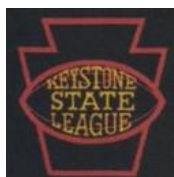
I will require that my child's coach demonstrate the responsibilities in being a coach and that he or she agree to the Coaches' Code of Ethics as set forth by the League.

I will always remember- The *GAME* is for the *CHILDREN* and *NOT* for the *ADULTS*.

Parent/Guardian Signature_____

Date_____

Administrator's Initial's_____





PHOTO/VIDEO RELEASE WAIVER



I, _____, the parent/guardian hereby give the Mt. Airy Bantams Youth Association and its representatives, the absolute and irrevocable right and permission to use, reproduce, copyright and/or publish the likeness in photographic portraits, pictures, and/or videos of my child for the 2017 season.

I acknowledge these publications include, but are not limited to, recruitment publications, newsletters, newspapers, magazines, videos, and web sites, for art, advertising, trade or any other lawful purpose whatsoever at any time, without payment or other consideration. I acknowledge that all such images and prints shall be the property of the Mt. Airy Bantams Youth Association.

I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy or other printed material that may be used in connection therewith, or he use in which it may be applied.

I hereby release, discharge, and agree to hold harmless the Mt. Airy Bantams Youth Association from any and all claims, actions and liability relating to the Organizations use of such photographs.

I have read and understand the contents of this release and confirm that I am the Parent/Guardian of _____ (Please print) and that I am signing this release intending to be legally bound by its terms.

Parent/Guardian Signature

Date

Mt. Airy Bantams Representative

Date



ANNUAL ATHLETIC PHYSICAL EXAMINATION FORM-2017

MUST BE COMPLETED AND TURNED IN BY AUGUST 15, 2017

Name: _____ Sex: M ____ F ____ Age: _____ Grade: ____
Date of Birth: ____/____/____ Home Phone: _____ Cell No: _____
Address: _____ City: _____ State: ____ Zip: _____

EMERGENCY CONTACT INFORMATION

Name of Parent/Guardian: _____ Relationship to Athlete: _____
Work No: _____ Home Phone: _____ Cell No: _____

Please answer the following questions about the Athletes Medical History by circling the correct response. Explain all "yes" responses on the lines below the questions.

- 1. Have you ever had, or do you currently have:
a. Restriction from sports for a Health related problem? Y N Don't Know
b. An injury or illness since your last exam? Y N Don't Know
c. Chronic or Ongoing Illness (Asthma or Diabetes) Y N Don't Know
(1). An Inhaler or other prescription to control Asthma? Y N Don't Know
d. Any Prescribed or over the counter medications you take on a regular basis? Y N Don't Know
e. Surgery, Hospitalization or any Emergency Visits? Y N Don't Know
f. Any allergies to medications? Y N Don't Know
g. Any allergies to Bee Stings, Pollen, Latex or Foods? Y N Don't Know
(1) If Yes, Check type of Reaction:
___Rash ___ Hives ___ Breathing or other anaphylactic reaction
(2) Take any medication/Epipen taken for Allergy symptoms (List Below)
h. Any anemia's, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders? Y N Don't Know

Explain all "YES" answers here (include dates):

List All Medications:

Table with 3 columns: Medication Name, Dosage, Frequency

Parent's Signature: _____ Date _____

Part B: To be Completed By Examining Physician/Provider

Name: _____ Sex: M ____ F ____ Age: _____ Grade: ____

Date of Birth: ____/____/____ Home Phone: _____ Cell No: _____

Name of Parent/Guardian: _____ Relationship to Athlete: _____

Work No: _____ Home Phone: _____ Cell No: _____

PHYSICAL EVALUATION:

Height: _____ Weight: _____ Blood Pressure ____/____ Pulse: ____bpm

Vision: R 20/____ L 20/____ Contacts: Y / N Glasses: Y / N

INDICATORS	NORMAL	ABNORMAL FINDINGS/COMMENTS
General Appearance		
Head/Neck		
Eyes/Sclera/Pupils		
Ears/Hearing		
Nose/Mouth/Throat		
Lymph Glands		
Cardiovascular		
Heart Rate		
Rhythm		
Murmur		
Femoral Pulses		
Lungs: Auscultation/Percussion		
Chest Contour		
Skin		
Abdomen (liver, spleen, masses)		
Assessment of physical maturation or Tanner Scale		
Testicular Exam (Males Only)		
Neck/Back/Spine:		
Range of Motion		
Scoliosis		
Upper Extremities: (ROM, Strength, Stability)		
Lower Extremities: (ROM, Strength, Stability)		
Neurological: Balance & Coordination		
Hernia		

Examination Date: _____

Physician's Signature: _____ Phone No: _____

Address: _____ City: _____ St: _____ Zip: _____

Mt. Airy Bantams FOOTBALL



**PRACTICE BEGINS
JULY 31, 2017
6:00PM**

**AGES
4-15**

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