



Welcome to the 2026 Football & Cheer Season

We are so excited to have you be a part of the SCJC Family! This packet has the required forms necessary for participation. Please take the time to carefully review each document and use the checklist provided to ensure your paperwork is complete.

PACKETS ARE DUE BY JULY 30, 2026 TO YOUR ATHLETE'S TEAM MOM
Incomplete packets will not be accepted. All forms and materials listed on the checklist must be given in full.

ATHLETE NAME: _____

TEAM: _____

2026 SCJC CHECKLIST

NYFL Registration Card

- Cheer athletes: Attach updated, small photo.
- Football athletes: Photo will be taken at a later date.

Northern Youth Football League Competition Class - Waiver of Liability

MHSAA Physical Form-Medical History

- Must be dated after **April 15, 2026**

SIGNED Parent/Athlete Concussion Information Sheet

SIGNED SCJC Parent Handbook Acknowledgement Form/Cougar Commitment

Athlete's Most Recent Report Card & Copy of Birth Certificate

- Print and include both in packet.

iChat Certificate (Coaches, Team Moms and Board Members ONLY/Please submit with oldest athlete)

Please visit <https://apps.michigan.gov/>, choose Guest Login and Volunteer, \$10 fee

\$500 Volunteer Deposit Check – Payable to SCJC

- One check per family (ALL Coaches, Team Moms and Board Members exempt, please submit with oldest athlete).

Equipment Deposit Check(s) – Payable to SCJC

- Football Athletes: \$250
- Cheer Athletes: \$125
- Required for EACH athlete (ALL Coaches exempt)

\$250 Fundraising Deposit Check-Payable to SCJC

- One per family (regardless of the number of athletes, ONLY Head Coach/Board Member Exempt)

Deposit checks will not be cashed without failure to meet requirement/return equipment and prior contact from Board member/Checks are shredded upon completion of season and requirement unless otherwise requested



Northern Youth Football League - Registration Card

Season: _____ Franchise: _____

Level/Team: _____

PLAYER INFORMATION (Please Print Clearly!)

Player Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Father Cell: _____ Mother Cell: _____

E-Mail Address: _____

Release of Liability and Assumption of Risk:

In consideration of my child named above being allowed to participate in the Northern Youth Football League (NYFL), the undersigned(s), being the lawful parent(s) and/or guardians of the above named minor, for myself, spouse and my child/ward knowingly and freely assume all risks, both known and unknown and assume full responsibility for my child/ward's participation. I hereby release, hold harmless and agree to indemnify and defend the NYFL and its affiliated franchises from any and all liabilities with respect to any and all injury, disability, death, incident to my child/ward's involvement or participation in the NYFL. I hereby certify that all the information provided is accurate and that I have read the Release of Liability and Assumption of Risk statement above and fully understand its terms and by signing this form I have given up substantial rights and I sign this form freely and voluntarily without any inducement. I grant permission to the NYFL and its affiliated franchises to use photographs of my child/ward for promotional purposes without any remuneration. I acknowledge that I have read the NYFL Football and/or Cheerleading rules, which are available on the NYFL website, and agree to be bound by the rules contained therein.

Parent/Guardian

Signature: _____ Date Signed: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Email Address: _____

EMERGENCY CONTACT INFORMATION:

Primary Contact: _____ Relationship: _____

Phone #: _____ Other #: _____

Secondary Contact: _____ Relationship: _____

Phone #: _____ Other #: _____

Any player with inaccurate or falsified registration information, physical and/or birth certificate is subject to immediate removal from the NYFL.

WWW.NYFL.NET

<< This side of form for NYFL/Franchise Internal Use >>

NYFL USE ONLY!

Initials: _____ Date: _____

(Do not initial until all known deficiencies are corrected)

Place 'X'
here in ink
for
X-Man

Franchise Certification of Player Eligibility

(To be completed by Authorized Franchise Representative Only!)

The Franchise certifies the players date of birth, age, level, weight, and jersey # as follows:

Date of Birth: _____ Age (as of August 1st): _____

Grade (as of Aug. 1st): _____ Waiver: Yes No

Cheer Level: Mascot Freshman JV

Football Level: Freshman JV

Weight(lbs): _____ Jersey#: _____
(weight is with player wearing all football equipment but without helmet)

Authorized Franchise Representative ("AFR"):

AFR Name (print): _____

AFR Signature: _____

*Franchise to
Place Player
Picture Here
(Please tape, glue or staple)*

*For football players the photograph must show
the player from the waist up, showing players
face without a helmet and showing the
players jersey number clearly.*



Northern Youth Football League

Competition Class-Waiver of Liability

The undersigned,

being the parent/s or legal guardian of

...do, hereby, acknowledge that I/we have been fully informed of the potential risk/s involved with moving a child up or down in competition class.

I/We acknowledge that we are doing so of our own free will and hold harmless for any reason, the NYFL (Northern Youth Football League Inc.), individual franchises, Board members or anyone else associated with the Program, for injury, or damages.

Signed this _____ day of _____, 20__

Parent/s or Guardian

NYFL Official



MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old

Student Name: _____ Date of Birth: _____

Doctor: _____ Doctor's Phone: _____ Date of Exam: _____

GENERAL QUESTIONS, HEART HEALTH QUESTIONS ABOUT YOU, HEART HEALTH QUESTIONS ABOUT YOUR FAMILY, BONE AND JOINT QUESTIONS

MEDICAL QUESTIONS, FEMALE ONLY (Optional), CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: _____ Weight: _____ Male Female BP: / Pulse: Vision: R 20/ L 20/ Corrected: Y N

Table with columns: MEDICAL, NORMAL, ABNORMAL, MUSCULOSKELETAL, NORMAL, ABNORMAL. Rows include Appearance, Eyes/Ears/Nose/Throat, Heart, Lungs, Abdomen, Genitourinary, Skin, Neurologic.

RECOMMENDATIONS:

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below. BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS - ICE HOCKEY LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING/DIVING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

EXAMINER Name of Examiner (print/type): _____ Date: _____ Signature of Examiner: _____ (Check One): MD DO PA NP

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

Student: _____ Grade: _____ Doctor: _____ Phone: (____) _____ IN EMERGENCY (1): _____ Home #: (____) _____ Cell #: (____) _____ IN EMERGENCY (2): _____ Home #: (____) _____ Cell #: (____) _____ Drug Reactions: _____ Current Medications: _____ Allergies: _____



PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are FOUR (4) signatures on this page 4 to be completed by student, parent/guardian and/or 18-year-old

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Student Name: LAST FIRST MIDDLE INITIAL
Student Address: STREET CITY ZIP
Gender: M F Age: Date of Birth: Place of Birth (City/State):
School: Circle Grade: 6 7 8 9 10 11 12
Father/Guardian Name:
Phone (home): (work): (cell):
Mother/Guardian Name:
Phone (home): (work): (cell):
Email Address: Parent/Guardian/18-Year-Old:

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

1 Signature of STUDENT: Date:

2 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: YES NO

If YES, Family Insurance Co: Insurance ID #:

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

3 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, an 18-year-old, or the parent or guardian of, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

4 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- 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
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

- 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



"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp



HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

SCJC Handbook and Cougar
Comittment
Acknowledgement

Please Review in full at
StoneyCougars.com

By signing below, you and your athlete are confirming you have read the SCJC Handbook and agree to adhere to the Cougar Comittment.

Parent Signature: _____

Date: _____

Athlete Signature: _____