



**Michiana Christian Football Club  
2023 REGISTRATION FORM**

**PLAYER INFORMATION**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ GRADE AS OF 8/2023:  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

SCHOOL ATTENDING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DESIRED OFFENSIVE POSITIONS: \_\_\_\_\_ DESIRED DEFENSIVE POSITIONS: \_\_\_\_\_

CAN YOU KICK OR PUNT?  YES  NO

YEARS OF EXPERIENCE PLAYING FOOTBALL: \_\_\_\_\_

WHERE PLAYED PREVIOUSLY: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

PARENT/GUARDIAN NAME: \_\_\_\_\_

CELL #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

CELL #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**Please provide the following additional paperwork needed by July 31<sup>st</sup>**

- Player physical – We just need a copy of a physical that was done with-in the last year.
- Player Birth Certificate or Government ID – We just need a copy for verification purposes.

**Michiana Christian Football Club, Corp. Osceola Grace Eagles  
WAIVER/RELEASE FORM 2023**

Participants Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

**PARTICIPANT INFORMATION:** Please check the correct response and fill in any necessary information.

A. Is the participant allergic to anything? YES ( ) NO ( )

If yes, please list \_\_\_\_\_

B. Is the participant currently taking any medication? YES ( ) NO ( )

If yes, please list \_\_\_\_\_

C. Photo permission. Pictures may be taken at programs. We encourage parents to allow photos to avoid isolation of participants during photo sessions. Pictures are used for scrapbooks, publicity, or brochures. By signing this wavier you are also granting permission for photos to be taken.

**EMERGENCY TREATMENT & TRANSPORTATION PERMISSION:**

In case of accident or injury, MCFC needs parental or guardian permission for emergency treatment and transportation. A signature below grants this permission.

**INSURANCE INFORMATION:** Health, medical, and hospital coverage is the responsibility of the participant, parent or guardian.

Insurance Co: \_\_\_\_\_

Policy#: \_\_\_\_\_

**HOLD HARMLESS-INDEMNITY RELEASE FOR PARTICIPANTS, WAIVER & RELEASE OF ALL CLAIMS:**

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program. "As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I or my child may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against Michiana Christian Football Club, Corp., and their officers, agents, volunteers, servants and employees. Additionally, I agree to waive and relinquish all claims I may have as a result of participating in the program against Osceola Grace Brethren Church, South Bend Career Academy, and their officers, agents, volunteers, servants and employees. I have read and fully understand the above Program Details and Waiver and Release all Claims.

Athlete's name (Print): \_\_\_\_\_ Parent/Guardian name (Print): \_\_\_\_\_

Athlete's Signature(s): \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_





## 2023 BUS TRANSPORTATION WAIVER

Before your student will be permitted to board the Osceola Grace Brethren Church Bus, a completed waiver form must be submitted for each child. This waiver must be completed and turned in on their first day utilizing the bus transportation. Thank you for your attention to this important administrative detail.

I, \_\_\_\_\_ **[print parent/guardian full name]** agree to indemnify and hold harmless Michiana Christian Football Club Corp, Osceola Grace Eagles, Osceola Grace Brethren Church, South Bend Career Academy, Saint Joseph County Community Corrections, The St. Joseph County Juvenile Justice Center, and all associated staff members and volunteers from any claim that I might have arising out of my student's, \_\_\_\_\_, **[print student full name]** participation in, transportation by, or involvement with Transportation to and from Osceola Grace Brethren Church, any away game site, and designated drop off and pickup zones.

\_\_\_\_ **[Initial]** I understand that I am fully responsible for complying with all rules and regulations of the bus service and that the Michiana Christian Football Club Corp. and the Osceola Grace Eagles reserve the right to cancel my participation in the bus service at any time.

\_\_\_\_ **[Initial]** I understand that while Michiana Christian Football Club Corp and the Osceola Grace Eagles will make every effort to minimize lost items on the bus, Elkhart Club Football Corp, the Osceola Grace Eagles, Osceola Grace Brethren Church, South Bend Career Academy, St Joseph County Community Corrections, the St. Joseph County Juvenile Justice Center, and all associated staff members and volunteers will be not responsible for any property left on the bus or around the pick-up and drop-off locations.

\_\_\_\_ **[Initial]** I also understand that there will be specific and non-negotiable times for the departure and arrival of the Michiana Christian Football Club Corp and the Osceola Grace Eagles, and they have the right to cancel your bus privileges if these departure and arrival times are not respected.

\_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Printed Full Name**

**Parent/Guardian Cell Phone:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Student Grade:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Phone number(s):** \_\_\_\_\_



**Michiana Christian Football Club  
2023 PLAYER FEE AGREEMENT**

**Due Date for Payment in Full:** Monday, July 31, 2023

**Total Amount Due:** \$200

**Terms of the Agreement:**

I understand that the player fee for 2023 is \$200. As part of that fee, I will be provided all necessary equipment to play on the team. I also understand that without full payment or a signed payment agreement, I will not be issued said equipment. I also understand there will be fundraiser which we will be a part of to help cover the rest of the expenses. (This allows the Eagles to keep player fees down in cost) Please select the payment plan listed below.

**Option #1**

I will pay the full amount on July 31<sup>st</sup> of \$200.

**Option #2**

I will pay \$100 on July 31<sup>st</sup> and another \$100 on September 4<sup>th</sup>.

**Signed:**

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Player's Printed Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian/Custodian's Printed Name

**CONCUSSION and SUDDEN CARDIAC ARREST ACKNOWLEDGEMENT  
AND SIGNATURE FORM FOR PARENTS AND STUDENT ATHLETES**

Student Athlete's Name (Please Print): \_\_\_\_\_

Sport Participating In (Current and Potential): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that an interscholastic student athlete, in grades 5-12, who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries, and at least twenty-four hours have passed since the injury occurred.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian for the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian - please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

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As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

\_\_\_\_\_  
Signature of Student Athlete

\_\_\_\_\_  
Date

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date