

Please list any siblings that need to be on the same team (football and cheer)

2025 MIGHTY MO YOUTH FOOTBALL PARTICIPANT APPLICATION

Special Note: This form must be dated after March 1, 2025 and is applicable only for the 2025 season. This form must be submitted to your LOCAL MIGHTY MO YOUTH FOOTBALL organization according to your LOCAL league rules. No other forms are acceptable. Every LOCAL league must have a fully completed and signed original of this form prior to allowing the athlete to participate.

Legal Name of Participant (must match birth certificate):

Last_____First_____Middle_____

Nickname or other name also known as_____

Address_____

City_____State_____Zip Code_____Weight now_____

Phone No: (H) _____ (C) _____ (W) _____ Birth date:____/____/____

Age on Sept. 1, 2025_____Gender:____Male____Female Sport: Tackle Football____Cheer ____

School District: _____ Grade Level Fall of 2025 _____

Name of Parent/Guardian_____

Relationship to Athlete: _____

Address (if different from above)_____

City_____State_____Zip Code_____

Telephone No:_____Email Address:_____

Emergency Contact Information (if the parent/guardian can not be reached):

Name_____Relationship to Athlete_____

Home Telephone No:_____Cell or work No.:_____

****MMYF Official Use Only:** TEAM FEES PAID? Y / N COPY OF BIRTH CERTIFICATE? Y / N

OUT OF DISTRICT? Y / N DIVISION: BANTAM / TITAN TEAM: _____

*****We must have a copy of your birth certificate and physical before you can practice!!**

Last _____ First _____ Middle _____

2025 Parental/Guardian Permission and Waiver:

I, the parent/guardian of the above-named participant hereby acknowledge that my child is in good general health and I give my approval for my child to participate in any and all MIGHTY MO YOUTH FOOTBALL activities, including transportation to and from the activities by a licensed driver with proof of insurance.

I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football and cheerleading may result in **SERIOUS INJURIES, PARALYSIS, and PERMANENT DISABILITY AND/OR DEATH**. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I do hereby waive, release, absolve, indemnify, and agree to hold harmless MIGHTY MO YOUTH FOOTBALL, the local league and any and all organizers, sponsors, supervisors, participants, and persons transporting the above named participant to and from activities, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

I hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and all MIGHTY MO YOUTH FOOTBALL activities.

I agree to assume full responsibility for any and all equipment/uniforms loaned to the above named participant and I agree to promptly return, upon request, the uniform and other equipment issued to the above named participant in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for the replacement cost of such equipment.

I agree to furnish an authentic certified copy of a birth certificate of the above-named participant to local MMYF officials.

I am aware that MIGHTY MO YOUTH FOOTBALL carries group accident insurance which is considered secondary or excess for medical purposes to any and all valid insurance I possess is considered primary insurance. Also I agree to notify in writing my head coach and local MMYF of any medical claim as a result of participation in MMYF as soon as reasonably possible. I understand that any registration fee paid does not constitute a direct premium for insurance and that a deductible(s) may apply.

I hereby stipulate that I have been advised by the local MMYF organization of my rights, if any, to a refund in accordance with the local organization policies, and I have also been advised of my fundraising obligations for the entire season and agree to fully comply with those obligations.

ADULT CODE OF CONDUCT:

In order to uphold the standards of MIGHTY MO YOUTH FOOTBALL and ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians and other adults and attendees of MMYF events, including but not limited to practices, competitions, and banquets, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times.

Any adult who is using alcohol, tobacco or non-prescription drugs and/or appears intoxicated at a MMYF event, and/or who is flagrantly rude, attempts to intimidate, verbally abuse, heckles, taunts, ridicules, boos, throws objects and/or uses vulgarity or profane language/gestures with an official, coach, volunteer, staff member, participant or other event attendee, must receive a verbal warning and/or be asked to leave a MIGHTY MO YOUTH FOOTBALL event. The member organization may also provide a written warning to the individual regarding the misbehavior. The adults' children may also be removed from the event. Any adult, who commits one of the above stated offenses a second time, will be banned from any and all MMYF events for a period of one year from the date of the second offense, and their children may also be removed from the program(s) for that time period.

Any adult who physically assaults an official, coach, volunteer, staff member or participant or threatens grave bodily harm may be banned from any and all MIGHTY MO YOUTH FOOTBALL events for one year from the date of the offense, and their children may also be removed from any and all MIGHTY MO YOUTH FOOTBALL programs for that same period of time. After the ban has expired, if the individual commits another offense of the adult code of conduct, the individual will be permanently banned from any and all MMYF events and the individuals children may also be permanently removed from any and all MMYF programs.

RULES & REGULATIONS

I hereby understand and acknowledge that as a parent/guardian of a MMYF participant it is my responsibility to comply with all rules and regulations stipulated, adopted or recognized by MMYF or any of its member organizations, including but not limited to the Adult Code of Conduct. Any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of my child/the participant, myself, and/or any spectators or other persons affiliated with the undersigned and the above named participant.

ATHLETE'S CODE

I will: emphasize the ideals of sportsmanship, ethical conduct and fair play. Show courtesy to my opponents and officials. Recognize athletic contests are serious educational endeavors. Give complete allegiance to my coaches who are the instructional authority for my team. Discourage fans, fellow players and parents from undercutting my coach's authority.

I will not: Use profanity or talk "trash" before, during or after any game. Use drugs, alcohol, or tobacco. Criticize my teammates. Act in any way that may incite spectators.

By my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to all of the above

Signature of Parent/Guardian _____

Print Full Legal Name _____

Signature of Participant _____

Print Full Legal Name _____ Date _____

MMYF Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly 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 listed below after a bump, blow, or jolt to the head or body, s/he should be kept 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.

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.

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

SYMPTOMS REPORTED BY ATHLETES

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 “feeling down”

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 ----- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated ----- Weakness, numbness, or decreased coordination
- A headache that not only does not diminish, but gets worse - Repeated vomiting or nausea - Convulsions or seizures
- Slurred speech - Loses consciousness (a brief loss of consciousness shall be taken serious) - Has unusual behavior

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.

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

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. 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, or 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.

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.

It's better to miss one game than the whole season. Information on concussions provided by the Centers for Disease Control and Prevention. For more information visit: www.cdc.gov/Concussion. **Date _____**

Athlete's Name Printed _____

Athlete's Signature _____

Parent or Legal Guardian Printed _____

Parent or Legal Guardian Signature _____

MMYF Emergency Medical Treatment, Consent and Information

The following information will be used in the event that a parent / legal guardian is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. Please fill out this form completely. If a particular question is not applicable write n/a, none or other appropriate comment otherwise none will be assumed. If additional space is needed, please use the back of this form. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participants coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way. (Please print)

EMERGENCY CONTACT:
Phone: ()

Relationship:

Please list any medical conditions (allergies, asthma, etc.) and medications being taken by the participant named above. Please list any other information you may deem relevant, and helpful to emergency medical personnel:

Please Note: If no information is given and the words 'none' or 'n/a' is not filled in then 'none' will be assumed.

(Please Print)

Athlete's Name:

Nick Name:

Phone: ()

Address:

City:

State:

Zip:

PARENT OR GUARDIAN INFORMATION

Father's Name:

Address:

City:

State:

Zip:

Hm Phone: ()

Cell Phone: ()

Email:

Employer:

Emergency Work Phone Number: ()

Mother's Name:

Address:

City:

State:

Zip:

Hm Phone: ()

Cell Phone: ()

Email:

Employer:

Emergency Work Phone Number: ()

Guardian's Name:

Address:

City:

State:

Zip:

Hm Phone: ()

Cell Phone: ()

Email:

Employer:

Emergency Work Phone Number: ()

INSURANCE / MEDICAL INFORMATION

Policy Holder Name:

Dr's Address:

City:

State:

Zip:

Phone: ()

FAX #: ()

Email:

Carrier:

Group:

Policy #:

Group #:

Family Physician's Name:

Preferred Hospital(s):

Allergies:

Medical Conditions:

Other Comments/Notes:

MMYF and American Youth Football, Inc. program(s) sanctioned event(s), be they official or un official, including but not limited to, athletic, social and/or fundraising activities. I further hereby consent to any and all health care providers, authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and/or any medical professional to provide treatment, order injections, hospitalize, give anesthesia or perform surgery. I understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me.

I Hereby agree to the above and grant permission for my child/ward to participate in any and all MMYFL events.

***Print Parent/Legal Guardian Name**
***Signature**
***Date**

The original Emergency Medical Treatment, Consent and Information form should travel with the coach and a copy should be kept at the administrative office of the sports organization. Due to privacy concerns, completed information must be kept confidential.

2025 MMYF Media Release Form

During the course of the Mighty MO Youth Football season games and events will be photographed and videotaped in order that we might retain a living memory of the season as well as publicize the Mighty MO Youth Football and Our Individual Organizations.

In consideration of participation in the Mighty MO Youth Football, I agree that my child may be photographed and videotaped during official Mighty MO Youth Football events and that the video and pictures may be published to promote or publicize the Mighty MO Youth Football, Our Individual Organizations, Our Sponsors or Our Communities.

Players Name _____

Date _____

Parent Printed Name _____

Parent Signature _____

Attach copy of birth certificate here

Physicals must be turned in by the first day of practice.

MSHSAA Preparticipation Physical Forms/Procedure

Medical History Form (Step 1): Issued to Student/Parent(s)/Guardian, Completed by Student/Parent(s)/Guardian, Taken to Healthcare Professional (MD/DO/ARNP/PA/DC), Retained by Healthcare Professional.

Note: If the student is under 18 years old, the Medical History questions are to be completed with assistance from parent(s)/guardian(s).

Note: The health care professional (MD/DO/ARNP/PA/DC) who completes the pre-participation examination (PPE) shall keep this Medical History form in the patient's files for their records.

This Medical History form is NOT returned to the school.

MEDICAL HISTORY				
Name:		Date of Birth:		
Sex assigned at birth (F, M or intersex):		How do you identify your gender? (F, M or other):		
List past and current medical conditions:				
Have you ever had surgery? If yes, list all past surgical procedures:				
Medicines and supplements: List all current prescriptions, over-the-counter medicines and supplements (herbal and nutritional):				
Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, stinging insects):				
PATIENT HEALTH QUESTIONNAIRE VERSION 4 (PHQ-4)				
Over the last 2 weeks, how often have you been bothered by any of the following problems (Circle response).				
	Not at All	Several Days	Over Half the Days	Nearly Every Day
Feeling nervous, anxious or on edge:	0	1	2	3
Not being able to stop or control worrying:	0	1	2	3
Little interest or pleasure in doing things:	0	1	2	3
Feeling down, depressed or hopeless:	0	1	2	3
A sum of ≥ 3 is considered positive on either subscale (questions 1 and 2, or questions 3 and 4) for screening purposes.				

(Medical History Continued – Next Page)

Explain “Yes” answers at the end of this form. Circle questions if you don’t know the answer.

GENERAL QUESTIONS	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever ordered a test for your heart? (For example, electrocardiography (ECG) or echocardiography?)		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament or joint injury that bothers you?		

MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle (males), your spleen or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you, or does someone in your family, have sickle cell trait or disease?		
24. Have you ever had, or do you have, any problems with your eyes or vision?		
25. Do you worry about your weight?		
26. Are you trying to, or has anyone recommended, that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		
FEMALES ONLY	Yes	No
29. Have you ever had a menstrual period?		
30. How old were you when you had your first menstrual period?		
31. When was your most recent menstrual period?		
32. How many periods have you had in the past 12 months?		

IF “YES,” EXPLAIN ANSWERS HERE

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of Student:
Signature of Parent(s) or Guardian:
Date:

Preparticipation Physical Examination Form (PPE) (Step 2): Issued to Student/Parent(s)/Guardian, Taken to Healthcare Professional (MD/DO/ARNP/PA/DC), Retained by Healthcare Professional.

Note: This PPE form is the recommended PPE form intended for guiding the healthcare professional (MD/DO/ARNP/PA/DC) with the completion of a preparticipation physical evaluation.

Note: The health care professional (MD/DO/ARNP/PA/DC) who completes the pre-participation examination shall keep this PPE form in the patient's files for their records. **This PPE form is NOT returned to the school.**

PRE-PARTICIPATION PHYSICAL EXAMINATION

Name:		Date of Birth:	
EXAMINATION			
Height:		Weight:	
BP: / (/)	Pulse:	Vision: R 20/ L 20/	Corrected: ☐ Yes ☐ No
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP) and aortic insufficiency)			
Eyes, ears, nose and throat • Pupils equal • Hearing			
Lymph Nodes			
Heart* • Murmurs (auscultation standing, auscultation supine and +/- Valsalva maneuver)			
Lungs			
Abdomen			
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) or tinea corporis			
Neurological			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	
Neck			
Back			
Shoulder and arm			
Elbow and forearm			
Wrist, hand and fingers			
Hip and thigh			
Knee			
Leg and ankle			
Foot and toes			
Functional • Double-leg squat test, single-leg squat test and box drop or step drop test			
* Consider electrocardiography (ECG), echocardiogram, referral to cardiology for abnormal cardiac history or examination findings, or a combination of those.			
Physician Reminders: Consider additional questions on more-sensitive issues. • Do you feel stressed out or under a lot of pressure? • Do you ever feel sad, hopeless, depressed or anxious? • Do you feel safe at your home or residence? • Have you ever tried cigarettes, chewing tobacco, snuff or dip? • During the past 30 days, did you use chewing tobacco, snuff or dip? • Do you drink alcohol or use any other drugs? • Have you ever taken anabolic steroids or used any other performance-enhancing supplement? • Have you ever taken any supplements to help you gain or lose weight or improve your performance? • Do you wear a seat belt, use a helmet and use condoms?			

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Proceed to next page for
Medical Eligibility Form



MSHSAA Medical Eligibility Form (Step 3):

Issued to Student/Parent(s)/Guardian, Taken to/Completed by Healthcare Professional (MD/DO/ARNP/PA/DC), Copy Retained by Healthcare Professional, Returned to School Administration.



Note: This Medical Eligibility form is the form to be used by a healthcare professional (MD/DO/ARNP/PA/DC) for granting a medical release for a student to participate in All Sports – Spirit – Marching Band after the completion of a preparticipation physical evaluation.

Note: The health care professional (MD/DO/ARNP/PA/DC) must complete this form, retain a copy in the patient's files for their records and issue this form to the student/parent.

This Medical Eligibility form MUST be returned to the school.

NAME (Last) _____ (First) _____ (Middle Initial) _____ Date of Birth _____
 Age _____ Sex assigned at birth (F,M, intersex) _____ Grade _____ School _____ City _____
 Present Address _____ Telephone _____

☐ Medically eligible for all Sports-Spirit-Marching Band without restrictions for two (2) years.

☐ Medically eligible for all Sports-Spirit-Marching Band without restriction for two (2) years with recommendations for further evaluation or treatment of: _____

☐ Medically eligible for all Sports-Spirit-Marching Band without restriction for less than two (2) years. Specify reasons and duration of approval: _____

☐ Medically eligible for certain Sports-Spirit-Marching Band: _____

☐ NOT medically eligible for Sports-Spirit-Marching Band

☐ NOT medically eligible pending further evaluation: _____

I have examined the above-named student and completed the pre-participation physical evaluation. Unless otherwise indicated, the student does not present apparent clinical contraindications to practice and participate in the sport(s) or activities as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the student has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the student (and parents/guardians).

Name of health care professional (Print/Type) _____ Date of Examination ____/____/____

Signature of Healthcare Professional (MD/DO/PA/ARNP/DC): _____

Clinic Address _____ City _____ State _____ Zip _____

Telephone _____

Student's Physician _____

Student's Dentist _____