

# Congratulations in taking your first steps into **--Stanwood Spartan Powderpuff Football--**

Included in this Registration Packet are the following documents/information:

- Registration
- Health Information & Emergency Contact Information & Consent
- Waiver of Liability/Hold Harmless Agreement
- Volunteer/Player Code of Conduct

***Please return the above forms, signed, to our Team Manager: Latisha Yaranon  
Contact Latisha at 425-327-4841 for more information.***

**REGISTRATION/TEAM BUILDING: *Sunday March 28th 1:00 - 3:00***

**New View Church - 8028 272nd St NW, Stanwood, WA 98292**

*or register at any practice*

**First day of Practice: Sunday, April 11th**

**PRACTICE DAYS: *Sundays 1:00 - 3:30***

*May increase to another weekday tbd*

*Location: New View Church in Stanwood.*

**Scrimmages - Time/Location TBD**



**We are looking forward to a fun season!  
It will look different then seasons in the past, but we  
are excited about what we can learn and how we can  
grow as a team!**

**-----Go Spartans!!-----**

# Stanwood Spartan Powderpuff Registration

*Welcome to our team! We're excited to have you! Alumni, welcome back!*

*Please fill out the following information.*

Name: \_\_\_\_\_  
(First) (Mid Initial) (Last)

Address: \_\_\_\_\_

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

Best Phone: hm: \_\_\_\_\_ Cell: \_\_\_\_\_

Preferred Player Number: First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_ Third Choice \_\_\_\_\_

If Alumni: Optional: Nickname change to: \_\_\_\_\_,

Nickname: \_\_\_\_\_ (No idea? Try: [www.rollerderby.namegeneratorfun.com](http://www.rollerderby.namegeneratorfun.com))

Facebook has a secret group for team members, please give your FB name \_\_\_\_\_.

## What is Provided?

1. Flags

## Player responsible for the following:

1. Mouthguard
2. Cleats - No metal spikes

## Players encouraged to sign up for at least 1 fundraising event such as:

1. Touch-a-Truck -May
2. Krispy Kreme Sales - June
3. Pre-Sale Tickets / Raffle shift of 2 hours or more.

*T-shirts/Sweatshirts will be available for purchase with or without personalization. We will know more about cost for those items when we determine what the interest will be for those. (Price breaks usually come with bulk orders)*

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\_\_\_\_\_ **Initial** I understand that the player fee is waived this year, but that gear issued is required to be returned cleaned by the end of year party, or I will be liable for incurred replacement costs.

I, \_\_\_\_\_, on this day, \_\_\_\_\_ have read the above, given additional forms, and understand football is not without risk. I can receive a copy of signed documents upon request.



# Powderpuff Football: Stanwood Spartan Moms (SSM)



## Health Information ♦ Emergency Contact Information ♦ Consent

NOTE: To be carried by Team Manager together with team roster for practices, volunteer events, and Game events.

### Player / Volunteer Information:

Name: \_\_\_\_\_ Cell# \_\_\_\_\_

Address: \_\_\_\_\_ WA, \_\_\_\_\_

Birthday: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Current age: \_\_\_\_\_ Gender: \_\_\_F \_\_\_M

### Emergency Contact Information:

In case of emergency, if healthcare provider cannot be reached, I hereby authorize to be treated by certified emergency personnel. (i.e. EMT, First Responder, E.R. Physician).

Please call in case of emergency:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ ph# ( ) \_\_\_\_\_ - \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ ph# ( ) \_\_\_\_\_ - \_\_\_\_\_

Please list at least 1 emergency contact other than spouse/partner.

Healthcare Provider: \_\_\_\_\_ ph# ( ) \_\_\_\_\_ - \_\_\_\_\_.

### Provide Ins Card: Optional. Health Information:

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder, Heart Condition, Sprain, Knee Injury, Latex Allergy, etc).

Medical Diagnosis	Medication	Dosage & Frequency	Date of Diagnosis or Revealed Symptom

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

- Date of last physical by medical doctor \_\_\_\_\_
- Are you presently under a physician's care? \_\_\_ Y / \_\_\_ N
- If you have a condition that requires an immediate action? Y/ N (i.e. asthma: inhaler) If so what condition, and medication item: \_\_\_\_\_

If you have a previous and/or recent injury/surgery within the last year, you need to submit a doctor's note to participate before you're allowed to practice or play in game(s).

If required:

Doctor's note received: \_\_\_\_\_ and player is cleared / not cleared for participation.

Team Contact Sign: \_\_\_\_\_, Date \_\_\_\_\_

**Consent:**

I, Print Name: \_\_\_\_\_, submit the above information voluntarily, and state to the best of my ability the information to be true. I give SSM permission to act in my best interest to provide the necessary steps to aid in emergency care in the absence of emergency contacts. I give medical authorization to emergency contacts to act in my best interest. I have read the waiver herein known as the Powderpuff Football Waiver of Liability/Hold Harmless Agreement, and understand I am releasing any liability towards the releasees described. I understand that SSM will only use the information provided for the sole purpose of an emergency if incapacitated or showing signs of duress. This information will be kept on file with the Team Manager at all times, and is deemed confidential until necessary. I have been given the option to receive a copy via digital or hard copy.

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Signature

Date

## **Stanwood Spartan Moms Waiver of Liability/Hold Harmless Agreement**

1. In consideration for playing or volunteering for Powderpuff Football for the 2020 season, I hereby release, waive, discharge, and covenant not to sue Stanwood Spartan Moms (SSM) or any of the co-sponsoring organizations, its officers, board members, coaches, servants, agents, and employees, or volunteers, (hereinafter referred to as "releases") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or relating to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the releasees, or otherwise, while participating in Powderpuff Football, or while in, on or upon the premises of where the Powderpuff Football is being conducted, while in transit to or from the premises, or in any place or places connected with the Powderpuff Football events.

2. I am fully aware of risks and hazards connected with being on the premises and participating in the Powderpuff Football events, hereby elect to voluntarily participate in the Powderpuff Football events. I voluntarily assume full responsibility for any risk of loss, property damage, or personal injury, including death, that may be sustained by me, or any loss or damage to personal property owned by me, as a result of being a participant in the Powderpuff Football events, whether caused by negligence of releasees or otherwise.

3. I am fully aware that equipment herein described as any additional personal additions to uniform such as headgear (helmet, facemask, and all related components) and pads provided by the Stanwood Spartan Moms (SSM) is provided as extra precautionary safety gear and will not and cannot prevent all potential injury. It is my sole responsibility to inform coaches if the equipment needs adjusting or modification. Due to helmet safety standards, it is important to return all headgear for recertification. I understand that all equipment is given as a loan and is subject to collections if not returned. Any player who does not return equipment will be required to pay for replacement of items up to \$500\* immediately. SSM has the right to send to collections, issue a lien, or suspend reissuing until paid in full. Players will be given 2 opportunities to return gear in a timely fashion. To learn more about helmet recertification, visit: [www.nocsa.org/standards/football/](http://www.nocsa.org/standards/football/). All headgear will comply to NOCSAE procedures and certification for the safety of all players. \*cost pending on size, subject to change without notice. Any player who supplies their own personal headgear must be NOCSAE certified, and logged in the helmet record noting (re)certification number, brand and year. \_\_\_\_\_ **Initial.**

4. I hereby acknowledge that upon disclosing any medical or dental concerns being past or present nature, I will not hold SSM accountable for such conditions. In disclosing them on the Health information form, I am proactively communicating health concerns that may help coaching techniques unique to my condition(s). I understand SSM is not responsible for providing medical or dental insurance in any capacity. I understand a physical exam within the last year has been recommended. \_\_\_\_\_ **Initial.**

## Waiver of Liability/Hold Harmless Agreement (Continued)

5. Upon requiring medical attention in the scope of prophylactic or emergency care, I hereby acknowledge the caregiver or releases are acting under the Good Samaritan Law (RCW 4.24.300) and shall not be held liable.

6. Any guest accompanying by the player or volunteer in Powderpuff Football shall also be the sole responsibility of the player or volunteer and out of the scope of any due responsibility or liability of SSM.

7. I recognize that possible impacts could cause concussion, and have been informed of related symptoms set forth in addition to this Waiver of Liability/Hold Harmless Agreement hereafter known as the "Release". I waive the right to hold SSM liable for any possible related injuries from any Powderpuff event or being on the premises. I understand any conditions incurred presently or any future conditions that may have resulted from an injury that occurred as a player or volunteer, SSM will not be held liable.

8. I understand any conditions being of personal or bodily injuries that may have lay dormant unrevealing itself until future symptoms or incident arise that may have resulted from injuries sustained thereof, that I will not hold SSM liable for any and all of the following: medical finances, workmen's compensation for loss of time or disability, pain and suffering being of any statute of limitations including but not limited to the following: spousal marital duties, childcare costs shall not be held against any of the releasees. It is my responsibility to see a medical doctor for any possible related symptoms for follow up, in a timely manner.

9. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and estate, if I am deceased, and shall be deemed as a release, waiver, discharge, and covenant not to sue the above named releasees.

In signing this Release, I acknowledge and represent that:

- A. I have read the foregoing Release, understand it, and sign it voluntarily as my own free act and deed.
- B. No oral representations, statements or inducements, apart from the foregoing written agreement have been made.
- C. I am at least eighteen (18) years of age and fully competent; and
- D. I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

I hereby understand that in participating in a Stanwood Spartan Moms sponsored function I will adhere to all rules and regulations, as well as all local, state, and federal laws.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Stanwood Spartan Moms

## Volunteer/Player Guidelines

### Code of Conduct & Rules

- Using, possessing or being under the influence of alcohol or illegal drugs will not be tolerated and is strictly prohibited.
- Volunteers/Players must keep the health and safety of other players as the main focus during practice sessions and games.
- Volunteers/Players must use positive techniques of guidance, including positive reinforcement and encouragement.
- Volunteers/Players will demonstrate how to win graciously and lose without complaining or criticizing the officials, other players or coaches.
- Volunteers/Players will refrain from posting on social media any negative comments or negative photos of any coaches, teammates, other opposing team players, board members or officials.
- Volunteers/Players will return all gear at the end of the season
- Volunteers/Players understand that any violation of the Code of Conduct & Rules may be cause for removal from the Stanwood Spartan Moms.

### Participation and Release from Liability

- **Volunteer Terms:** I understand Stanwood Spartan Moms does not provide insurance plans for volunteers, including no medical, accident, dental, workers compensation, disability, or other coverage.
- **Property Loss:** I understand Stanwood Spartan Moms is not responsible for my personal property lost, damaged or stolen while participating in Stanwood Spartan Moms volunteer activities
- **Photograph Permission:** I give permission for Stanwood Spartan Moms to use without limitation or obligation, photographs or other media that may include my image to promote and advertise for Stanwood Spartan Moms.

I have read and being fully aware of the matters in this document and would like to volunteer/play for the Stanwood Spartan Moms.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Stanwood Spartan Moms

## Coaches/Volunteer Guidelines

### Code of Conduct & Rules

- Using, possessing or being under the influence of alcohol or illegal drugs will not be tolerated and is strictly prohibited.
- The Coaches must keep the health and safety of other players as the main focus during practice sessions and games.
- The Coaches must use positive techniques of guidance, including positive reinforcement and encouragement.
- The Coaches will demonstrate how to win graciously and lose without complaining or criticizing the officials, other players or coaches.
- The Coaches will refrain from posting on social media any negative comments or negative photos of any coaches, teammates, other opposing team players, board members or officials.
- The Head Coach will return all gear at the end of the season
- Coaches shall be approved on a yearly basis by the board.
- The Coaches shall get unanimous approval from the board prior to any purchases including reimbursements.
- The Coaches understand that any violation of the Code of Conduct & Rules may be cause for removal from the Stanwood Spartan Moms.
- The Coaches will be given WA background check.
- The Coaches will be given information on concussions according to CDC.

### Participation and Release from Liability

- **Volunteer Terms:** I understand Stanwood Spartan Moms does not provide insurance plans for volunteers, including no medical, accident, dental, workers compensation, disability, or other coverage.
- **Property Loss:** I understand Stanwood Spartan Moms is not responsible for my personal property lost, damaged or stolen while participating in Stanwood Spartan Moms volunteer activities
- **Photograph Permission:** I give permission for Stanwood Spartan Moms to use without limitation or obligation, photographs or other media that may include my image to promote and advertise for Stanwood Spartan Moms.

I have read and being fully aware of the matters in this document and would like to volunteer/play for the Stanwood Spartan Moms.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# Washington State Patrol Background Check

Coaches only:

Name:

First \_\_\_\_\_

Middle \_\_\_\_\_

Last \_\_\_\_\_

Any Previous Names: \_\_\_\_\_

D.O.B. \_\_\_/\_\_\_/\_\_\_ (DD/MM/YYYY)

- Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you had any findings made against you in any civil adjudicative proceeding? Yes \_\_\_ No \_\_\_
- Have you had both a conviction and or any findings made against you? Yes \_\_\_ No \_\_\_

I, \_\_\_\_\_, agree to allow Stanwood Spartan Moms, to submit my information for a Washington State Patrol Background Check. The purpose of the background check will be used for the sole purpose of creating a safe environment for players participating in Stanwood Spartan Powderpuff football. I understand that Stanwood Spartan Moms will notify the applicant of the Washington State Patrol's response within 10 days after receipt.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_