

TEAM HANDBOOK



2015

www.graftongladiators.com

**GRAFTON GLADIATORS
ALL-AMERICAN YOUTH FOOTBALL LEAGUE**

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**GRAFTON GLADIATORS
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MISSION STATEMENT

Grafton Gladiators Youth Football strives to introduce football to all youth in our community by developing solid fundamentals of football, and at the same time ingraining discipline, good sportsmanship, strong character and respect to carry over into all areas of their life. While aiming for success, we promote a positive, fun and safe environment to develop a passion and enthusiasm for football; forming bonds that will last a lifetime.

GLADIATOR PHILOSOPHY

The philosophy of The Grafton Gladiators has always been to attempt to give every player a positive football experience at the youth level.

The Gladiators have built their reputation on hard work, discipline & commitment to the total team effort. Through that hard work, we have consistently been one of the best programs in the All-American Youth Football League since 1976.

The coaching staff is committed to maintaining this level of excellence, allowing the players to have fun learning & playing the game of football as well as ensuring our continued success on the field.

The Gladiators will make NO GUARANTEE OF PLAYING TIME for any player at any level. However, our coaching staff provides every player the opportunity to play.

The bottom line is and always will be for the Gladiators to have success on the field, but certainly not "AT ALL COSTS" or at the expense of our reputation.

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COACHES THIRTEEN POINTS

Parents Need to Understand the Following 13 Points concerning the Gladiators Football Program;

1. We strive to treat our players like they are our sons.
2. We coach hard, loudly, and aggressively. You are welcome to observe, but beware.
3. Football is a loud, tough, disciplined, and emotional game. We coach it the same way.
4. We believe, stress, and teach our priorities.
5. We require your child's undivided attention when we are teaching him.
6. The team always comes first. We have no stars.
7. We may require your child to be more disciplined than you do.
8. We don't play kids to make them happy. Athletes are played because they have great attitude, they do the things that are required plus more, they add the most value to the team, they understand their roles on the team, their number one goal is to make the team better
9. A parent's influence or position makes no difference.
10. A player is put in the best position that is best for our team.
11. Evaluation of your child happens 24 hours a day, seven days a week.
12. Players who do not work out with the team in the off -season including the summer and do not participate in other sports, start at the bottom of the depth chart.
13. Schedule meetings with coaches in advance. Remember our philosophy when evaluating a situation-the team comes first. Our door is always open and so are our minds; please have the same attitude. We always meet with the player before we will meet with the parents

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TEAM HISTORY

1976 - The Grafton Gladiators are established in 1976 by Mr. Ron Heller of Grafton.

1977 – Gladiators become members of the All -American Youth Football League. The Gladiators were one of the original 6 teams in the league. There are now 46 current members.

The Gladiators started out with 25 players, fielding just an "A" team. With the numbers steadily increasing, a "B" team was added in 1979, and finally, a "C" team in 1989. Since their inception, the Gladiators have played their home games at Grafton High School, practice used to be held at the 9th Avenue baseball field and Kennedy Elementary School; they have practiced exclusively at Kennedy since 2001.

The Gladiators have always been a completely independent and self-funded organization, relying on registration fees, fund-raisers and community support to meet their financial needs.

The league that they participate in governs much like the High Schools WIAA. They set season schedules for all teams, and implement and enforce all on field playing rules and restrictions. Each organization maintains control of its own team policies and procedures.

1982 - Following the 1982 season, Head Coach Ron Heller retired and turned the team over to Bob Kiefer, a defensive assistant with the team since its birth. Coach Kiefer led the team that year to its second league title, and on the morning of the championship game handed out new game jerseys to the players, changing the team colors from all black to orange, black and white. Those colors remain in place today.

1994 - The Gladiators went through another cosmetic change following the 1994 season when Coach Kiefer moved up to coach the JV team at Grafton High School, Bob stayed with the team and assumed the role of Team President. The Gladiators new head coach was Chuck Race. Coach Race had been with the team since 1987. He has coached at the A, B and C levels and along with the Head Coaching duties, he served as the defensive coordinator on the A team.

2001 - Following Coach Race's death in 2001, Bob Kiefer returned to once again to assume role as Head Coach and Defensive Coordinator on the A Team. 2002 - Coach Kiefer moved on to Grafton High School coaching staff again, but remained with the team as Program Coordinator. At that time, a "Head Coach" was appointed at each level and that system remains in effect today.

2006 - The Gladiators suffered another tragedy with the sudden death of Coach Rick King with 2 games remaining in the season, the final 2 games were played in honor of Coach King and the Gladiators were victorious in both contests, finishing the season 6-2.

2010 – Gladiator board established to provide additional oversight, guidance, and organization. Bob Kiefer

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turned Director of Football Operations over to Mark Gall and assumed roll as advisor to the Gladiator program.

2011 - Gladiator program expands its program and adds a D team for 4th and 5th grade students.

2012 – Team Records were:

- A Team => 6-2 and winner of the Group I North Division
- B Team => 5-2-1
- C Team => 5-3
- D Team => 5-2

2013 – Gladiators partner with Village of Grafton in managing a youth flag football program. The flag football is for athletes entering the 1st through 4th grade of a given school year.

2014 – Gladiators take over full control of flag football program for players in grades 1st through 4th grades.

Team Records were:

- A Team => 5-3 and winner of the Group I North Division
- B Team => 7-1
- C Team => 6-2
- D Team => 4-4

Player participation continues to stay steady at approximately 100 players.

Over 1600 players have come through our program, with many returning as coaches. The high standard that was established by the players and coaches of the past are what fuels today's teams to strive for excellence in the future. Throughout the past 32 years the Gladiators have compiled an overall record of 178 wins, 105 losses and 1 tie. They have won 15 Division titles, appeared in 4 League Championship games, winning 2, and winning 2 Chicago Area Super Bowls.

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THE GRAFTON GLADIATORS WILL CONTINUE TO STRIVE TO BE SECOND TO NONE

ORGANIZATION

Mark Rowland – Director of Football Operations

Paul Sperber - Head Coach A-team

Tim Taylor – Head Coach B-team

Cary Van Slus – Head Coach C-team

Andy Wizarde – Head Coach D-team

Board

Mark Gall - President

Scott Benzschawel - Vice President

Carolyn Steen – Treasurer

Eric Pfleger - Secretary

Chuck Weir – Fundraising, Sponsors & Program

Joe Niswonger - Concessions

Jennifer Sorenson - Public Relations

Todd Bennett - Consultant / Advisor

Non-Voting Members

Fritz Rauch - Grafton High School Coach

Note – Each head coach and the Director of Football Operations has one vote on the board.

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IRON MAN AWARD

The Iron Man Award is given to each player that makes every reasonable effort to **PARTICIPATE IN AND STAY FOR THE EVERY PRACTICE & EVERY GAME!!!**

ANY ABSENCE, EXCUSED OR UNEXCUSED WILL CAUSE THE PLAYER INELIGIBLE FOR THE AWARD!!!

NO EXCEPTIONS CAN OR WILL BE MADE TO THESE RULES!!!

The IRON MAN AWARD was created to recognize those players who put forth the extra effort to be on time, to play with minor injuries and participate in every game and practice!!!

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EQUIPMENT INVESTMENT PER PLAYER

–	Helmet	=	\$125
–	Shoulder Pads	=	\$ 95
–	Rib Pads	=	\$ 55
–	Practice Pants	=	\$ 25
–	Practice Jerseys	=	\$ 18
–	Game Pants	=	\$ 55
–	Game Jersey	=	\$ 135 (2)
–	Girdle & Pads	=	\$ 40
–	Thigh Pads (pair)	=	\$ 20
–	Knee Pads (pair)	=	\$ 15
–	Belt (2)	=	\$ 10
–	Mouth-guards	=	\$ 3
–	Game Socks	=	\$ 10
–	Travel Bag	=	<u>\$ 17</u>
TOTAL		=	\$618/PLAYER

Additional yearly expenses:

Footballs, officials' fees, Kennedy Field lights & maintenance, water for fields, medical supplies, Gatorade, t-shirts, player awards, league fees, coaches liability insurance, equipment insurance, player medical rider insurance, video tapes/DVD's, equipment repair & replacement, scoreboard operator, and misc. administrative costs.

With our \$225 fee from each player, business donations, Gold Card sales and Concession Stand sales, we are able to outfit our football team and maintain operations with some of the best equipment available today, Grafton continues to set the standard for the league year after year.

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CONCUSSION INFORMATION

When in Doubt, Sit Them Out!

1. Before a student may participate in practice or competition: At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.
2. An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.
3. A person who has been removed from a youth athletic activity may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

<p>These are some SIGNS concussion (what others can see in an injured athlete):</p> <p>Dazed or stunned appearance Change in the level of consciousness or awareness Confused about assignment Forgets plays Unsure of score, game, opponent Clumsy Answers more slowly than usual Shows behavior changes Loss of consciousness Asks repetitive questions or memory concerns</p>	<p>These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):</p> <p>Headache Nausea Dizzy or unsteady Sensitive to light or noise Feeling mentally foggy Problems with concentration and memory Confused Slow</p>
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Injured athletes can exhibit many or just a few of the signs and/or symptoms of concussion. However, if a player exhibits any signs or symptoms of concussion, the responsibility is simple: remove them from participation. "When in doubt sit them out."

It is important to notify a parent or guardian when an athlete is thought to have a concussion. Any athlete with a concussion must be seen by an appropriate health care provider before returning to practice (including weight lifting) or competition.

RETURN TO PLAY

Current recommendations are for a stepwise return to play program. In order to resume activity, the athlete must be symptom free and off any pain control or headache medications. The athlete should be carrying a full academic load without any significant accommodations. Finally, the athlete must have clearance from an appropriate health care provider.

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The program described below is a guideline for returning concussed athletes when they are symptom free. Athletes with multiple concussions and athletes with prolonged symptoms often require a very different return to activity program and should be managed by a physician that has experience in treating concussion.

The following program allows for one step per 24 hours. The program allows for a gradual increase in heart rate/physical exertion, coordination, and then allows contact. If symptoms return, the athlete should stop activity and notify their healthcare provider before progressing to the next level.

STEP ONE: About 15 minutes of light exercise: stationary biking or jogging

STEP TWO: More strenuous running and sprinting in the gym or field without equipment

STEP THREE: Begin non-contact drills in full uniform. May also resume weight lifting

STEP FOUR: Full practice with contact

STEP FIVE: Full game clearance

Wisconsin Legislative Document Chapter 118 – General School Operations

Section 118.293 - Concussion and head injury.

(1) In this section:

(a) "Credential" means a license or certificate of certification issued by this state.

(b) "Health care provider" means a person to whom all of the following apply:

1. He or she holds a credential that authorizes the person to provide health care.
2. He or she is trained and has experience in evaluating and managing pediatric concussions and head injuries.
3. He or she is practicing within the scope of his or her credential.

(c) "Youth athletic activity" means an organized athletic activity in which the participants, a majority of whom are under 19 years of age, are engaged in an athletic game or competition against another team, club, or entity, or in practice or preparation for an organized athletic game or competition against another team, club, or entity. "Youth athletic activity" does not include a college or university activity or an activity that is incidental to a nonathletic program.

(2) In consultation with the Wisconsin Interscholastic Athletic Association, the department shall develop guidelines and other information for the purpose of educating athletic coaches and pupil athletes and their parents or guardians about the nature and risk of concussion and head injury in youth athletic activities.

(3) At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

(4) (a) An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider

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determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.

(b) A person who has been removed from a youth athletic activity under par. (a) may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

(5) (a) Any athletic coach, official involved in an athletic activity, or volunteer who fails to remove a person from a youth athletic activity under sub. (4) (a) is immune from civil liability for any injury resulting from that omission unless it constitutes gross negligence or willful or wanton misconduct.

(b) Any volunteer who authorizes a person to participate in a youth athletic activity under sub. (4)

(b) is immune from civil liability for any injury resulting from that act unless the act constitutes gross negligence or willful or wanton misconduct.

(6) This section does not create any liability for, or a cause of action against, any person.

Additional Sources of Information:

Coaches: <http://www.wiaawi.org/health/CoachGuide.pdf>

Parents: <http://www.wiaawi.org/health/ParentFactSheet.pdf>

Parents: <http://www.wiaawi.org/health/NFHSParentGuide.pdf>

Athletes: <http://www.wiaawi.org/health/AthleteFactSheet.pdf>

Order CDC materials: <http://wwwn.cdc.gov/pubs/ncipc.aspx#tbi4>

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MAIN PROGRAM RULES

1. **Refund:** Any player dropped from the program within the FIRST TEN PRACTICES will be refunded \$100 of the \$225 registration fee only. No refunds of any kind will be issued after the completion of the 10th practice regardless if the player quits or is dropped from the team.
2. **Practice:** A player who will miss practice MUST CALL THE HEAD COACH OF HIS TEAM prior to practice to explain his absence. The first time the player does not call he will be penalized with laps at practice, the second offense the player may be dropped from the team.
3. **Respect:** No "back talk" to any coach or official or conduct seen by the staff as detrimental to the team will be tolerated at any time. Suspension from games or being dropped from the team can be imposed by the Head Coach.
4. **Absences:** Excused absences from practices or games are, but not limited to the following: homework, religion classes, weddings, funerals & planned family vacations. Unexcused absences: Brewers games, Great America, etc...
5. **Prohibited Substances:** If at any time the coaching staff becomes aware of any player using tobacco, alcohol or drugs, the player will be dropped from the team immediately.
6. **Jewelry:** Players are not allowed to wear jewelry, watches, necklaces, earrings or bracelets at games or practices. Exceptions would be MEDIC-ALERT bracelet or necklace.
7. **Equipment:** All equipment issued to the players is the property of the Gladiators. If any equipment is lost or damaged due to negligence, the player will be responsible for the repair/replacement costs. Replacement costs are found in this handbook.
8. **Practice:** ALL PLAYERS ARE STRONGLY ADVISED to be at the first 7 practices of the season. If a planned family vacation is during the month of August, that player will be behind in the team's preparation for the season, and he may not start or see as much playing time as other players. Practice schedules do not allow for special individual work with only a certain player(s). Additional guidelines for practice will be discussed at the first practice.
9. **Game Day:**

The "A" team will be at the field at the time determined by the coaching staff. They are REQUIRED TO BE IN THE STANDS to watch the entire "B" game. They will perform the trash pick-up under and around the home bleachers during the 1st quarter of the "C" game, under coach's supervision.

The "B" team will be in the stands at 9:00 for the start of the "A" game and are REQUIRED TO BE IN THE STANDS for the entire "A" game. They will also perform trash pick-up under and around the home bleachers during the 1st quarter of the "C" game, under coach's supervision.

The "C" team will be at the field at the time determined by the coaching staff. They are REQUIRED TO BE IN THE STANDS to watch the entire "D" game. They will perform trash pick-up under and around the home bleachers after the "D" game, under coach's supervision.

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The "D" team will be in the stands at 12:00 for the start of the "C" game and are REQUIRED TO BE IN THE STANDS for the entire "A" game. They will perform trash pick-up under and around the home bleachers after the "D" game, under coach's supervision.

THE ONLY EXCEPTION TO THIS RULE IS IF THE PLAYER INFORMS HIS COACH IN WRITING BY THE FRIDAY NIGHT BEFORE THE GAME.

10. **Playing Time:** Players playing time will be based on performance & effort during practices & games. Players will play more or less based on weekly evaluations by his coaches. All questions regarding your son's participation in the Gladiators should be directed to the Head Coach at his level. If you do not get a satisfactory resolution, then feel free to contact the Director of Football Operations. However, anonymous phone call or letters will not be dealt with by any coach or administrator of this team. Your complaint or concern, no matter the nature, will not be held against the player, and will be kept confidential if requested.
11. **Communication:** The Gladiators main form of communication is thru email. It is the parent's responsibility to periodically check their email for information concerning the Gladiator program. In addition, the Gladiators use a text messaging service when practices are cancelled due to inclement weather.

IF YOU AS A PLAYER OR PARENT FEEL THAT YOU CANNOT ADHERE TO THE ABOVE LISTED RULES, DO NOT APPLY FOR THE GRAFTON GLADIATORS FOOTBALL TEAM. THESE RULES WILL BE FOLLOWED IN THE BEST INTEREST OF THE TEAM & FOR THE PROTECTION OF OUR PLAYERS.

Signature and date required by both the player & parent!!

PLAYER _____

PARENT _____

DATE _____

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PLAYER CODE OF CONDUCT

1. Players must always adhere to the positive aspects of the sport (e.g. fair play) and never condone violations of the game rules, behavior contrary to the spirit of the rules of the game, or the use of prohibited substances or techniques.
2. Players must consistently display high standards of behavior.
3. Players must appreciate the importance of *striving* to win, not in winning itself.
4. Players will not use any form of profanity.
5. Players must respect the rights, dignity, and worth of each and every person involved in the sport.
6. Players must accept responsibility for their own behavior and performance, and not argue with the game officials.
7. Players will not refuse to abide by an official's decision, or perform a verbal, forceful or disrespectful demonstration of dissent to an official's decision.
8. Players will not engage in an abusive verbal attack, including "trash talking" or taunting, to any official, participant, coach, team representative, or spectator.
9. Players will not engage in a physical attack, including but not limited to, the laying of a hand upon, pushing, shoving, striking, or kicking of any official, participant, coach, team representative, or spectator.
10. Players will not use deliberately rough tactics during a game against an opponent.
11. Players are expected to be good students and good people at school. Should a player be involved in an incident at school (e.g. bullying), that player will face discipline from the head coach. Said discipline is at the sole discretion of the head coach but may include sitting out a game.
12. Players will do their best to remember that youth sports are supposed to be FUN, and that winning and losing are part of everyone's experience.

Player's Signature: _____ Date: _____

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PARENT CODE OF CONDUCT

1. Do not force your children to participate in sports, but support their desires to play their chosen sport. Children are involved in organized sports for their enjoyment. Make it fun.
2. Encourage your child to play by the rules. Remember, children learn best by example, so applaud the good plays of both teams.
3. Do not embarrass your child by yelling at players, coaches or officials. By showing a positive attitude toward the game and all of its participants, your child will benefit.
4. Emphasize skill development and practices and how they benefit your young athlete.
5. De-emphasize game and competition in the lower age groups.
6. Know and study the rules of the game, and support the officials on and off the field. This approach will help in the development and support of the game. Any criticism of the officials only hurts the game.
7. Applaud a good effort in victory and in defeat and enforce the positive points of the game.
8. Never yell or physically abuse your child after a game or practice - it is destructive.
9. Recognize the importance of volunteer coaches. They are very important to the development of your child and the sport. Communicate with them and support them.
10. Please wait 24 hours after an incident before contacting a coach.
11. Any parent/guardian or spectator who is involved in a verbal and/or physical altercation or an incident of unsportsmanlike or disruptive behavior is subject to ejection from the sports facility and face further disciplinary action by the Grafton Gladiator Board of Directors. Unsportsmanlike or disruptive behavior includes, but is not limited to:
 - a. Verbal and/or physical abuse of a player, coach, parents, spectators, or league official.
 - b. Inciting or encouraging abusive and dangerous actions by the players on the field.
 - c. Baiting, ridiculing and/or threatening another player, coach, parent, spectator or league official.
 - d. Abuse of playing equipment or facilities.
 - e. Use of any offensive or derogatory language.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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FAMILY CONTACT INFORMATION

Athlete's Name (Last, First): _____

A Team **B Team** **C Team** **D Team**
 (8th grade Fall 2015) (7th grade Fall 2015) (6th grade Fall 2015) (5th grade Fall 2015)

Did your athlete play last year? **Yes** **No**

If yes, please review the attached contact information we have on file.

Is the information we have on file correct? **Yes** **No**

If no, please fill out the below information

Street: _____

City: _____ State: WI Zip: _____

Does your athlete attend a Grafton School District School? Yes ____ No ____ T-Shirt Size: _____

Parent1	Parent2
Name:	Name:
Email1:	Email1:
Main Phone Number:	Main Phone Number:
Is this number: <input type="checkbox"/> Cell	Is this number: <input type="checkbox"/> Cell
Is this number: <input type="checkbox"/> Home	Is this number: <input type="checkbox"/> Home
Is this number: <input type="checkbox"/> Work	Is this number: <input type="checkbox"/> Work

Important Note

The Gladiators will issue you an email confirming that your email address is correct. At that time, if you want additional email addresses and/or telephone numbers on file for us to contact you, you will be required to reply to the Gladiator email with this information.

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EMERGENCY INFORMATION

Athlete's name _____ Age _____

Address _____ Phone _____

Family physician _____ Phone _____

List two persons to contact in case of emergency:

Emergency Contact Name _____ Phone _____

Address _____ Work phone _____

Emergency Contact Name _____ Phone _____

Address _____ Work phone _____

Insurance Co. _____ Policy No. _____

Are you allergic to any drugs? ____ If so, what? _____

Do you have any other allergies? (i.e., bee sting, dust) _____

Do you suffer from ____asthma ____diabetes ____epilepsy? (Check any that apply.)

Are you on any medication? _____ If so, what? _____

Do you wear contacts? _____

Please List any other items that the Gladiators need to be aware:

Parent's signature

Date

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PHYSICAL FORM

PLAYERS NAME: _____

EXAM

The above named child has been examined and there are no apparent contradictions with his health to participate in the Grafton Gladiators youth football activities, except as follows:
(if none, write none)

Physicians Signature _____

Date _____

PARENT AUTHORIZATION I MEDICAL WAIVER,

In lieu of the above Physician statement, I/we, the parents of the above named child, do hereby certify that this child has a recent physical exam and we except any and all responsibility that this child is in sufficient physical condition to participate in all youth football activities.

Parent / Guardian Signature _____

Date _____

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AUTHORIZATION OF CONSENT

Medical Treatment for a Minor

We _____ the parent(s) / guardian(s) of _____
(Player) a minor, age _____, date of birth _____ and who resides at the
following address _____

do consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment,
and/or hospital care to be rendered to the above listed minor under the supervision and on the
advice of any physician or surgeon licensed to practice medicine in the state of Wisconsin, when
the need for such action is immediate, and when efforts to contact me (us) are unsuccessful.

Signature of parent / guardian _____

Signature of parent / guardian _____

Contact phone numbers;

Father- home _____ work _____ other _____

Mother- home _____ work _____ other _____

Guardian- home _____ work _____ other _____

Another person to contact in case we are unable to reach you,

Name _____

Phone _____

Relationship _____

Dated: _____

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WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE

TEAM (Organization) GRAFTON GLADIATORS LEVEL (A, B, C, D) _____

PLAYER _____
(Last) (First) (M.I.)

PHONE _____ AGE _____ BIRTH DATE _____ HT _____ WT _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

HIGH SCHOOL DISTRICT OF RESIDENCE: _____ GRADE IN FALL: _____ SCHOOL: _____

FATHER'S NAME: _____ PHONE: _____ EMAIL ADDRESS: _____

MOTHER'S NAME: _____ PHONE: _____ EMAIL ADDRESS: _____

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the **WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE**, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. **I knowingly and freely assume all such risks**, both known and unknown, **even if arising from the negligence of the releases** or others, and assume full responsibility for my participation; and,
3. I will comply with all rules and regulations of the **WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE** and its member organizations (copies of rules and regulations are available upon request from the member organization for which this application is intended); and,
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazards during my presence or participation, or if I am injured while participating in this activity, I will remove myself from participation and bring such to the attention of the nearest team official immediately; and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **hereby release and hold harmless** the **WISCONSIN ALL-AMERICAN YOUTH FOOTBALL LEAGUE**, its members, their officers, its coaches, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), **with respect to any and all injury, disability, death**, or loss or damage to person or property, **whether arising from the negligence of the releases or otherwise**.

I have read this Release of Liability and Assumption of Risk Agreement, fully understand it's terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntary without any inducement.

Participant's Signature _____ Date Signed: _____

For Parents/Guardians

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the Releases.

Parent/Guardian's Signature

Form 8

**GRAFTON GLADIATORS
ALL-AMERICAN YOUTH FOOTBALL LEAGUE**

**CONCUSSION STATEMENT ACKNOWLEDGING RECEIPT OF
EDUCATION AND RESPONSIBILITY**

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

I, _____, of the Grafton Gladiators
Student/Athlete Name

Hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

Signature of student/athlete

Date

I, _____, the parent/guardian of the student athlete named above,
Parent/Guardian Name

Hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. . I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

Signature and printed name of parent/guardian

Date

**GRAFTON GLADIATORS
ALL-AMERICAN YOUTH FOOTBALL LEAGUE**

CONCUSSION QUESTIONS AND CONTACT INFORMATION

Name _____ Date _____

Address _____

City _____ Zip _____ County _____

Phone _____ Email _____

Age _____ School _____ School District _____

Check all that apply

I participate in:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Hockey |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Golf | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Tennis | <input type="checkbox"/> Swimming & Diving | |
| <input type="checkbox"/> Other _____ | | | |

Name of Current Team GRAFTON GLADIATORS

1. Have you ever had a concussion? _____, if yes, how many? _____
2. Have you ever experienced concussion symptoms? _____ Did you report them? _____

Emergency Contacts:

Name: _____ **Relationship:** _____

Phone Number: _____

Name: _____ **Relationship:** _____

Phone Number: _____

Please complete this form and return to the person operating the youth athletic

**GRAFTON GLADIATORS
ALL-AMERICAN YOUTH FOOTBALL LEAGUE**

PARENT AND FAMILY TALENT SURVEY SHEET

The Grafton Gladiators is a multi-faceted program that in order to run efficiently and at a high level requires the involvement of parent volunteers like you. Our board of directors and coaches know you have unique talents that will help in the operation of our football program. Although your help may not be on a full-time basis, whatever you can do is greatly appreciated. We invite you to add your talents and interests so that the best possible program can be developed for your athlete.

1. Please answer the following as completely as possible:
2. I am willing to learn and operate the Gladiator concession stand: Yes _____
3. I am willing to learn and manage the communications/public relations for the Gladiators: Yes _____
4. I am willing to learn and manage fund raising for the Gladiators: Yes _____
5. I am interested in becoming a Gladiator coach: Yes _____
 - a. My football experience in years: Youth Level _____ High School _____ College _____
6. Do you have contacts with sports equipment/apparel companies: Yes _____
7. Do you have contacts with foundations: Yes _____ or Corporate Sponsorships: Yes _____
8. I can help in these areas:

<input type="checkbox"/>	<input type="text" value="Carpentry"/>	<input type="checkbox"/>	<input type="text" value="Computer Hardware"/>	<input type="checkbox"/>	<input type="text" value="Graphic Design"/>
<input type="checkbox"/>	<input type="text" value="Electrical"/>	<input type="checkbox"/>	<input type="text" value="Web Maintenance"/>	<input type="checkbox"/>	<input type="text" value="Marketing"/>
<input type="checkbox"/>	<input type="text" value="HVAC"/>	<input type="checkbox"/>	<input type="text" value="IT Service"/>	<input type="checkbox"/>	<input type="text" value="Restaurant Service"/>
<input type="checkbox"/>	<input type="text" value="Plumbing"/>	<input type="checkbox"/>	<input type="text" value="Computer Programming"/>	<input type="checkbox"/>	<input type="text" value="Fund Raising"/>
<input type="checkbox"/>	<input type="text" value="Landscape"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="Photography"/>
<input type="checkbox"/>	<input type="text" value="Lawn Mowing"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="CPR/First Aid"/>
<input type="checkbox"/>	<input type="text" value="Cabinet Making"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="Accounting"/>
<input type="checkbox"/>	<input type="text" value="Mechanical"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

Each parent or adult family member should fill out a separate sheet and turn it in at this meeting.