

## **Welcome to Next Gen Youth Academy - Home of the Grizzlies!**

Next Gen Youth Academy, also known as the Grizzlies, is a youth organization dedicated to fostering leadership, character, sportsmanship, tolerance, discipline, athletic ability, volunteerism, and a lifelong love of sports. Our commitment to non-discrimination ensures that we welcome all children, regardless of race, color, sex, or religion, and we uphold a zero-tolerance policy for discrimination. We enforce a strict zero-tolerance policy regarding alcohol, drugs, and violence around our children.

### **Spring Football Details:**

- **Registration:** \$150 for the Spring Football Season
- **Requirements:** Full Application, State ID, Physical signed by a Medical Professional
- **Fall Football Option:** Spring football participants have the opportunity to play fall football for an additional \$50 - Not mandatory to play with us in the fall.
- **Game Locations:** Many games will be held in Winston-Salem, Greensboro, with a home game scheduled for April 27, 2024
- **Focus:** Spring Football is strictly developmental, guaranteeing every player a minimum of 8 plays per game.

It's important to note that numerous games are scheduled to take place in Winston-Salem, Greensboro, with a highly anticipated home game set for April 27, 2024. We emphasize that our Spring Football program is tailored specifically for the developmental growth of each player, ensuring that every participant receives a minimum of 8 plays per game.

We are truly excited about the upcoming season and the opportunity to witness the growth and development of our young athletes. Thank you for entrusting us with the privilege of nurturing their passion for sports and personal growth.



**Athlete Information**

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ School \_\_\_\_\_

**Parent Information**

Mother - Father - Guardian: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_

Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Please list any allergies or health issues your child may have:

\_\_\_\_\_  
\_\_\_\_\_

**Next Gen Grizzlies Official Use Only:**

Football Participant 6U-14U Fees Are \$150.00 for spring football. After March 15, 2024 the Fee will be \$200. Amount Paid \$ \_\_\_\_\_

Type of Transaction: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ other (please explain)

Proof of Age? Yes or No

State Id? Yes or No

Physical? Yes or No

Next Gen Grizzlies GENERAL RELEASE WAIVER

I hereby acknowledge that I am voluntarily participating in sports activities organized by the Next Gen Grizzlies. I understand that these activities involve inherent risks, including but not limited to bodily injury, property damage, and death, which may occur as a result of my participation. Therefore, I agree to the following terms:

1. **RELEASE AND WAIVER OF LIABILITY:** I hereby release and forever discharge the Next Gen Youth Academy organization, its directors, officers, agents, employees, and volunteers (collectively, the "Released Parties"), from any and all liability, claims, demands, and causes of action that I may have now or in the future, arising out of or related 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 negligence of the Released Parties or otherwise.
2. **ASSUMPTION OF RISK:** I understand and acknowledge that my participation in the sports activities organized by the Next Gen Youth Academy organization involves inherent risks, including but not limited to bodily injury, property damage, and death. I voluntarily assume all risks associated with my participation in these activities.
3. **INDEMNIFICATION:** I agree to indemnify, defend, and hold harmless the Released Parties from any and all claims, demands, and causes of action, including attorneys' fees and costs, arising out of or related to my participation in the sports activities organized by the Next Gen Youth Academy organization.
4. **MEDICAL TREATMENT:** I authorize the Next Gen Youth Academy organization, its agents, employees, and volunteers, to obtain or provide medical treatment for my child in the event of any injury, illness, or other medical condition that may occur during my participation in the sports activities.
5. **ACKNOWLEDGEMENT OF UNDERSTANDING:** I have read this sports waiver, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue the Released Parties for any injury, death, or damages that may result from my participation in the sports activities organized by the Next Gen Youth Academy.

Child Name \_\_\_\_\_

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION SPORT PREPARTICIPATION EXAMINATION FORM

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

***This is a screening examination for participation in sports. This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.***

**Athlete's Directions:** Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

**Parent's Directions:** Please assure that all questions are answered to the best of your knowledge. If you do not understand or don't know the answer to a question please ask your doctor. Not disclosing accurate information may put your child at risk during sports activity.

**Physician's Directions:** We recommend carefully reviewing these questions and clarifying any positive or Don't Know answers.

Explain "Yes" answers below	Yes	No	Don't know
1. Does the athlete have any chronic medical illnesses [diabetes, asthma (exercise asthma), kidney problems, etc.]? List: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has the athlete had extreme fatigue (been really tired) with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has the athlete ever been diagnosed with exercise-induced asthma ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has a doctor ever told the athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has a doctor ever told the athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints? <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Has the athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FAMILY HISTORY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Does the athlete have a father, mother or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Elaborate on any positive (yes) answers: \_\_\_\_\_

***By signing below I agree that I have reviewed and answered each question above. Every question is answered completely and is correct to the best of my knowledge. Furthermore, as parent or legal custodian, I give consent for this examination and give permission for my child to participate in sports.***

Signature of parent/legal custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

***Physical Examination (Must be Completed by a Licensed Physician, Nurse Practitioner or Physician Assistant)***

Athlete's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ ( \_\_\_\_\_ % ile) / \_\_\_\_\_ ( \_\_\_\_\_ % ile) Pulse \_\_\_\_\_

Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y N

**These are required elements for all examinations**

	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

**Optional Examination Elements – Should be done if history indicates**

HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

- Clearance:
- A. Cleared
  - B. Cleared after completing evaluation/rehabilitation for : \_\_\_\_\_
  - \*\*\* C. Medical Waiver Form must be attached (for the condition of: \_\_\_\_\_)
  - D. Not cleared for:
    - Collision  Contact
    - Non-contact \_\_\_\_\_ Strenuous \_\_\_\_\_ Moderately strenuous \_\_\_\_\_ Non-strenuous

Due to: \_\_\_\_\_

Additional Recommendations/Rehab Instructions: \_\_\_\_\_

Name of Physician/Extender: \_\_\_\_\_

Signature of Physician/Extender \_\_\_\_\_ MD DO PA NP

(Signature and circle of designated degree required)

Date of exam: \_\_\_\_\_

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

Phone \_\_\_\_\_

<p><b>Physician Office Stamp:</b></p>
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(\*\*\* The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, uncontrolled diabetes, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or Stage 2 hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of uncontrolled seizures, absence of/ or one kidney, eye, testicle or ovary, etc.)