

Nekoosa Youth Athletics  
*Providing Athletic Opportunities for Middle Level Aged Youth*

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**2017-2018 Sports Registration Information**

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Nekoosa Youth Athletics (NYA), which is governed by a board of parents, students, and community members, strives to provide quality athletic experiences for middle school aged youth of Nekoosa. Thank you for your support!

A sports registration fee of \$60 per athlete will be required for participating in each NYA sport. In addition, the parent(s)/guardian(s) of each participant will be required to work an associated duty. Duties may be signed up for at sports registration nights. Duties will be assigned to those who do not sign up. If for some reason you are unable to fulfill your work requirement, a buy-out of \$60 is available. At the end of the sports season, those individuals who fulfilled their work duty will be reimbursed \$30, or may have it applied to the next sports season. Limited financial aid is available for those in need. No family will be asked to pay more than \$120 in a school year, if they participate in the two hour work requirement.

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Student-Athletes who elect to discontinue their participation with their team may only receive a full refund if they quit prior to one week after the first practice. After the first week, there will be no refunds of participation or duty fees.

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**Please complete the attached pages.**

**Nekoosa Youth Athletics  
2017-18 Winter Sports Registration Form**

For Office Use Only
Cash _____
Check # _____
Amount Paid _____

Student-Athlete's Name \_\_\_\_\_

Last  
Student-Athlete's Grade \_\_\_\_\_ Sport: (circle) BBB GBB WR First

Father's Name (Guardian) \_\_\_\_\_

Last First

Mother's Name (Guardian) \_\_\_\_\_

Last First

Player's Address \_\_\_\_\_

Parent's Contact Phone Number \_\_\_\_\_

Additional Parent Contact Number \_\_\_\_\_

Parent's e-mail address \_\_\_\_\_

**Uniform & Equipment Information**

Standard equipment and uniforms will be available for use at no additional cost. The purchase of additional equipment may be required at your own cost.

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**Practice Information and Important Dates**

Practice dates and times will be determined by individual sports coaches.

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**Fee and Work Requirement**

**Nekoosa Youth Athletics will not work without YOU!**

Limited financial assistance is available for those willing to fulfil their work hours – please speak to NYA Athletic Director

- Plan A - \$60 Fee (Refunds available up to one week after the start of season.) I am willing to work a duty associated with a Winter Sport and be eligible for \$30 reimbursement or have reimbursement applied to another sport season
- Plan B - \$60 Fee (Refunds available up to one week after the start of season.) I prefer not to work any required hours for the Winter 2017-18 season.

**(CHECK ONE OF THE ABOVE OPTIONS)**

# NEKOOSA YOUTH ATHLETICS

**WAIVER AND RELEASE FROM LIABILITY  
THIS AGREEMENT RELEASES VALUABLE RIGHTS  
READ IT CAREFULLY AND COMPLETELY**

I, \_\_\_\_\_ (participant's name), who has elected to participate in \_\_\_\_\_ (name of sport) under my own freewill, on my behalf of myself, my estate or heirs and any other person who may have a claim as a result of my death, injury or disability (all herein after "Releasor"), hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE Nekoosa Youth Athletics and any of its directors, officers, employees, insurers and agents (all here after "Releasee"), from any and all liabilities, claims, demands, or causes of action that I may hereinafter have for injuries or damages arising out of my participation in a Nekoosa Youth Athletic sponsored event.

Releasor understands and acknowledges that athletic activities have inherent dangers that cannot be eliminated. RELEASOR EXPRESSLY AND VOLUNTARLY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT DISABILITY OR DEATH sustained while participating in a Nekoosa Youth Athletic sponsored event including the risk of passive or active negligence of the Releasee or any other participant.

Releasor acknowledges and fully understands that each participant, including Releasor, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and that social and economic losses may result not only from Releasor's own actions, inactions or negligence, but also from the actions, inactions or negligence of others notwithstanding the rules of play or the condition of the premises and any equipment used. Risks associated with the athletic activities include but are not limited to the sport identified above. Further, Releasor acknowledges and fully understands that there may be other risks not known or not reasonably foreseeable at this time.

This agreement is effective for the current athletic season only.

*DO NOT SIGN UNLESS YOU HAVE READ THIS AGREEMENT.*

The undersigned, \_\_\_\_\_ (name of parent/legal guardian – please print), does hereby represent that he/she is the parent of legal guardian of \_\_\_\_\_ (participant's name) and, acting in such capacity, agrees to the terms and conditions of the above stated waiver and release.

\_\_\_\_\_  
Signature (Parent of Legal Guardian)

\_\_\_\_\_  
Relationship to Minor

# Nekoosa Youth Athletics

## Athletic Permit Card

**Physical examination taken April 1 and thereafter is valid for the following two school years; physical examination taken before April 1 is valid only for the remainder of that school year and the following school year.**

*If an athletic permit card was completed last school year, skip to the next page.*

Student-Athletes must have a current physical on file with the athletic director before competing with an NYA athletic team.

***This portion is to be completed by the parent:***

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ City \_\_\_\_\_  
Present Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Name of Physician \_\_\_\_\_ Insurance Carrier and Policy Number \_\_\_\_\_

**Emergency Information**

Allergies: \_\_\_\_\_

Other (medications, etc.)  
Information: \_\_\_\_\_

1. I hereby give permission for the above named student to practice and compete and represent the school/ NYA in approved interscholastic sports except those restricted on this card.
2. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic/NYA event or practice, to disclose/exchange essential medical information regarding the injury and treatment for this student to the appropriate school district/NYA personnel such as but not limited to the Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director, and/or other professional health care providers, for the purpose of treatment, emergency care and injury recording.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

<b><i>This portion is to be completed by the physician (MD or DO):</i></b>			
<input type="checkbox"/> Cleared without restrictions		<input type="checkbox"/> Cleared, with recommendations for further evaluation or treatment for:	
<input type="checkbox"/> Not cleared for	<input type="checkbox"/> All sports	<input type="checkbox"/> Certain Sports:	Reason:
Signature of Licensed Physician (MD or DO)			Date of Examination:

# Nekoosa Youth Athletics

## Alternate Year Card

**Parent** - Complete this card if your student has a current athletic permit card on file with the athletic director. Only one alternate year card needs to be completed each school year.

***This portion is to be completed by the parent:***

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ City \_\_\_\_\_

Present Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Insurance Carrier and Policy Number \_\_\_\_\_

### **Emergency Information**

Allergies: \_\_\_\_\_

Other Information (medications, etc.) \_\_\_\_\_

1. I hereby give permission for the above named student to practice and compete and represent the school/ NYA in approved interscholastic sports.
2. I also attest to the fact that the above named student has had no injury or illness serious enough to warrant a medical evaluation prior to participating this school year.
3. Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic/NYA event or practice, to disclose/exchange essential medical information regarding the injury and treatment for this student to the appropriate school district/NYA personnel such as but not limited to Principal, Athletic Director, Athletic Trainer, Team Physician, Team Coach, Administrative Assistant to the Athletic Director, and/or other professional health care providers, for the purpose of treatment, emergency care and injury recording.
4. Parent: If there is any question that this student may not be qualified for athletic competition without, at least a partial re-evaluation, contact your medical advisor before signing the card.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Nekoosa Youth Athletics BOYS' Basketball

## Work Requirement Options for \_\_\_\_\_

(Name of Athlete)

Due with Registration

For Plan A, your child's registration is dependent upon completion of this form.

Volunteer's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

**NYA Boys' Basketball Game Day Work Requirements** –Your first preference cannot be guaranteed.  
Multiple selections are appreciated.

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**Concessions:** (2 workers/game)

Circle your game date preference(s)  
based on the game schedule:

11/9/17 11/13/17 11/16/17  
11/28/17 11/30/17 12/5/17  
No Preference

Your duty will be for an entire game.  
Duty for 7<sup>th</sup> grade game starts at 4:00.  
Duty for 8<sup>th</sup> grade game starts and completion of 7<sup>th</sup> grade game  
and goes until clean-up is complete after 8<sup>th</sup> grade game.

Circle your preference:  
7<sup>th</sup> Grade Game 8<sup>th</sup> Grade Game No Preference

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**Clock:** (1 worker/game)

Circle your game date preference(s)  
based on the game schedule:

11/9/17 11/13/17 11/16/17  
11/28/17 11/30/17 12/5/17  
No Preference

Your duty will be for an entire game.  
Duty for 7<sup>th</sup> grade game starts at 4:15.  
Duty for 8<sup>th</sup> grade game starts completion of 7<sup>th</sup> grade game.

Circle your preference:  
7<sup>th</sup> Grade Game 8<sup>th</sup> Grade Game No Preference

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**Scorebook:** (1 worker/game)

Circle your game date preference(s)  
based on the game schedule:

11/9/17 11/13/17 11/16/17  
11/28/17 11/30/17 12/5/17  
No Preference

Your duty will be for an entire game.  
Duty for 7<sup>th</sup> grade game starts at 4:15.  
Duty for 8<sup>th</sup> grade game starts completion of 7<sup>th</sup> grade game.

Circle your preference:  
7<sup>th</sup> Grade Game 8<sup>th</sup> Grade Game No Preference

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**Ticket Gate:**

Circle your game date preference(s)  
based on the game schedule:

11/9/17 11/13/17 11/16/17  
11/28/17 11/30/17 12/5/17  
No Preference

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Duty starts at 4:00<sup>th</sup> and ends at halftime of 8<sup>th</sup> grade game.

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# Nekoosa Youth Athletics GIRLS' Basketball

## Work Requirement Options for \_\_\_\_\_ (Name of Athlete)

Due with Registration

For Plan A, your child's registration is dependent upon completion of this form.

Volunteer's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

**NYA Girls' Basketball Game Day Work Requirements** –Your first preference cannot be guaranteed.  
Multiple selections are appreciated.

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**Concessions:** (2 workers/game)

Circle your game date preference(s)  
based on the game schedule:

**1/11/18 1/18/18 1/23/18 1/25/18**  
**1/29/18 2/1/18 No Preference**

Your duty will be for an entire game.  
Duty for 7<sup>th</sup> grade game starts at 4:00.  
Duty for 8<sup>th</sup> grade game starts and completion of 7<sup>th</sup> grade game  
and goes until clean-up is complete after 8<sup>th</sup> grade game.

Circle your preference:  
**7<sup>th</sup> Grade Game 8<sup>th</sup> Grade Game No Preference**

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**Clock:** (1 worker/game)

Circle your game date preference(s)  
based on the game schedule:

**1/11/18 1/18/18 1/23/18 1/25/18**  
**1/29/18 2/1/18 No Preference**

Your duty will be for an entire game.  
Duty for 7<sup>th</sup> grade game starts at 4:15.  
Duty for 8<sup>th</sup> grade game starts completion of 7<sup>th</sup> grade game.

Circle your preference:  
**7<sup>th</sup> Grade Game 8<sup>th</sup> Grade Game No Preference**

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**Scorebook:** (1 worker/game)

Circle your game date preference(s)  
based on the game schedule:

**1/11/18 1/18/18 1/23/18 1/25/18**  
**1/29/18 2/1/18 No Preference**

Your duty will be for an entire game.  
Duty for 7<sup>th</sup> grade game starts at 4:15.  
Duty for 8<sup>th</sup> grade game starts completion of 7<sup>th</sup> grade game.

Circle your preference:  
**7<sup>th</sup> Grade Game 8<sup>th</sup> Grade Game No Preference**

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**Ticket Gate:**

Circle your game date preference(s)  
based on the game schedule:

**1/11/18 1/18/18 1/23/18 1/25/18**  
**1/29/18 2/1/18 No Preference**

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Duty starts at 4:00<sup>th</sup> and ends at halftime of 8<sup>th</sup> grade game.

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# Nekoosa Youth Athletics WRESTLING

## Work Requirement Options for \_\_\_\_\_

(Name of Athlete)

Due with Registration

For Plan A, your child's registration is dependent upon completion of this form.

Volunteer's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

**NYA Boys' Basketball Game Day Work Requirements** –Your first preference cannot be guaranteed.  
Multiple selections are appreciated.

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- Concessions:** (3 workers)  
Your duty will be for the entire meet  
Duty starts at 4:00 and goes until clean-up  
is complete following completion of meet .  
1/16/18
  
- Clock:** (1 worker/mat – 2 mats)  
Your duty will be for the entire meet  
Duty starts at 4:15 and goes until  
completion of meet .  
1/16/18
  
- Scorer:** (1 worker/mat – 2 mats)  
Your duty will be for the entire meet  
Duty starts at 4:15 and goes until  
completion of meet .  
1/16/18
  
- Relief Clock/Scorer:** (1 worker)  
Your duty will be for the entire meet  
Duty starts at 4:15 and goes until  
completion of meet .  
1/16/18
  
- Ticket Gate:**  
Duty starts 4:00 and ends at 6:00 .  
1/16/18



# Nekoosa Youth Athletics

## Other Work Requirement Options

**Work Requirement Options for** \_\_\_\_\_

(Name of Athlete)

Due with Registration

For Plan A, your child's registration is dependent upon completion of this form.

Volunteer's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

**Leadership/Volunteer Positions** – Positions in this section require more than a 2 hour commitment.

- Board Member – These positions, while not always open, are vital to the operation of the program. Must have the ability to make decisions and work alongside other decision makers. Elected and appointed positions are available; please do not hesitate to inquire about them.
- Coach – The NYA board elects to compensate head and assistant coaches. Volunteer coaches may be accepted by some coaches. All coaches undergo a screening process. If you are interested in coaching, don't hesitate to contact the athletic director.
- Miscellaneous – I have met my 2 hour commitment but wish to help with additional tasks as needed. You will be contacted if your assistance is needed.
- NYA Golf Outing – Saturday, May 19, 2018

Sign-up for specific duties for each fall sport and the golf outing will be available at the sports registration night.

**Your hours worked do make a difference!**

**Thank you for your commitment to the youth of Nekoosa.**