



**BELMONT JUNIOR MARAUDER FOOTBALL
REGISTRATION INSTRUCTIONS AND INFORMATION**



**Registration Forms may be dropped off or mailed to: 459 School Street, Belmont, MA
02478**

Please read all instructions carefully

<p>The registration packet consists of:</p> <p>A. Registration Form</p> <p>B. Release</p> <p>C. Physical Information</p> <p>D. Heads Up Concussion Form</p>	<p>No child will be rostered onto a team, given equipment or allowed to step onto the field without having ALL paperwork turned in. There will be no exceptions.</p>
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Instructions for each section:

- A. Registration Form**
1. Completely fill out the “Contact Info” form.
 2. Completely fill out “Release” form and initial each box. Leave no blank spaces.
 3. Don’t forget to sign the Parental Signature Line on the “Release” form!
- B. Registration Fee**
1. Registration for 7th and 8th grade football candidates is \$300.00 for each child
 2. Make checks payable to Belmont Junior Marauder Football.
- C. Medical Clearance**
1. **A note from your doctor on his/her stationery stating your child is physically fit to participate in football is required for all players**
 2. PHYSICALS HAVE TO BE DATED AFTER AUGUST 1, 2025.
- D. Concussion Info.**
1. Completely fill out the form.
 2. Must be signed by Parent/Guardian.

Direct questions to: jrmauderfootball@gmail.com

BELMONT JUNIOR MARAUDER FOOTBALL INFORMATION SHEET

(PLEASE PRINT)

PARTICIPANT INFORMATION:	CHILD'S FULL NAME:		
	DATE OF BIRTH/WEIGHT:	(DOB)	WEIGHT
	SCHOOL/GRADE (as of Sept. 2026):	(SCHOOL)	(GRADE)

CONTACT INFORMATION: (*If parents' addresses are different, please provide alternative address information on the back of this form)	PRIMARY HOME ADDRESS*:		
	Names of PARENT/GUARDIAN:	(1)	(2)
	HOME PHONE:	(1)	(2)
	CELL PHONE:	(1)	(2)
	E-MAIL ADDRESS:	(1)	(2)
	WORK PHONE:	(1)	(2)

EMERGENCY CONTACT:	If parents or guardians cannot be reached in an emergency, please contact:		
	NAME:		
	RELATIONSHIP:		
	PHONE #:		

MEDICAL INFORMATION:	FAMILY PHYSICIAN:		
	PHONE #:		
	ALERGIES OR MEDICAL CONDITIONS (please specify):		
	MEDICATIONS (please specify):		

VOLUNTEER INFORMATION:	We need parent volunteers to help make this a successful program. Please indicate below what you can do to contribute:		
	√	√	
	TEAM PARENT		CHAINS (home games)
	FUND RAISING		
	ANYTHING NEEDED		EVENT PLANNING & EXECUTION

ADMINISTRATIVE USE ONLY:	REG. FEE \$ _____		
	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK/CHECK NO.	<input style="width: 100px;" type="text"/>
NOTES:			

**BELMONT JUNIOR MARAUDER FOOTBALL, INC. RELEASES
HEREAFTER REFERRED TO AS THE "BJMF"**

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(Please read the following and initial the boxes below):

I. PARENTAL CONSENT: _____ Initial	I, the parent or legal guardian of: _____ <p align="center">(please print child's name)</p> <p>a candidate for a position on the BJMF Football Team, do hereby grant permission for His/her participation in Belmont Junior Marauder Football (BJMF).</p>
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II. RELEASE FROM LIABILITY: _____ Initial	I, agree to assume all risks and hazards incidental to participation on a football team, including those arising from transportation to and from activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless, Belmont Junior Marauder Football, and its employees, officers, directors, sponsors, volunteers, participants, persons transporting my child to and from any and all team activities (including out-of-state activities), and other agents from any and all claims, losses, liabilities or damages (including without limitation, attorneys' fees and court costs) of any kinds whatsoever, arising out of participation in the football team whether resulting from negligence or other causes.
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III. MEDICAL RELEASE: _____ Initial	<p>Because your child is involved in a active sport, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur at team functions, practices, or at games, both at home and away (possibly out of state).</p> <p>I hereby grant permission to the Belmont Junior Marauder Football, (the "BJMF") to administer first aid, secure proper treatment, consent to medical treatment on behalf of my son/daughter/ward. In consideration of the BJMF agreement to provide such first aid, treatment, consent and authorization, I hereby agree to release, absolve, and hold harmless the BJMF and its employees, officers, directors, sponsors, volunteers, and other agents from any liability of any kind whatsoever, arising out of any such first aid, treatment, consent to medical treatment, or authorization provided or obtained by the BJMF</p> <p>BE SURE TO PROVIDE CONTACT & EMERGENCY NAMES & PHONE NUMBERS ON FRONT PAGE, PROVIDE MEDICAL INFORMATION/ALLERGIES/MEDICATIONS/ETC. ON FRONT PAGE.</p>
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IV. SCHOLASTIC FITNESS: _____ Initial	I am of the opinion that my son/daughter/ward is scholastically fit and would benefit by participation in this program.
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V. REFUNDS/ UNIFORMS/ CONDITIONING _____ Initial	I understand that: <ol style="list-style-type: none"> 1. No refunds after July 1, 2026. 2. Uniforms are the property of the BJMF. If lost or damaged, I will be charged for the replacement. 3. Football, like any other sport or physical activity, can be dangerous. <ul style="list-style-type: none"> ➤ It is important that my child attends all practices to insure proper conditioning, thus minimizing the risk of injury. ➤ Not consistently attending practice undermines the goals of the team and organization.
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**BELMONT JUNIOR MARAUDER FOOTBALL, (BJMF) RELEASES
HEREAFTER REFERRED TO AS THE “BJMF”**

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VI. BEHAVIOR	<p>I understand that:</p> <ol style="list-style-type: none">1. The BJMF has established a discipline review board. The board’s sole purpose is to review unacceptable behavior and recommend a corrective action.2. The BJMF will not tolerate: Insubordination/Foul Language/Harassment/Threats/violence/Deliberate intent to injure/Use of tobacco products, drugs, alcohol/Constant disruptive Behavior/Or any other action that causes harm/distress to BJMF and/or its participants.3. Parents, adults, and older siblings’ full participation are important to the success of our program. The children want our support and encouragement.4. I must never interfere with the duties of a Coach/Referee/Judge/Time Keeper/Board Member/ or Volunteer.5. As adults, we must set an example of civility and proper behavior for our children. I am aware that my behavior could result in my child being removed from the program.6. The BJMF has adopted a policy on adult behavior, which will be strictly enforced. <p>PLEASE BE SURE TO DISCUSS THESE EXPECTATION AND BEHAVIORS WITH YOUR CHILDREN.</p>
_____ Initial	

I HAVE READ, UNDERSTOOD, ACCEPTED AND AGREED TO SECIONS I – II – III – IV – V – VI:

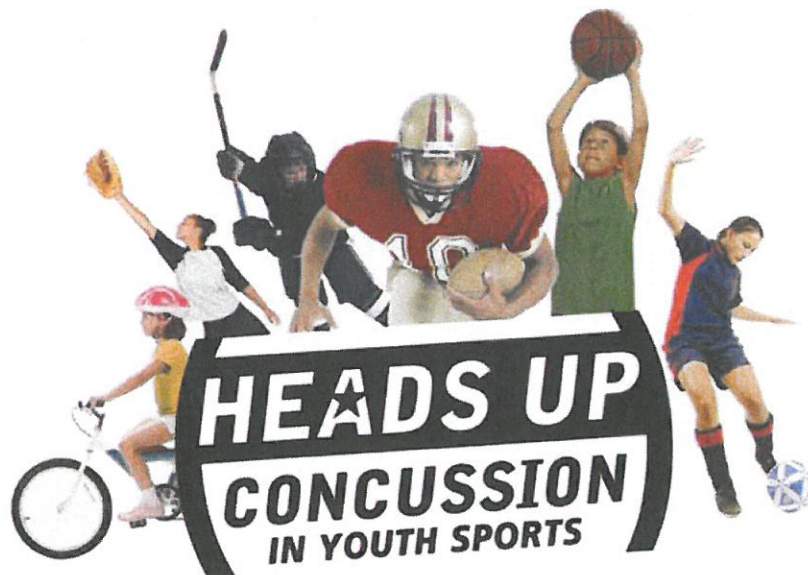
PRINT NAME
(Parent or Legal Guardian)

SIGNATURE
(Parent or Legal Guardian)

DATE

PHYSICAL

1. MUST BE ON PHYSICIAN'S LETTERHEAD OR STAMPED WITH PHYSICIAN'S NAME, ADDRESS, DATE AND SIGNATURE.
2. PHYSICALS HAVE TO BE DATED AFTER AUGUST 1, 2025.
3. A COMPLETED PHYSICAL MUST BE IN, OR THE FOOTBALL CANDIDATE WILL NOT BE ALLOWED TO PARTICIPATE IN ANY RELATED ACTIVITIES UNTIL A PHYSICAL IS SUBMITTED.



SIGNS AND SYMPTOMS

These signs and symptoms may indicate that a concussion has occurred.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETE
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets sports plays	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows behavior or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Does not "feel right"

ACTION PLAN

If you suspect that a player has a concussion, you should take the following steps:

1. Remove athlete from play.
2. Ensure athlete is evaluated by an appropriate health care professional. Do not try to judge the seriousness of the injury yourself.
3. Inform athlete's parents or guardians about the known or possible concussion and give them the fact sheet on concussion.
4. Allow athlete to return to play **only** with permission from an appropriate health care professional.

IMPORTANT PHONE NUMBERS

FILL IN THE NAME AND NUMBER OF YOUR LOCAL HOSPITAL(S) BELOW:

Hospital Name: _____

Hospital Phone: _____

Hospital Name: _____

Hospital Phone: _____

For immediate attention, CALL 911

If you think your athlete has sustained a concussion... take him/her out of play, and seek the advice of a health care professional experienced in evaluating for concussion.

For more information and to order additional materials **free-of-charge**, visit:
www.cdc.gov/ConcussionInYouthSports

Belmont Junior Marauder Football, Inc Youth Football Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussions may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- Amnesia
- "Pressure in head"
- "Don't feel right"
- Nausea or vomiting
- Fatigue or low energy
- Neck pain
- Sadness
- Balance problems or dizziness
- Nervousness or anxiety
- Blurred, double, or fuzzy vision
- Irritability
- Sensitivity to light or noise
- More emotional
- Feeling sluggish or slowed down
- Confusion
- Feeling foggy or groggy
- Concentration or memory problems
- Drowsiness (forgetting game plays)
- Change in sleep patterns
- Repeating the same question/comment

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concessions are no different. As a result, education of administrators, coaches, parents and students is the key for student athlete's safety.

A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.

You should also inform your child's coach and school nurse if you think that your child may have a concussion. Remember, it is better to miss one game than miss the whole season. And when in doubt, the athlete sits out. For current and up to date information on concussions you can go to: www.cdc.gov/concussion/HeadsUp/youth

I have read and understand the Belmont Junior Marauder Concussion guidelines.

Date: _____

Participant's Printed Name: _____

Participant's Signature: _____

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Statement of Concussion History

Has the student athlete ever sustained a suspected concussion (been taken out of a practice or game)?

yes ___ no ___

If yes how many times and how long was the student out of play _____

Has the student athlete ever had a concussion diagnosed by a medical professional?

Yes ___ no ___

If yes when did this occur, how long was the recovery period _____

Parent/Legal Guardian Signature: _____