

2011 Bixby Youth Football Association

7th North Kidd Street Bixby, OK 74008

T - 918-366-3500

e-mail -bixbyyouthfootball@hotmail.com

Dear BYFA Parents,

We have a very busy schedule ahead of us, and the board of the BYFA thanks you for your participation and support for the upcoming 2011 football season. We would like to state that our commitment to you and to the kids is to make BYFA the best it can be with leadership who values input from the parents. We are committed to excellence and change moving forward.

Here are some important dates to remember:

- Junior Skills Camp 1st, 2nd and 3rd grade
June 7, 8, 9, 10 10:00 am - 12:00 pm \$50.00
- Summer Pride Camp Grades 3rd - 7th grade
June 6- July 21 8:00 am - 10:00 am \$175.00
- Youth Football Pad Camp all Grades
July 18, 19, 20 6:30 pm - 8:30 pm \$50.00, (second child \$25)
- Mandatory Combine July 21st (Thursday) 6:00 p.m. at the Bixby High School Football for all 1st, 2nd & 3rd Graders and all new players in 4th thru 7th unless you are a protected player. Protected players do not need to attend the combine.
- First practice will begin August 1st
- First Scrimmage - August 13th
- Second Scrimmage - August 20th
- First games will begin August 27th at soccer and high school fields
- No Labor Day games or practice on September 2nd thru the 5th
- Last regular season games October 29th
- Playoffs and tournaments start November 1st
- INFC championship November 12th at Bixby High School

To find out more details during the season, please go to bixbyyouthfootball.com to get the latest news and events. Any questions, please call 366-3500, or go to bixbyyouthfootball.com / click on Football / FAQ

Thank you for your support,

Jason Clark	Kevin Riddle	Steve Walton	Christie Simpson
President	Vice President	Treasurer	Secretary

2011 Bixby Youth Football Player Information Sheet

Player's Name (please print): _____

Date: _____

email #1: _____

email #2: _____

	New Player
	Returning to Draft

Circle the grade entering in Fall of 2011, 1 2 3 4 5 6 7

Enter team from 2010 or check draft _____ (last name)

Team (circle one): Red White Blue Plat 2010 Coach: _____

(If going back into the draft, please explain below the reason,

Emergency Contact Information:

	First Name	Last Name	Phone #	Cell Phone #
Father				
Mother				
Guardian 1				
Guardian 2				

Special needs or Medical Conditions (state below):

Can we contact you by text message? yes no

Are you interested in being a coach? yes no

Are you interested in being a team mom? yes no

Check List:

1. Signed Physical Form?	
2. Copy of Birth Certificate?	
3. Did you get fitted for your uniform?	
4. Did you confirm your uniform number?	
5. Did you Pay for uniform Thru Gorfam?	
6. Did you Register on Sportabase?	
7. Did you pay for Registration or F/A?	
8. Did you Sign the Code of Ethics?	



Bixby Youth Football

Parent Code of Ethics

I hereby pledge to provide POSITIVE support, care and encouragement for my child participating in youth football by following this Parents Code of Ethics Pledge.

- I will encourage good sportsmanship by demonstrating POSITIVE support for all players, coaches, support staff and officials at every game, practice or other youth sporting events.
- I will place the emotional and physical well being of my child ahead of any personal desire to win.
- I will insist that my child play in a safe, happy and healthy environment.
- I will provide support for coaches and officials working with my child to provide a POSITIVE, enjoyable experience for all.
- I will demand a drug, alcohol and tobacco-free sports environment for my child and agree to assist by refraining for their use at all youth sports events and practices.
- I will REMEMBER that the game is for the CHILDREN and NOT for adults.
- I will do my very best to make youth sports fun for my child.
- I will teach my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will encourage my child to enjoy the youth sports experience within my personal constraints by supporting the coaches, being a respectful fan, providing transportation and by assisting our support staff when and if asked to.
- I will refrain from interfering with the coaches during practices and games.
- I will refrain from making NEGATIVE remarks regarding coaches, support staff, or officials in the presence of my child.
- At no time is it acceptable for ANY parent to be on the practice or playing field with out prior consent from the coaches or support staff.
- If at any time I have concern or problem with regards to my child's sports experience; I will only address the support staff (never coaches) in a calm, mature manner, AWAY from the children.
- It is Responsibility of each parent to encourage POSITIVE behavior from all family members at all times.
- It is responsibility of each parent to encourage siblings and/or others family members not to disturb or distract the players during practice or games.
- It is the responsibility of each parent to display a POSITIVE attitude at all times.
- It is the responsibility of the parent to pick-up their child, at the appropriate time after practices or games.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the NYSCA Coach's Code of Ethics.
- I will read the NYSCA National Standards for Youth Sports and do everything in my power to assist all youth sports organizations to implement and enforce them.

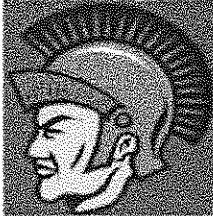
I _____ agree to implement this code of ethics.

Parent/Guardian

My parents have gone over this code of ethics with me and have committed to enforcing it

Player Signature

By signing above this provides the necessary acknowledgement of Code of Ethics for the entire time your child plays football in BYFA.



Physical Examination Form

BIXBY YOUTH FOOTBALL ASSOCIATION

PARTICIPANTS NAME _____ DATE _____

PARENT/GUARDIAN _____

PARTICIPANTS HEALTH HISTORY

DOES PARTICIPANT HAVE?	YES	NO	IF YES, PLEASE EXPLAIN
HEADACHES/DIZZINESS/FAINTING	()	()	_____
NOSEBLEEDS/HIGH BLOOD PRES	()	()	_____
ALLERGIES	()	()	_____
ASTHMA	()	()	_____
HEARING PROBLEMS	()	()	_____
CHRONIC/REOCCURRING ILLNESS	()	()	_____
HERNIA	()	()	_____
BONE,JOINT,OR SPINE INJURY	()	()	_____
LIVER,SPLEEN,KIDNEY PROBLEMS	()	()	_____
ORGANS MISSING	()	()	_____
TAKING MEDICATIONS	()	()	_____

LIST, IF ANY, PHYSICAL OR MENTAL LIMITATIONS THAT MIGHT PREVENT PARTICIPATION IN TACKLE FOOTBALL:

The above information is true and correct: _____
PARENT/GUARDIAN SIGNATURE

PHYSICIAN'S EXAMINATION

HEIGHT: _____ WEIGHT: _____ BP: _____ HEART: _____ PULSE: _____
 EENT: _____ LUNGS: _____ STRUCTURAL: _____
 MOBILITY:(KNEES,JOINTS,ETC) _____ OTHER: _____
 PHYSICIAN'S COMMENTS: _____

SPORTS PARTICIPATION APPROVED:(CIRCLE) YES NO

PHYSICIAN'S SIGNATURE: _____ DATE: _____