Iberville Renegades Tackle Football 2026

Registration Deadline August 13, 2026

Turn all documents listed below to the Parks & Rec office **TOGETHER** – No Exceptions!

*Registration form

*$40.00 registration fee

*Physical form completed by

(Medical Doctor MS, Osteopathic Dr. (DO), Nurse Practitioner (APRN), or Physician's Assistant (PA)

*Demographic Sheet from the school that your child attends

*Emergency contact form

*Birth Certificate

Only 30 Players allowed per team!

IPRD MEDICAL HISTORY EVALUATION

IMPORTANT: This form must be completed *annually*

Please Print

Name:_____ School:_____ Grade:_____ Date:_____

Sport(s):_____ Sex: M / F Date of Birth:_____ Age:_____ Cell Phone:_____

Home Address:_____ City:_____ State:____ Zip Code:_____ Home Phone:_____

Parent / Guardian:_____ Employer:_____ Work Phone:_____

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?

Yes	No	Condition	Whom	Yes	No	Condition	Whom	Yes	No	Condition	Whom
☐	☐	Heart Attack/Disease	_____	☐	☐	Sudden Death	_____	☐	☐	Arthritis	_____
☐	☐	Stroke	_____	☐	☐	High Blood Pressure	_____	☐	☐	Kidney Disease	_____
☐	☐	Diabetes	_____	☐	☐	Sickle Cell Trait/Anemia	_____	☐	☐	Epilepsy	_____

ATHLETE'S ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?

Yes	No	Condition	Date	Yes	No	Condition	Date	Yes	No	Condition	Date
☐	☐	Head Injury / Concussion	_____	☐	☐	Neck Injury / Stinger	_____	☐	☐	Shoulder L / R	_____
☐	☐	Elbow L / R	_____	☐	☐	Arm / Wrist / Hand L / R	_____	☐	☐	Back	_____
☐	☐	Hip L / R	_____	☐	☐	Thigh L / R	_____	☐	☐	Knee L / R	_____
☐	☐	Lower Leg L / R	_____	☐	☐	Chronic Shin Splints	_____	☐	☐	Ankle L / R	_____
☐	☐	Foot L / R	_____	☐	☐	Severe Muscle Strain	_____	☐	☐	Pinched Nerve	_____
☐	☐	Chest	_____	Previous Surgeries: _____							

ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
☐	☐	Heart Murmur / Chest Pain / Tightness	☐	☐	Asthma / Prescribed Inhaler	☐	☐	Menstrual irregularities: Last Cycle:_____
☐	☐	Seizures	☐	☐	Shortness of breath / Coughing	☐	☐	Rapid weight loss / gain
☐	☐	Kidney Disease	☐	☐	Hernia	☐	☐	Take supplements/vitamins
☐	☐	Irregular Heartbeat	☐	☐	Knocked out / Concussion	☐	☐	Heat related problems
☐	☐	Single Testicle	☐	☐	Heart Disease	☐	☐	Recent Mononucleosi
☐	☐	High Blood Pressure	☐	☐	Diabetes	☐	☐	Enlarged Spleen
☐	☐	Dizzy / Fainting	☐	☐	Liver Disease	☐	☐	Sickle Cell Trait/Anemia
☐	☐	Organ Loss (kidney, spleen, etc)	☐	☐	Tuberculosis	☐	☐	Overnight in hospital
☐	☐	Surgery	☐	☐	Prescribed EPI PEN	☐	☐	Allergies (Food, Drugs)_____
☐	☐	Medications _____						

List Dates for: Last Tetanus Shot:_____ Measles Immunization:_____ Meningitis Vaccine: _____

PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

1. If, in the judgment of an IPRD representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary..... **Yes** **No**
2. I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her director of the change immediately..... **Yes** **No**
3. I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/rep of his/her league..... **Yes** **No**
4. By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the IPRD or its Representative(s) ..... **Yes** **No**

Date Signed by Parent **Signature of Parent** **Typed or Printed Name of Parent**

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

Height _____ Weight _____ Blood Pressure_____ Pulse_____

GENERAL MEDICAL EXAM :

	Norm	Abnl
ENT	☐	☐
Lungs	☐	☐
Heart	☐	☐
Abdomen	☐	☐
Skin	☐	☐
Hernia *(if Needed)*	☐	☐

COMMENTS: _____

OPTIONAL EXAMS:

VISION:

L:_____ R:_____ Corrected: _____

DENTAL:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

ORTHOPAEDIC EXAM :

	Norm	Abnl
I. Spine / Neck		
Cervical	☐	☐
Thoracic	☐	☐
Lumbar	☐	☐
II. Upper Extremity		
Shoulder	☐	☐
Elbow	☐	☐
Wrist	☐	☐
Hand / Fingers		
III. Lower Extremity		
Hip	☐	☐
Knee	☐	☐
Ankle	☐	☐

From this limited screening I see no reason why this student cannot participate in athletics.

[ ] Student is cleared
[ ] Cleared after further evaluation and treatment for:___
[ ] Not cleared for: __contact __non-contact

Printed Name of MD, DO, APRN or PA **Signature of MD, DO, APRN or PA** **Date of Medical Examination**

This physical expires 13 months from the date it was signed and dated by the MD, DO, APRN or PA.

Revised 6/18

Athlete Emergency Contact Form

COACHES PLEASE KEEP A COPY OF THIS IN TEAM BINDER AND RETURN TO IPRD

Student Athlete Information:

Name: _____

Address: _____

City:_____ Zip_____

Phone Number: _____

Emergency Contact Information:

Please provide information for primary and alternative contact persons who may be notified in case of an emergency.

Name of Primary Contact: _____

Relation:_____

Primary Phone: _____

Alternate Phone: _____

Email: _____

Alternative Contact: _____

Relation:_____

Primary Phone:_____

Alternate Phone: _____

Email: _____

Alternative Contact: _____

Relation: _____

Primary Phone: _____

Alternate Phone: _____

Email: _____

Iberville Parks and Recreation

2026 Tackle Football

Registration begins April 27th and ends August 13th
Ages 7 - 13

Registration Fee: $40 per child – No refunds

PRACTICE WILL BEGIN IN AUGUST

League September – October
30 Players Per Team

Name:_____
(First) (Middle) (Last)

Address:_____
(House Number and Street) (City) (Zip Code)

Date of Birth:_____ Male: _____ Female: _____

A COPY OF THE BIRTH CERTIFICATE IS REQUIRED IF ONE IS NOT CURRENTLY ON FILE

School:_____ Grade:_____

Parent/Guardian 1:_____ Parent/Guardian 2:_____

Cell: _____ Cell: _____

Email: _____ Email: _____

At least one email is required from either parent.

Pants Size (Circle One) YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL AXXL

Compression Shirt Size YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL AXXL

VOLUNTEER – ALL VOLUNTEER COAHCES MUST PASS A BACKGROUND CHECK AND ATTEND A COACHES CLINIC BEFORE YOU CAN PRACTICE.

https://opportunities.averity.com/iberville parks

Head Coach or Assistant Coach (Please circle one) Name_____

Shirt Size_____ Cell Number_____ Email_____

My undersigned signature confirms my understanding that participation in this leisure activity is on a voluntary, amateur basis and that there may be an element of risk involved. IPRD is not responsible for any injuries or accidents sustained and encourages all participants to obtain insurance for player protection. By acceptance of these conditions, I do, on behalf of myself, heirs, and legal representative, herby release and forever discharge IPRD, and all its representatives from any and all claims and demands of every kind, nature, and character, for any and all damages. Losses, or injuries which may be sustained by the registrant in connection with any aspect of participation in this voluntary amateur activity.

Permission to Use Photograph & Name (Please check one)

☐ I grant Iberville Parks and Recreation, the right to use registrant's name, picture and/or likeness in printed, broadcast, web based, social media and other material concerning the program.

☐ I do not grant Iberville Parks and Recreation the right to use my child's name or photographs.

Parent Signature:_____ (Required for Child to Participate)

SIGN UP FOR TEXT/EMAIL REMINDERS AT WWW.PLAYIBERVILLE.COM

Give us a call at (225) 687-0641 with any registration questions.
Mail to: IPRD P.O. Box 1060 Plaquemine, LA 70765

DO NOT SEND BACK TO SCHOOL

**********OFFICE USE ONLY**********

Ages 7&8 **Ages 9&10** **Ages 11, 12, 13**