



2025 FVF PHYSICAL REQUIREMENT & CONCUSSION INFORMATION FORMS

You have been given two separate items that will both need to be completed before your child will be allowed to participate in the upcoming 2025 FVF Season.

Both forms will be due at your equipment issue night. This will take place in Mid-August. A final date and time will be provided to you by your selected coach no later than August 10th. Your child will not be issued their gear or be allowed to practice until these forms have been turned in. NO EXCEPTIONS!!

Physical Requirement Information:

Each player will be required to have a complete sports physical administered by a licensed Physician. Not just a well child exam. You may use your family physician, or any health care provider approved by the state of Montana. An appropriate form will need to be filled out. One has been provided to you today. You can also visit the FVF website for a league approved form if your physician does not have a sports physical form. Physicals must be current – conducted after May 1, 2025

Please make a copy or scan of this physical. FVF will not provide copies, nor will we return the form you provide to us.

Concussion Acknowledgement Form:

Each player will be required to read and complete the FVF Participant and Parent/Legal Guardian Concussion Acknowledgement form. This form, provided to you today, is our step to providing both players and parents education on concussions. This form is required to be read and completed by both the player and parent or legal guardian.

Additional information on the FVF Concussion Policy and additional copies of this form can be found on our website.

Please make a copy or scan of this form once it has been signed by both player and parent. FVF will not provide copies nor will we return the form you provide to us.

FVF CONFIDENTIAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION

A physical examination is required for each player to be considered eligible for participation in a Flathead Valley Little Guy Football activity. Physical examinations must be completed prior to equipment handout. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. This certification is valid for a period of one FVF season. **A physical examination conducted before May 1, 2025 is not valid for participation for current FVF season the following school year. All information is to remain confidential.**

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Athlete Name: _____ **Gender:** _____ **Grade:** _____ **Date of Birth:** _____
Home Address: _____ **Phone Number:** _____
Parent/Guardian's Name: _____ **Family Physician:** _____
Date of examination: _____ **Current school:** _____

List past and current medical conditions. _____

 Have you ever had surgery? If yes, list all past surgical procedures. _____

 Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

 Do you have any allergies? If yes, please list all your allergies (i.e. medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of the form. Circle questions if you don't know the answer.)	YES	NO	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	YES	NO
1. Do you have any concerns that you would like to discuss with your provider?			11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
2. Has a provider ever denied or restricted your participation in sports for any reason?			12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
3. Do you have any ongoing medical issues or recent illness?			13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
HEART HEALTH QUESTIONS ABOUT YOU	YES	NO	BONE AND JOINT QUESTIONS	YES	NO
4. Have you ever passed out or nearly passed out during or after exercise?			14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			15. Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			16. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?		
7. Has a doctor ever told you that you have any heart problems?			MEDICAL QUESTIONS	YES	NO
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.			17. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			18. Have you ever used an inhaler or taken asthma medicine?		
10. Have you ever had a seizure?			19. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
MEDICAL QUESTIONS (CONTINUED)	YES	NO	ADDITIONAL INFORMATION		
20. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			Explain any "Yes" responses to questions in the history sections below. _____ _____		
21. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?					

22. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?				
23. Have you ever become ill while exercising in the heat?				
24. Do you or does someone in your family have sickle cell trait or disease?				
25. Have you had or do you have any problems with your eyes or vision?				
26. Have you ever had an eating disorder?				
27. Have you had infectious mononucleosis (mono) within the last Month?				
FEMALES ONLY	YES	NO		
28. Have you ever had a menstrual period?				
29. How old were you when you had your first menstrual period?				
30. When was your most recent menstrual period?				
31. How many periods have you had in the past 12 months?				

Name of Athlete (typed or printed): _____

Signature of Athlete: _____

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I certify that the information provided by the student/parent(s) is accurate to the best of my knowledge. I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give my permission for the team physician, athletic trainer, or other qualified personnel to have access to information provided here as well as to give first aid treatment to this student at an athletic event in case of injury. If emergency service involving medical action or treatment is required and the parents(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Name of Parent/Guardian (typed or printed): _____

Signature of Parent/Guardian: _____

Date: _____ Address: _____ Insurance Company: _____

Parent's Home Phone: _____ Parent's Cell Phone: _____ Parent's Work Phone: _____

ALL INFORMATION IS TO REMAIN CONFIDENTIAL

PROVIDER'S PHYSICAL EXAMINATION FORM

Athlete Name: _____ Date of Birth: _____

EXAMINATION: TO BE FILLED OUT BY MEDICAL PROVIDER ONLY		
Height: _____ Weight: _____		
Pulse: _____ BP: _____ / _____ Vision: R 20/____ L 20/____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N Pupils: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal		
MEDICAL (Please initial)	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata)		
Eyes/Ears/Nose/Throat (pupils equal, hearing)		
Lymph Nodes		
Heart (murmurs)		
Pulses (simultaneous femoral and radial)		
Lungs		
Abdomen		
Skin (HSV, MRSA, tinea corporis)		
Neurological		
Genitourinary (males only)		
MUSCULOSKELETAL (Please initial)	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hands/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional (double-leg squat test, single-leg squat test, box drop or step drop test)		

Notes: _____

CLEARANCE

Cleared without restriction
 Cleared with recommendations for further evaluation or treatment for: _____

Not cleared for All sports Certain sports _____ Reason: _____

Recommendations: _____

Name of Physician/Medical Provider [print or type]: _____ Date: _____

Address: _____ Phone: _____

Signature of Physician/Medical Provider: _____

FVF Participant and Parent/Legal Guardian Concussion Acknowledgment

Flathead Valley Little Guy Football (FVF) and its participants understand that, because of the nature of full contact football, there is a risk that players may experience concussion/head injury. Flathead Valley Little Guy Football and its participants desire to recognize players who have experienced concussion/head injury and remove them from play until they are cleared by an authorized medical provider and their parent/legal guardian pursuant to FVF's Concussion Guidelines/Policy. In that regard, FVF has undertaken steps to further educate parents, participants, coaches, and others regarding concussions, removal from play due to concussion/head injury, and requirements of return to play.

By signing below we affirm we have read the information contained in and attached to this form and have read the FVF Concussion Guidelines/Policy and information at www.flatheadvalleyfootball.com

Athlete Name: _____
This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Guardian Name(s): _____

Parents and Players Must Review the Information Sheets Attached and Initial and Sign Below

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to parents, coach(es), officials, board members and a medical professional.	
	A concussion can affect the ability to perform activities such as the ability to think, balance, and classroom performance. Some symptoms might be present right away. Other symptoms can show up hours or days after injury.	
	Participation in any sport, including FVF football, may result in a concussion or some type of brain injury despite efforts to protect against that injury.	
	I will immediately tell my parents, my coach, and/or a medical professional about my injuries and illnesses, including symptoms of concussion. If I am a parent, I will immediately notify coaches, medical professionals and/or FVF board members if I suspect an FVF player has signs of an injury or concussion.	
	If I think a teammate has a concussion, I will tell coach(es), parents, or licensed health care professional about the concussion.	
	I agree I will not return to participation in any FVF related activity if I experience signs or symptoms consistent with a concussion. I will only return to play once I have been cleared to return by an FVF Board member and/or authorized medical personnel pursuant to FVF's Concussion Guidelines/Policy.	
N/A	I agree that my child will not return to participation in any FVF related activity if he/she experiences signs or symptoms consistent with a concussion until he/she has been cleared by FVF Board members and/or authorized medical personnel pursuant to FVF's Concussion Guidelines/Policy.	
	After a concussion, the brain needs time to heal. I understand that kids are much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read and understood the concussion symptoms on the attached concussion fact sheet.	

Signature of Athlete

Date

Signature of Parent/Legal Guardian

Date

IMPORTANT - Remove and retain the Fact Information on this page. You must Return page one of this form completed and signed to FVF on equipment issue night along with your completed physical form or you will not receive Gear !!!!

Fact Sheet for ATHLETES

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might have a concussion.
- **Get a medical checkup.** A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much

more likely to have a second concussion. Second or later concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets, padding, shin guards, and eye and mouth guards). In order for equipment to protect you, it must be:
 - > The right equipment for the game, position, or activity
 - > Worn correctly and fit well
 - > Used every time you play

IF YOU EXPERIENCE SYMPTOMS OF A CONCUSSION, YOU MAY NOT RETURN TO PLAY UNTIL CLEARED IN A MANNER CONSISTENT WITH THE FVF CONCUSSION POLICY/GUIDLINE

**Remember, when in doubt, sit them out!
It's better to miss one game than the whole season.**

A Fact Sheet for PARENTS

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy

- Concentration or memory problems
- Confusion
- Does not “feel right”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.

2. Keep your child out of play. Concussions take time to heal. Don’t let your child return to play until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. Tell your child’s coach about any recent concussion. Coaches should know if your child had a recent concussion in ANY sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach

4. Do not return them to play until they are cleared subject to your organizations rules.



2025 FLATHEAD VALLEY LITTLE GUY FOOTBALL

Important Dates:

August 12 th -13 th	KALISPELL – <u>Equipment Issue</u> - Fundraiser Money Due and Physical Forms Due – FVF Complex
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- Player and parent must be present to be issued equipment.
- Your Physical form must be turned in at this time. You will not be issued equipment or allowed to participate in practices or games until the league accepts this form
- Coach will contact you in August with scheduled time for equipment issue
- If you miss handouts, you can't practice the 1st week.
- Please remember fundraiser money is due in order to get name on jersey before first game.



Practice & Game Schedule:

August 18 – August 22	First Week of Practice – Coach will make arrangements (first allowable practice is Saturday August 16 th)
August 20	Late Equipment Issue – FVF Equipment Building – 6pm
August 25 – August 28	Second Week of Practice (No practice Friday of Labor Day weekend)
Sept. 2 – Sept. 5	Third Week of Practice – (No Practice on Labor Day)
September 6	First Game
September 13	Second Week Games
September 20	Third Week Games
September 27	Fourth Week Games
October 4	Fifth Week Games
October 11	Final Game & Equipment Return
April 2026	2025 Season Sign-ups

Please do not miss any of the scheduled dates and times. There are many other sports and activities that are going on during our season. Please remember that your player must attend & participate in all practices to ensure they learn the fundamentals and gets his/her maximum playing time.

The success and enjoyment of this season depends on how we work together!

www.flatheadvalleyfootball.com