

**Shutdown Mutiny - Northern Virginia Youth Football League (NVYFL) – [www.NVYFL-PWM.org](http://www.NVYFL-PWM.org)**

**PROGRAM:**  Spring Tackle \$75, Ages as of 7/31/14  Spring Flag \$75, Ages as of 7/31/15  
 Fall Tackle \$165 1<sup>st</sup> Child / \$150 2<sup>nd</sup> Child  Fall Cheer \$75, Ages as of 7/31/15

**Payment Method:** Amount Paid- \$ \_\_\_\_\_ Cash / Check # \_\_\_\_\_ NVYFL Signature \_\_\_\_\_

**REFUND POLICY:** A refund will not be given once your child has participated in any practices and/or games.

**No Candidate Will Be Permitted To Participate In Any Activity Until This Form Has Been COMPLETED IN FULL!**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street City Zip Code

Parents Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Work # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency contact # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you have Medical Insurance? Yes No (If yes) Name of Carrier: \_\_\_\_\_

**Parents/Guardians Authorization to Participate.** I/We the parents of the above named applicant to the (NVYFL) hereby give my/our approval to said applicant's participation in any and all activities during the current season. The undersigned acknowledges, appreciates, and agrees that: The risk of injury to my child from the activities involved in this program is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and for myself, spouse, and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my child's participation; and I myself, my spouse, my child, and on behalf on my/our heirs, assigns, personal representatives and next of kin, hereby release the other participants, sponsoring agencies, sponsors, advisors, and if applicable, owners and lessors of premises used to conduct the event (releases), with respect to any and all injury, disability, death, or loss or damage to person or property incident to my child's involvement or participation in this program, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless all the above releases from any and all liabilities incident to my involvement or participation in this program, even if arising from their negligence, to the fullest extent permitted by law.

**Rules & Regulations.** I/We willingly agree to comply with the program's stated and customary terms and conditions for participation. I/We will furnish a Certified Birth Certificate. I/We agree to be financially responsible for Association/Youth equipment issued to applicant other than the normal wear and breakage during games and practice and I/We will reimburse the League for the loss and damage to said equipment. I/We as the parent of said candidate, understand it is the responsibility of the parent, candidate, team and Association to comply with any and all Rules & Regulations of (NVYFL). Any noncompliance with Rules & Regulations shall be cause for disciplinary action to be taken against said candidate, parent or team.

**Insurance Disclosure.** The medical expense benefits of this plan are an "EXCESS" type benefit that picks up where other coverage's leaves off. If the parent has any other Primary Coverage, whether individual, blanket or group coverage which provides benefits or services for, or by reason of, medical or dental care or treatment, then this plan, subject to the limits of the plan, will pay only the medical expenses not provided or reimbursable under your coverage. If the parent has no Primary Insurance coverage then this plan, subject to the limitations and deductibles (if any) of the plan, will provide Insurance coverage. If the parent has coverage with any Pre-Paid Medical Plans, such as (but not limited to) Cigna, FHP, Aetna, Kaiser, Blue Cross, the injured person must be taken to the pre-paid medical facilities for treatment. All claims must be filed within 90 days of the injure/ accident.

**Emergency Medical Release.** I/We the parents of applicant give our permission for Any Emergency Treatment Necessary either on the practice field or on the game field. I/We authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any scheduled Pacific Coast Youth Football/Cheerleading Conference function including the supervised travel to and from said functions.

**Parent's Acknowledgement.** I/We certify, that to the best of my/our knowledge, all of the above information is accurate and correct and that any false information may be cause for disqualification of the applicant. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without and inducement.

X \_\_\_\_\_  
Signature of parent or guardian

X \_\_\_\_\_  
Please print name of parent/guardian

Date: \_\_\_\_\_



## Shutdown Mutiny Registration Checklist



The items below are required to complete the eligibility requirements to participate in football or cheerleading on VAYFA sponsored teams. All items must be turned in to the assigned coaches prior to the start of practice 7/27/2015.



- **Registration forms** (inclusive of AYF player/parent registration, parent code of conduct forms.)
- **Medical form** (signed copy by an examining physician stating the child's fitness to participate in football or cheerleading. Must be completed and turned in prior to the first practice of the season). **NOTE:** If a regular school/sports medical examination was performed after March 20 of the current year, and the results are releasable to the parents, a copy of such report may be used in lieu of a new examination.
- **Birth Certificate** (proof of age must be provided in the form of a certified copy of a birth certificate bearing the seal of the issuing office)
- **Identification Cards** (an identification card, which includes the **picture and birth date** of the child. No school Ids; Military & DMV are the only accepted forms of ID.)
- **Report Cards** (scholastic fitness must be determined prior to allowing the child to participate in football or cheerleading. A copy of the prior year end report card must be provided prior to the start of the season). **NOTE: This does not apply to the Super Tiny Mite or Tiny Mite divisions.**

2015 Authorization & Waiver Contract

League Use Only: PROGRAM [ ] Tackle [ ] FLAG [ ] CHEER Jersey # Team Name Division

No Candidate Will Be Permitted To Participate In Any Activity Until This Form Has Been COMPLETED IN FULL!

Name: Birth Date: Age: (AS OF JULY 31)

Address: Street City Zip Code Phone

School Name: Grade: This Fall School District:

Parents Name: E-mail Address:

Work # Cell # Emergency contact #

Do you have Medical Insurance? Yes No (If yes) Name of Carrier:

Medical Authorization. By the physical form attached I/We the parent(s) of the above named applicant hereby certify that my child has been EXAMINED by a physician and in doing so the physician DID NOT find any reason to disqualify him or her from participation in the (NVYFL-MMF/AYF) Youth Football/Cheerleading activities.

Parents/Guardians Authorization to Participate. I/We the parents of the above named applicant to the (NVYFL-MMF/AYF) hereby give my/our approval to said applicant's participation in any and all activities during the current season. The undersigned acknowledges, appreciates, and agrees that: The risk of injury to my child from the activities involved in this program is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and for myself, spouse, and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my child's participation; and I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release the other participants, sponsoring agencies, sponsors, advisors, and if applicable, owners and lesser of premises used to conduct the event (releases), with respect to any and all injury, disability, death, or loss or damage to person or property incident to my child's involvement or participation in this program, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless all the above releases from any and all liabilities incident to my involvement or participation in this program, even if arising from their negligence, to the fullest extent permitted by law.

Rules & Regulations. I/We willingly agree to comply with the program's stated and customary terms and conditions for participation. I/We will furnish a Certified Birth Certificate and a copy of the current years report card of the above named applicant to the Conference officials. I/We give permission to (NVYFL-MMF/AYF) to validate above named applicants school grades. I/We certify that the above named applicant is Scholastically eligible to participate. I/We agree to be financially responsible for Association/Youth equipment issued to applicant other than the normal wear and breakage during games and practice and I/We will reimburse the Association/Youth Conference for the loss and damage to said equipment. I/We as the parent of said candidate, understand it is the responsibility of the parent, candidate, team and Association to comply with any and all Rules & Regulations of (NVYFL-MMF/AYF). Any noncompliance with Rules & Regulations shall be cause for disciplinary action to be taken against said candidate, parent or team by said Association of the Pacific Coast Youth Football/Cheerleading Conference, Inc.

Insurance Disclosure. The medical expense benefits of this plan are an "EXCESS" type benefit that picks up where other coverage's leaves off. If the parent has any other Primary Coverage, whether individual, blanket or group coverage which provides benefits or services for, or by reason of, medical or dental care or treatment, then this plan, subject to the limits of the plan, will pay only the medical expenses not provided or reimbursable under your coverage. If the parent has no Primary Insurance coverage then this plan, subject to the limitations and deductibles (if any) of the plan, will provide Insurance coverage. If the parent has coverage with any Pre-Paid Medical Plans, such as (but not limited to) Cigna, FHP, Aetna, Kaiser, Blue Cross, the injured person must be taken to the pre-paid medical facilities for treatment. All claims must be filed within 90 days of the injury/accident. \* A DEDUCTIBLE MAY APPLY SEE YOUR CITY PRESIDENT\*

Emergency Medical Release. I/We the parents of applicant give our permission for Any Emergency Treatment Necessary either on the practice field or on the game field. I/We authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any scheduled Pacific Coast Youth Football/Cheerleading Conference function including the supervised travel to and from said functions.

Parent's Acknowledgement. I/We certify, that to the best of my/our knowledge, all of the above information is accurate and correct and that any false information may be cause for disqualification of the applicant. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without and inducement.

X Signature of parent or guardian Date

(form updated 2010)

Please print name of parent/guardian

The Undersigned Certifies That All Items Above Have Been Filled Out And Completed To The Best Of Their Knowledge. This Candidate Is Eligible For Conference Certification.

X Date

ASSOCIATION PRESIDENT SIGNATURE OR CHEER DIRECTOR SIGNATURE - For Cheerleaders ONLY COPIES TO BE MADE FOR THE FOLLOWING: CONFERENCE ASSOCIATION COACH PARENT

PARTICIPANTS' NAME: \_\_\_\_\_ Date of Birth (MMDDYY) \_\_\_\_\_

As parent or legal guardian of Participant, I hereby give my consent for his/her participation in the athletic events listed on this form. I also grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand every effort will be made to contact me prior to treatment. I agree to the need for screening medical examination and certify that the medical history is accurate to the best of my knowledge. I also understand this examination is a limited medical checkup to screen your child to see if he/she can safely participate in sports. The exam does screen for the common problems that have been shown to be a danger to athletes. It is not a comprehensive medical exam and often does not detect rare medical conditions. If you have concerns about your child having a serious medical illness, please schedule a visit with your personal physician.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
INSURANCE \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

### MEDICAL HISTORY

Athlete's Directions: Please review all questions with your parent or guardian and answer them to the best of your knowledge.

- |     |  |     |    |            |
|-----|--|-----|----|------------|
| 1.  | Has anyone in the athlete's family (grandmother, mother, father, brother, sister, aunt, uncle), died suddenly before age 50? | Yes | No | Don't Know |
| 2.  | Has the athlete ever stopped exercising because of dizziness or passed out during exercise?                                  | Yes | No | Don't Know |
| 3.  | Does the athlete have asthma (wheezing), hay fever, or coughing spells after exercise?                                       | Yes | No | Don't Know |
| 4.  | Has the athlete ever had a bone broken, had to wear a cast, or had an injury to any joint?                                   | Yes | No | Don't Know |
| 5.  | Does the athlete have a history of a concussion (being knocked out)?   | Yes | No | Don't Know |
| 6.  | Has the athlete ever suffered a heat-related illness (heat stroke)?  | Yes | No | Don't Know |
| 7.  | Does the athlete have anything he/she wants to talk to the doctor about?   | Yes | No | Don't Know |
| 8.  | Does the athlete have a chronic illness or see a doctor regularly for any particularly problem?                              | Yes | No | Don't Know |
| 9.  | <b>Does the athlete take any medicine?</b>   | Yes | No | Don't Know |
| 10. | <b>Is the athlete allergic to any medication or bee stings?</b>  | Yes | No | Don't Know |
| 11. | Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?                          | Yes | No | Don't Know |

Please explain all "Yes" answers—use the back if necessary.

### MEDICAL EXAMINATION-MUST BE COMPLETED BY A LICENSED PHYSICIAN

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

|                                       | Normal                   | Abnormal                 | Description of Abnormals |
|---------------------------------------|--------------------------|--------------------------|--------------------------|
| Musculoskeletal Exam:                 |                          |                          |                          |
|                                       | <input type="checkbox"/> | <input type="checkbox"/> | Knee                     |
|                                       | <input type="checkbox"/> | <input type="checkbox"/> | Ankle                    |
|                                       | <input type="checkbox"/> | <input type="checkbox"/> | Shoulder                 |
|                                       | <input type="checkbox"/> | <input type="checkbox"/> | Other Joints             |
|                                       | <input type="checkbox"/> | <input type="checkbox"/> | Alignment Problems       |
|                                       | <input type="checkbox"/> | <input type="checkbox"/> | Scoliosis                |
|                                       | <input type="checkbox"/> | <input type="checkbox"/> | Feet                     |
|                                       | <input type="checkbox"/> | <input type="checkbox"/> | Estimate of Strength     |
|                                       | <input type="checkbox"/> | <input type="checkbox"/> | Estimate of Flexibility  |
| Eyes:                                 | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Genitalia (males):                    | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Cardiovascular Exam:                  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| Other Exam (if indicated by history): |                          |                          |                          |

ASSESSMENT: I certify that I have examined this child and find him/her medically:

\_\_\_\_\_ **QUALIFIED** to participate (no conditions that would prevent this participant from participation)

\_\_\_\_\_ **NOT QUALIFIED** to participate for the following reasons \_\_\_\_\_

Licensed to practice medicine in Virginia? YES NO

Signature/Stamp (required): \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Medical Treatment, Consent and Information

The following information will be used in the event that a parent / legal guardian is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. Please fill out this form completely. If a particular question is not applicable write "none", n/a, or other appropriate comment otherwise none will be assumed. If additional space is needed, please use the back of this form. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participants coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way.

| ATHLETE INFORMATION  |                       |               |        |                |
|--|-----------------------|---------------|--------|----------------|
| <b>Athlete's Name:</b>   |                       | Nick Name:    |        | Phone: (    )  |
| Address:   |                       | City:         |        | State:    Zip: |
| PARENT OR GUARDIAN INFORMATION   |                       |               |        |                |
| <b>Father's Name:</b>  |                       |               |        |                |
| Address:   |                       | City:         |        | State:    Zip: |
| Hm Phone: (    )   | Daytime Phone: (    ) |               | Email: |                |
| Employer:  |                       |               |        |                |
|  |                       |               |        |                |
| <b>Mother's Name:</b>  |                       |               |        |                |
| Address:   |                       | City:         |        | State:    Zip: |
| Hm Phone: (    )   | Daytime Phone: (    ) |               | Email: |                |
| Employer:  |                       |               |        |                |
|  |                       |               |        |                |
| <b>Guardian's Name:</b>  |                       |               |        |                |
| Address:   |                       | City:         |        | State:    Zip: |
| Hm Phone: (    )   | Daytime Phone: (    ) |               | Email: |                |
| Employer:  |                       |               |        |                |
| FAMILY MEDICAL INSURANCE   |                       |               |        |                |
| Carrier:   |                       | Group:        |        |                |
| Policy #:  |                       | Group #:      |        |                |
| Policy Holder Name:  |                       |               |        |                |
| Family Physician's Name:   |                       |               |        |                |
| Dr's Address:  |                       | City:         |        | State:    Zip: |
| Phone: (    )  | Fax: (    )           |               | Email: |                |
| EMERGENCY MEDICAL INFORMATION  |                       |               |        |                |
| Preferred Hospital(s):   |                       |               |        |                |
| <b>EMERGENCY CONTACT:</b>  |                       | Phone: (    ) |        | Relationship:  |
| Please list any medical conditions (allergies, asthma, etc.) And medications being taken by the participant named above. Please list any other information you may deem relevant, and helpful to emergency medical personnel: (please note if no information is given and the words "none" or "n/a" is not filled in then, "none" will be assumed. |                       |               |        |                |
| Allergies:   |                       |               |        |                |
| Medical Conditions:  |                       |               |        |                |
| Other:   |                       |               |        |                |

\*I Hereby my signature grant permission for my child/ward to participate in any and all, \_\_\_\_\_ (Association name) and, American Youth Football, Inc / American Youth Cheer dba, program(s) sanctioned event(s), be they official or un official, including but not limited to, athletic, social and/or fundraising activities. I further hereby consent to any and all health care providers, authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and/or any medical professional to provide treatment, order injections, hospitalize, give anesthesia or perform surgery. I understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me.

\_\_\_\_\_  
\*Print Parent/Legal Guardian Name

\_\_\_\_\_  
\*Signature Parent/Legal Guardian

\_\_\_\_\_  
\*Date

The original Emergency Medical Treatment, Consent and Information form should travel with the coach and a copy should be kept at the administrative office of the sports organization. Due to privacy concerns, completed forms should be stored in a secure location with access restricted to those on a need to know basis for the purpose of medical care.



# AMERICAN YOUTH FOOTBALL

## Participation, Tracking and ID Card - National Division



ASSOCIATION NAME - \_\_\_\_\_

ASSOCIATION

|  |   |            |            |            |
|--|---|------------|------------|------------|
| ASSOCIATION NAME   | PLACE PHOTO / DMV / MILITARY ID CARD HERE |            |            |            |
| DIVISION OF PLAY - TEAM NAME   |   |            |            |            |
| PARTICIPANT NAME   |   |            |            |            |
| <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;">JERSEY #</td> <td style="border: none; width: 33%;">AGE (7/31)</td> <td style="border: none; width: 33%;">O/L WEIGHT</td> </tr> </table>   |   | JERSEY #   | AGE (7/31) | O/L WEIGHT |
| JERSEY #   |   | AGE (7/31) | O/L WEIGHT |            |
| PARTICIPANT PARENT/GUARDIAN NAME   |   |            |            |            |
| <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;">HOME PHONE</td> <td style="border: none; width: 33%;">WORK PHONE</td> <td style="border: none; width: 33%;">CELL PHONE</td> </tr> </table> | HOME PHONE                                | WORK PHONE | CELL PHONE |            |
| HOME PHONE   | WORK PHONE                                | CELL PHONE |            |            |

I, Hereby, With My Signature, Do Certify That The Information Below Has Been Collected And Verified By The Means, As A Minimum, As Instructed In The AYF National Rulebook And/Or Operations Manuel, Current Version.

OFFICIAL PLAYER CERTIFICATION  
LEAGUE USE ONLY

Conference Verification Signature/STAMP \_\_\_\_\_

Association Verification Signature/STAMP \_\_\_\_\_

|                    |                               |                         |                         |                      |                    |                                   |             |
|--------------------|-------------------------------|-------------------------|-------------------------|----------------------|--------------------|-----------------------------------|-------------|
| DATE OF BIRTH:     | Age As of<br>Age Cut off Date | CERTIFICATION<br>WEIGHT | PARTICIPANT<br>CONTRACT | MEDICAL<br>CLEARANCE | WAIVER/<br>RELEASE | EMERGENCY<br>MEDICAL /<br>CONSENT | SCHOLASTICS |
| Month / Day / Year | Older/Lighter:                |                         |                         |                      |                    |                                   |             |

REGULAR SEASON

POST SEASON

|          | GAME DATE | WEIGH MASTER | CODE |         | GAME DATE | WEIGH MASTER | CODE |
|----------|-----------|--------------|------|---------|-----------|--------------|------|
| JAMBOREE |           |              |      | Week 11 |           |              |      |
| Week 1   |           |              |      | Week 12 |           |              |      |
| Week 2   |           |              |      | Week 13 |           |              |      |
| Week 3   |           |              |      | Week 14 |           |              |      |
| Week 4   |           |              |      | Week 15 |           |              |      |
| Week 5   |           |              |      | Week 16 |           |              |      |
| Week 6   |           |              |      | Week 17 |           |              |      |
| Week 7   |           |              |      | Week 18 |           |              |      |
| Week 8   |           |              |      | Week 19 |           |              |      |
| Week 9   |           |              |      | Week 20 |           |              |      |
| Week 10  |           |              |      | Week 21 |           |              |      |

**INSTRUCTIONS:** Weigh Master Will Enter Date, Verify The Identity, Weight, Of Each Participant, Initial Each Participant Card,  
**CODE:** OK = Everything Verified, ENTER WEIGHT = Over Weight, I = Sick/Injured, A = Absent / Dropped  
**ALL MUST BE CHECKED IN / VERIFIED PLAYING OR NOT - IF OVERWEIGHT ENTER THE WEIGHT UNDER "CODE"**

## Participation Contract, Tracking and ID Card - Page 2

|   |  |  |   |
|---|--|--|---|
| Last Name   | First Name                               | Initial                                  | Preferred (nick) Name   |
| <input style="width: 95%;" type="text"/>          | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/>                      |
| Street Address                                    | City / Town                              | State                                    | Zip Code  |
| <input style="width: 95%;" type="text"/>          | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/>                      |
| Date Of Birth (M/D/YR)                            | Age as of 7/31                           | Weight                                   | Parent/Guardian First Name                                    |
| <input style="width: 95%;" type="text"/>          | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/>                      |
| Grade in Fall                                     | School in Fall                           | School Phone                             | Home Email Address  |
| <input style="width: 95%;" type="text"/>          | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/>                      |
| Medical Insurance (circle one)                    | Name Of Insurance Carrier                | Policy #                                 |   |
| <input style="width: 95%;" type="text"/> YES / NO | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |   |
| Football: <input type="checkbox"/>                | Cheer: <input type="checkbox"/>          | --CHECK ONE --                           | Registration Fee: \$ <input style="width: 95%;" type="text"/> |
|   |  |  | Check# Cash: <input style="width: 95%;" type="text"/>         |

|   |   |             |
|---|---|-------------|
| <b><u>GRAY AREAS FOR OFFICIAL USE ONLY !!</u></b> |   |             |
| Association: _____                                | Division: _____   | Team: _____ |
| Jersey Number Assigned: _____                     | Equipment / Uniform Issued <input type="checkbox"/> Returned <input type="checkbox"/> |             |

**PERMISSION TO PARTICIPATE** I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football, cheerleading, dance and/or step may result in SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR DEATH. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries. I, the parent/guardian of the above-named participant, do hereby give my approval for my child/ward to participate, and further assert that I have verified with my child/wards' physician, and in my opinion, my child/ward is physically fit and can participate without limitation in any and all Local, Regional, National, League/Conference, Association and team/squad activities, including transportation to and from the activities by a licensed driver.

**SCHOLASTIC FITNESS** I am of the opinion that my son/daughter/ward is scholastically fit and would benefit by participation in this program. I agree to submit a copy of my son/daughter/ward's last completed grade, end of year/last complete report card or a written statement of scholastic fitness from the school administration.

Initial: \_\_\_\_\_

**HELMET WAIVER (for football participants)** We acknowledge, AND WE understand the risks involved in my CHILD/WARD, my playing FOOTBALL, which is a collision sport; the NOCSAE committee has adopted the following warning to be read by, and signed by, both the parent/guardian and participant. "DO NOT USE THIS HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER, THIS IS IN VIOLATION OF FOOTBALL RULES AND CAN RESULT IN SEVERE HEAD, BRAIN OR NECK INJURY, PARALYSIS OR DEATH AND POSSIBLE INJURY TO YOUR OPPONENT, THERE IS A RISK THAT THESE INJURIES MAY ALSO OCCUR AS A RESULT OF AN ACCIDENTAL CONTACT WITHOUT INTENT TO BUTT, RAM OR SPEAR, NO HELMET CAN PREVENT ALL SUCH INJURIES."

Parent/Guardian Initial: \_\_\_\_\_ Player Initial: \_\_\_\_\_

**EQUIPMENT UNIFORM RESPONSIBILITY** I assume full responsibility for any and all equipment/uniforms loaned to my child/ward and I agree to promptly return, upon request, the uniform and other equipment in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for and promptly pay the replacement cost of such equipment.

Initial: \_\_\_\_\_

**CODE OF CONDUCT** The Ideology Of Youth Sports Including This Program Is To Promote Good Understanding And Fundamental Knowledge Of The Sport. It Is Also Critical That Good Sportsmanship Including The Ability To Always Conduct Oneself In An Appropriate Manner Of Positive Accord Both On And Off The Field. It Is Understood That Any Incident Considered Detrimental To The Pursuit Of This Ideology Will Not Be Tolerated. It Will Be Addressed In Accordance With The Statutes Of The Association, Conference, Current National Affiliation, State and Local Laws, And May Result In Dismissal From The Program And The Inability To Participate In Any Future Related Activities Of The Association. This Code Of Conduct Applies To All Involved With The Program Including But Not Limited To, The Football Players, Cheerleaders, Spirit Participants, Parents And Guardians.

Initial: \_\_\_\_\_

---

PRINT Parents/Guardian Name: \_\_\_\_\_ Parents/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**NOTE:** This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes.

Page 2 of 2



# AMERICAN YOUTH FOOTBALL



## Image Release – MINOR

ASSOCIATION NAME - \_\_\_\_\_

### READ BEFORE SIGNING

In consideration of (insert child's name) \_\_\_\_\_, my minor child/ward being allowed to participate in any way, in the American Youth Football, Inc. ("AYF") (dba American Youth Football and American Youth Cheer,) national championships and any other official AYF events and activities, the undersigned agrees that American Youth Football Inc., is hereby granted the unrestricted right and permission, free from approval or review, to copyright and/or use my child's/ward's likeness in all media now or hereafter known, including but not limited to, pictures and videos of my child which he/she may be included intact or in part for promotion or other commercial use.

Print Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_





# AMERICAN YOUTH FOOTBALL Waiver and Release of Liability - Minor



ASSOCIATION NAME - \_\_\_\_\_

### READ BEFORE SIGNING

IN CONSIDERATION OF \_\_\_\_\_, my child/ward, being allowed to participate in the American Youth Football American Youth Cheer Regional/National Championships, and or the football and or cheer programs of \_\_\_\_\_, the Local Organization, which is a legally distinct and organization not operated or controlled by American Youth Football, despite its membership with American Youth Football, Inc. the undersigned acknowledges and agrees that:

- 1) The risk of injury to my child/ward, myself, from the activities involved in these programs is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for child/ward, participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/wards', readiness or, hazard during my presence or participation, and/or in the program itself, I will remove my, child/ward, from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS American Youth Football, Inc.(AYF), the local organization, their respective officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, tournament host, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ( RELEASEES ), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my child/wards', involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.
- 5) I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child/ward's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Print Participant s Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**NOTE:** This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms.



**American Youth Football and Cheer, Inc.  
Mild Traumatic Brain Injury (MTBI) / Concussion  
Annual Statement and Acknowledgement Form**

I, \_\_\_\_\_ (athlete), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the organizations staff (e.g., coaches, team physicians, and athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My organization has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion>) on what a concussion is and has given me an opportunity to ask questions. FACT sheets are different for Parents, Coaches, Players.
- I ACKNOWLEDGE THAT I HAVE READ THE FACT SHEET on the CDC website for Parents and Players.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician, athletic trainer, coach, parent volunteer, or official.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spirit line, wrestling, lacrosse, mixed martial arts, and rugby and cheer.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or legal guardian must print and sign name below and indicate date signed.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# AMERICAN YOUTH FOOTBALL

## PARENTS / GUARDIANS "CODE OF CONDUCT"

**All parents/guardians who have children participating within the Conference/League/Team must abide by a Code of Conduct, which includes the provisions that follow. Any violation of these rules or any Conference rules will result in immediate expulsion from your association and the Conference/League/Team. In addition, you will forfeit your membership for the current season and be subject for review for any other subsequent year.**

### ALL PARENTS/GUARDIANS AGREE TO:

1. I/We agree to furnish proof of Birth - i.e.: Birth Certificate, Passport or Military ID of applicant to the Association/League/Conference upon request.
2. I/We agree to furnish a copy of the most recent school years Report Card to the Association/ League/Conference upon request.
3. I/We agree that my child will participate in the "Scholars program" set up by the Association/ League/Conference. (Kindergartners and Flag programs are exempt.)
4. I/We agree to be financially responsible for Association equipment/uniform issued to applicant other than the normal wear and tear during games and practice, further I/We will reimburse the Association / League/Conference for the loss and/or damage to said equipment.
5. I/We agree to not smoke on the practice or playing field, or in the presence of a gathering of the team/squad. (i.e.: after a game/practice or team/squad meetings.)
6. I/We agree to abstain from the possession and drinking of alcoholic beverages and the possession or use of any illegal substance at any Association// League/Conference function. (i.e.: at games/practice, after a game/practice, team/squad meetings or gatherings.)
7. I/We agree not to deliberately incite and/or participate in "unsportsmanlike" conduct at ANY Association// League/Conference function. (i.e.: declaring at another city "AS OUR HOUSE")
8. I/We agree to never protest a game official, judge or Commissioners decision in an aggressive demonstrative manner, which might incite violent or aggressive fan involvement.
9. I/We agree not to use abusive or profane language or actions at any time at any Association/ League/Conference function.
10. I/We agree not to criticize, belittle, antagonize, berate or otherwise incite the opposing team, its players, coaches, cheerleaders, fans, officials/judges or Commissioners by word of mouth or by gesture.
11. I/We agree to accept all decisions of the game officials, judges or Conference Officials as being fair and called to the best of their ability.
12. I/We agree to treat all children and adults while at any Association// League/Conference function with respect.
13. I/We agree to follow the proper Chain of Command when filing a complaint or voicing my opinion regarding any possible rule infraction or concern within my association or the / League/Conference organization.

**The Chain Of Command is as follows:**

*You may only advance to the next level in the chain of command providing your situation has not been handled within 72 hours from your initial filing and you need further assistants.*

- A) The Head Football/Cheer Coach of your Association. (If your complaint is regarding the Head Coach you may go directly to the League President/Cheer Director (as applicable).
- B) The President or Cheer Director of your Association (as applicable).
- C) A letter written to the Association / League/Conference.

If you go directly to American Youth Football without going through the proper chain of command, you will be removed from this Conference WITHOUT the right to appeal.

- 14. I/We agree not to interfere with or come near the "Scale /ID Check-in Area " at the football field, where the weigh-in/ID Check-in and pre-game check-in is taking place with the City/Conference Commissioner.
- 15. I/We agree to take responsibility for any actions that violates this Code of Conduct by a guest or relative of attending parent/guardian.
- 16. I/We agree not to bring in food, drinks, coolers, air horns, cowbells or drums into any stadium within the Conference/League/Team.

Any act of disrespect from a parent/fan directed towards game officials/judges, or Conference officials, creating a disturbance either in the stands or on the playing field, or has to be ejected from the game, practice or event, by the Conference official or game official, the penalty will be handed down to that individual immediately by the Conference official, and the assessed penalty will not require a hearing to be assessed.

- 17. I/We agree if I/We have been ejected or removed from any Association// League/Conference function I/We will refrain from attending any practices/games/competitions for the period of my punishment.

However, any penalty assessed to any individual may be appealed in writing to the Conference Board of Presidents, within 72 hours from the time the penalty was assessed. The appeal will be handled in accordance with the American Youth Football Administration Manual.

**This Code of Conduct signature page MUST be placed behind the respective player/cheerleaders Association/ League/Conference Physical Form in the Team/Squads book of contracts.**

**SECTION I: PLAYERS/CHEERLEADERS NAME & ASSOCIATION:**

\_\_\_\_\_  
Player / Cheerleader's Name (**PRINT**)      Association / League Name

**SECTION II: PLAYERS/CHEERLEADERS DIVISION - CHECK ONE:**

- Tiny Mite       Mitey Mite       Cadet  
 Jr. Pee Wee       Pee Wee       Jr. Midget  
 Midget       7<sup>th</sup> Grade All American       8<sup>th</sup> Grade All American

**Team Name:** \_\_\_\_\_

**SECTION III: MEMBERS ACKNOWLEDGEMENT:**

I do hereby certify by my signature below as a parent/guardian of a child participating within the Conference/League/Team that I/We have read & received a copy of the Code of Conduct and agree to abide by the terms and conditions of the "CODE OF CONDUCT" set forth by this Conference. I am also aware that the Conference/League/Team has a ZERO TOLERANCE POLICY in effect at all times.

\_\_\_\_\_  
SIGNATURE of Parent / Guardian

\_\_\_\_\_  
PRINT Name

\_\_\_\_\_  
SIGNATURE of Parent / Guardian

\_\_\_\_\_  
PRINT Name

\_\_\_\_\_  
Date

**SECTION IV: ASSOCIATIONS ACKNOWLEDGEMENT:**

I do hereby certify by my signature below that the above named parent/guardian did read & receive a copy of the "Code of Conduct" and agrees to abide by the Code of Conduct as required by the Conference/League/Team.

\_\_\_\_\_  
Signature of Association Personnel

\_\_\_\_\_  
Board Position (title)