

# 2020 - AYF Code of Conduct Form

**Torrington Warriors (TMF) will not tolerate verbal abuse of its volunteer coaches from any Fan, Parent or Spectator.**

This is American Youth Football, not the pros. Fans, as well as the players and coaches, are expected to abide by a code of conduct at all American Youth Football Events. While 99% of the adults in the program will abide by this code without being told, this code is being published to protect the children and volunteers (which includes all coaches and board members) from the 1%.

## FANS' CODE OF CONDUCT

Fans will abide by a Code of Conduct which includes the provisions which follow. If any of these rules are broken, **Torrington Warriors (TMF)** shall have the authority to impose a penalty.

### ***Fans shall:***

1. Not criticize the players/cheerleaders or coaches in front of the other spectators in the stands, but reserve constructive criticism for later, in private.
2. Accept decisions of the game officials (including referees and coaches) on the field as being fair and called to the best ability of said officials.
3. Not criticize an opposing team, its players, coaches, or fans by work of mouth or by gesture.
4. Refrain from using physical or verbal abuse or profane language at any time at the game, practice field, or other AYF functions.
5. Abstain from being under the influence of or in possession of and/or drinking alcoholic beverages and the possession or use of any illegal substance on both the game and practice fields.
6. Not be allowed on the sidelines during a game.
7. Not interfere/interrupt the coaching staff before, during or after games or at practice.
8. Not express complaints about coaches in stands or to coaches in front of or around the children (i.e. right after a game or practice).

## VIOLATION

Any parent or fan who violates the code of conduct risks the further participation of the child in the program. The procedure is as follows:

1. Any fan who violates the code of conduct or becomes a nuisance will be asked to leave by the head coach and can be suspended from all team activities.
2. If the fan fails to leave upon request, the child may be suspended from further participation in team activities by the head coach.
3. The head coach along with the executive board will decide if the duration of the suspension is to be longer than one to four weeks or if the child will be dropped from the program. That decision will depend on the attitude of the parents.
4. Any parent or fan who violates the code of conduct risks the future participation of his/her children in the program. Depending on the severity of the incident the board of directors may decide to ban future participation in the program for up to three years.

## CONDUCT OF ALL PLAYERS - PARENTS

All players are guaranteed 6 plays in each Jamboree, Regular Season or Playoff game. Everything beyond that must be earned in the opinion of the coaching staff whose decisions are final.

### **Athlete's Code**

***I will:*** emphasis the ideals of sportsmanship, ethical conduct and fair play. Show courtesy to my opponents and officials. Recognize athletic contests are serious educational endeavors. Give complete allegiance to my coaches who are the instructional authority for my team. Discourage fans, fellow players and parents from undercutting my coach's authority.

***I will not:*** Use profanity or talk "trash" before, during or after any game. Use drugs, alcohol, or tobacco. Criticize my teammates. Act in any way that may incite spectators.

### **Parent's Code**

***I will:*** Support my child's team/squad and teach the value of commitment to the team/squad - emphasis the ideals of sportsmanship, ethical conduct and fair play. Help my child and American Youth Football make athletic contests a positive educational experiences. Show courtesy to opponents and officials. Direct constructive criticism of my child's athletic program to the athletic director or association officials and work toward a positive result for all concerned.

***I will not:*** Criticize officials, direct abuse or profane language toward them, or otherwise subvert their authority. Undermine, in work or deed, the authority of the coach or administration. Intrude onto the field, stand on the sideline, or yell from the bleachers at or to the coaches, referees or administration.

Please cut along this line, sign and return to the head coach

I have read the **FAN'S CODE OF CONDUCT** and understand what is expected.

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Child's Name (PRINT)

Team Name

Date

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Parents Name (PRINT)

Parents Signature

This part of the form must be returned to the head coach before the second game to the season.

# Torrington Warriors Youth Football & Cheer

## Anti-Bullying Contract 2020

Bullying is an unwanted, aggressive behavior that involves a real or perceived power imbalance between individuals with the intent to cause harm. In situations involving children, both those who are bullied and who bully others, many suffer serious, lasting problems.

**Verbal bullying** is saying or writing mean things. Examples include: Teasing, name calling, taunting, and threatening to cause harm.

**Social bullying**, sometimes referred to as relational bullying, involves hurting someone's reputation or relationships. Examples include: Leaving someone out of the activity on purpose, telling others not to be friends with someone, spreading rumors about someone, embarrassing someone in public, posting embarrassing pictures, videos, rumors sent by email, text or social media sites.

**Physical bullying** involves hurting a person's body or possessions. Examples include: hitting, kicking, pinching, spitting, tripping, pushing, taking or breaking someone's things, making mean or rude hand gestures.

### Athletes, Parents, Coaches and Board members agree to the following:

- I will NOT Bully teammates, parents, coaches, board members, or game officials.
- I will stand up for myself, walk away, or ask a teammate, parent, coach, or board member for help if a teammate, parent, coach or board member bothers me.
- Report bullying to a coach, a parent, or Torrington Warriors board member when you see it.
- Work together and treat others with respect so bullying does not happen.
- Report any cyberbullying to your parents, coach, or Torrington Warriors board member immediately.

### Policy & Consequences:

(Applies to athletes, parents, coaches, and board members)

The Torrington Warriors board of directors will review all issues and make findings.

- Every attempt will be made to adequately investigate and fairly assess the severity of an alleged bullying incident. All parties involved will be kept informed and required to cooperate fully with Torrington Warriors to remedy the situation.
- Disciplinary actions for those individuals found to have violated the Anti-Bullying Contract
  - a. First offense verbal and written warning (athletes, parents, coaches, and board members)
  - b. Second offense game and practice suspension for 1 week
  - c. Third offense banned from participating in Torrington Warriors Football and Cheer

Athlete Signature \_\_\_\_\_ DATE \_\_\_\_\_

Parent Signature \_\_\_\_\_ DATE \_\_\_\_\_



## **TORRINGTON WARRIORS FOOTBALL & CHEER**

### **2020 ATTENDANCE POLICY**

1. Miss one practice in any week coach's discretion.
2. Miss one practice in any two consecutive weeks you play mandatory plays that week.
3. Miss two practices in one week you play mandatory plays that week.
4. Miss two practices in consecutive weeks you cannot play that week.
5. Miss three practices in one week you cannot play that week.

### **PLAYER CODE OF CONDUCT**

- Attend all practices and games.
- Support the team in a positive manner (pick up teammates, never put them down).
- Players will not use alcohol and/or tobacco products. (violation will result in immediate suspension from league participation)
- Players will not use any illegal substance. (violation will result in immediate suspension from league participation)
- Players will conduct themselves in a respectful manner on and off the football field. (including school and other public places)
- Consistently display high standards of behavior. Always control your attitude, actions, and language while attending/participating in Torrington Warriors Football and Cheer games/events. Do not engage in abusive and/or profane verbal or gestured attacks, including "trash talking" or taunting, towards any participant, coach, fan, an opposing team or game official.
- Respect all teammates, always except the abilities of your teammates. Respect coach's, game officials, and league administrators.
- Accept responsibility for your own behavior and performance, and do not argue with coach's and/or game officials. Abide by a coach's and/or official's decision.
- Do not intentionally provoke unsportsmanlike conduct.
- Players will not deliberately use dirty tactics during games or practices.
- Keep track of all your equipment and uniforms. Do not damage or misuse equipment. Equipment must be turned in at the end of the season.

**Any violation(s) of the code of conduct could result in a 1-2-week suspension or termination of league participation, which will be reviewed by the executive board of directors.**

**Signature below constitutes the acknowledgment and acceptance of the above Code of Conduct by the participant themselves, and parent/legal guardian of said participant:**

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**Participant Signature**

**Date**

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**Parent/Legal Guardian**

**Date**



## TORRINGTON WARRIORS FOOTBALL & CHEER

# **2020 Parents Code of Conduct**

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship. The highest potential of sports is achieved when competition reflects these “six pillars of character”.

### **I therefore agree:**

1. I will not force my child to participate in sports.
2. I will remember that children participate to have fun and the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will learn the rules of the game and the policies of the league.
5. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting, refusing to shake hands or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health and wellbeing of the athletes.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also deemphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at any time, and I will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs and alcohol and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.
18. I will refrain from harassing a member of a coaching staff including team moms. Any form of harassment will not be tolerated.
19. I will attend parent meetings and volunteer as needed.



## TORRINGTON WARRIORS FOOTBALL & CHEER

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- \* Verbal warning by official, head coach, and/or head league organization
- \* Written warning
- \* Parental game suspension with written documentation of incident kept on file by the organization
- \* Game forfeit through the official or coach
- \* Parental season suspension

**By signing below, I certify that I have read, understand and comply to agree with the Parents Code of Conduct. I fully understand if I do not uphold them, I will be held accountable for my behavior. Any violations will result in immediate action by the Torrington Warriors Youth Football and Cheer Executive Board.**

Name (Print): \_\_\_\_\_

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

Signature: \_\_\_\_\_



**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



## 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:

\_\_\_\_\_

POWERED BY:





# 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 any way in American Youth Football, Inc.(AYF) or American Youth Cheer dba, Regional/National Championships, \_\_\_\_\_ my Local AYF Affiliation(s), athletic sports program, related events and activities, the undersigned acknowledges, appreciates, 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), American Youth Cheer dba, my Local AYF Affiliation, their 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.



## 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>		<b>Phone: (    )</b>		<b>Relationship:</b>
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

## Medical Clearance Form



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

**Medical Clearance Form - Must be dated after January 1st of the Current Season**

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: (Childs Name:)\_\_\_\_\_ is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.

<p>Signature: _____</p> <p>Date: ____ / ____ / ____</p> <p>( Must be dated after January 1st, of the Current Season )</p>	<p><b>Please Print - or - Use Office Stamp Here:</b></p> <p>_____</p> <p>Print Name Clearly:</p> <p>_____</p> <p>Office Address:</p>
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PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician to resume participation. A "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationery and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation."

This statement must be supplied by the physician attending to the injury, accident, or illness.

This form can be modified or substituted ONLY to comply with local and/or state laws or due to medical practitioner regulations.

**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

## Participation, Tracking and ID Card - All-American Division



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

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ASSOCIATION NAME		
DIVISION OF PLAY - TEAM NAME		
PARTICIPANT NAME		
JERSEY #	Grade	AGE (12/31)
PARTICIPANT PARENT/GUARDIAN NAME		
HOME PHONE	WORK PHONE	CELL PHONE

PLACE PHOTO / DMV / MILITARY ID  
CARD HERE

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.

Conference Verification Signature/STAMP

OFFICIAL PLAYER CERTIFICATION  
LEAGUE USE ONLY

Association Verification Signature/STAMP

DATE OF BIRTH:

Month / Day / Year

Age As of  
12 / 31

GRADE / AGE  
CERTIFICATION

PARTICIPANT  
CONTRACT

MEDICAL  
CLEARANCE

WAIVER/  
RELEASE

EMERGENCY  
MEDICAL /  
CONsENT

SCHOLASTICS

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	GAME DATE	PLAYER CHECK	CODE
JAMBOREE			
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			

Week 11  
Week 12  
Week 13  
Week 14  
Week 15  
Week 16  
Week 17  
Week 18  
Week 19  
Week 20  
Week 21

GAME DATE	PLAYER CHECK	CODE

INSTRUCTIONS: PLAYER CHECK Will Enter Date, Verify The Identity, Of Each Participant, Initial Each Participant Card,

CODE: OK = Everything Verified, I = Sick/Injured, A = Absent / Dropped

ALL MUST BE CHECKED IN / VERIFIED PLAYING OR NOT / ENTER DETAIL UNDER "CODE"

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

Last Name <input style="width: 90%;" type="text"/>	First Name <input style="width: 90%;" type="text"/>	Initial <input style="width: 80%;" type="text"/>	Preferred (nick) Name <input style="width: 95%;" type="text"/>	
Street Address <input style="width: 95%;" type="text"/>	City / Town <input style="width: 95%;" type="text"/>	State <input style="width: 50%;" type="text"/>	Zip Code <input style="width: 50%;" type="text"/>	Home Phone <input style="width: 95%;" type="text"/>
Date Of Birth (M/D/YR) <input style="width: 50%;" type="text"/>	Age as of 12/31 <input style="width: 50%;" type="text"/>	Parent/Guardian First Name <input style="width: 95%;" type="text"/>		Parent/Guardian Last Name <input style="width: 95%;" type="text"/>
Grade in Fall <input style="width: 50%;" type="text"/>	School in Fall <input style="width: 95%;" type="text"/>	School Phone <input style="width: 50%;" type="text"/>	Home Email Address <input style="width: 95%;" type="text"/>	
Medical Insurance (circle one) <div style="border: 1px solid black; padding: 2px; display: inline-block;">YES / NO</div>	Name Of Insurance Carrier <input style="width: 95%;" type="text"/>	Policy # <input style="width: 95%;" type="text"/>		
Football: <input type="checkbox"/> Cheer: <input type="checkbox"/> --CHECK ONE --		Registration Fee: \$ <input style="width: 50%;" type="text"/> Check# Cash: <input style="width: 50%;" type="text"/>		

### GRAY AREAS FOR OFFICIAL USE ONLY !!

<b>Association:</b> _____	<b>Division:</b> _____	<b>Team:</b> _____
<b>Jersey Number Assigned:</b> _____		<b>Equipment / Uniform Issued</b> <input type="checkbox"/> <b>Returned</b> <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

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

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.

#### HELMET WAIVER (for football participants)

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

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."

#### EQUIPMENT UNIFORM RESPONSIBILITY

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

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.

#### CODE OF CONDUCT

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

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:
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**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.