

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 or attach additional pages as needed. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participant's coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way.

ATHLETE INFORMATION				
Athlete's Name:		Nick Name:	Phone: ()	
Address:		City:	State:	Zip:
PARENT OR GUARDIAN INFORMATION				
Father's Name:				
Address:		City:	State:	Zip:
Hm Phone: ()	Daytime Phone: ()	Email:		
Employer:				
Mother's Name:				
Address:		City:	State:	Zip:
Hm Phone: ()	Daytime Phone: ()	Email:		
Employer:				
Guardian's Name:				
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):				
EMERGENCY CONTACT:		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 as evidenced below hereby grant permission for my child/ward to participate in any and all, _____ (Association name) and, American Youth Football, Inc. program(s) event(s), including but not limited to, athletic, social and/or fundraising activities. I further consent to the administration of any and all medical treatment necessary to stabilize and or treat any medical condition or medical emergency to which my child/ward is afflicted. I understand that this authorization is given prior to the need for medical care, but given in advance to avoid any unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of their best judgment.

***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.



Pop Warner Little Scholars, Inc.

2023 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Special Note: This form is to be dated after January 1, 2023 and then submitted to your LOCAL Pop Warner organization. No other forms are acceptable. Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc.). Section II is modified or substituted ONLY to comply with local and/or state laws or medical practitioner regulations (i.e. the medical practice insists on its own form). In either case, Section I must still be filled out entirely and attached to any modified/substituted form.

Section I: FOR PARENT/GUARDIAN COMPLETION ONLY

Legal Name of Participant (must match birth certificate):

Last _____ First _____ Middle _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No: _____ Date of Birth: _____ Male ☐ Female ☐

Name of Primary Medical Insurance Company: _____ Policy Number: _____

Membership Number: _____ Name of Primary Insured: _____

Does primary insured have Medicaid? Yes ☐ No ☐ Does primary insured have Medicare? Yes ☐ No ☐

Sport (check one): Cheer ☐ Dance ☐ Tackle ☐ Flag ☐

PARTICIPANT MEDICAL HISTORY

- | | | | |
|-----|---|------------------------------|-----------------------------|
| 1. | Are there any injuries requiring medical attention? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Are there any past surgeries or scheduled surgeries? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Is there any history of concussions and/or head injuries? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Is the participant currently under the care of a medical practitioner? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Is the participant currently taking any medications? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Does the participant have any allergies (penicillin, bee stings, etc)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | Does the participant have asthma/require the use of an inhaler? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | Is the participant diabetic/require medication for diabetes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | Does the participant carry sickle cell trait/suffer from sickle cell disease? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | Does the participant currently require medication? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Does/has the participant have/had seizures? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. | Does the participant wear glasses or contact lenses? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. | Does the participant wear a brace or other medical support device? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. | Does the participant have any other physical limitations or medical conditions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space and/or attach to this form:

If you answered yes about concussions, provide the name of the doctor or qualified medical professional who cleared Participant for this activity:

I certify that this information is accurate. I understand that in the event of injury, illness or accident my child may not be cleared for participation. I acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in my child's medical condition. I also understand it is my responsibility to obtain written permission from my child's physician on official medical stationery to resume participation after any and all injury, illness or accident.

Signature of Parent or Legal Guardian: _____

Print Name _____

Relationship to Participant _____



Pop Warner Little Scholars, Inc.
2023 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Section II: THIS SECTION MUST BE COMPLETED ONLY BY A LICENSED MEDICAL PROFESSIONAL ON OR AFTER JANUARY 1ST of the CURRENT CALENDAR YEAR.

This form must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc. – this may vary by state). NO other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws OR because of medical practitioner regulations (i.e. the medical practice insists on its own form).

Name of Participant: _____

(Please check the following if healthy or note otherwise):

Height _____

Weight _____

Eyes _____

Ears _____

Mouth _____

Nose & Throat _____

Respiratory _____

Cardiovascular _____

Neurological _____

Musculoskeletal _____

Dermatological _____

Blood Pressure _____

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be participating in Pop Warner football, cheer or dance programs. I hereby attest that this individual is physically fit and has no medical condition which would prevent this individual from participating in Pop Warner activities for the 2023 season. I am therefore clearing this individual for athletic participation without limitation.

Please indicate medical profession (M.D., D.O., R.N., etc.) _____

Are you licensed in your state to perform physical examinations? YES ☐ NO ☐

Today's Date: _____

Please sign and fill out the following information OR place Official Medical Practice Stamp here:

Signature _____

Printed Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax: _____

Email/Website: Email _____ (Optional)

Note to Pop Warner participants: If you're uploading this signed document directly into your participant profile within the Sports Connect roster system, please make sure each page includes a proper signature. It will not be accepted without signatures. Documents can be scanned as PDF files from your smartphone or tablet. **CLICK HERE** to learn how.



**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: _____



TORRINGTON WARRIORS FOOTBALL & CHEER

2023 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

--

Parent/Legal Guardian

Date



TORRINGTON WARRIORS FOOTBALL & CHEER

2023 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 wellbeing 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: _____

Torrington Warriors Youth Football & Cheer

Anti-Bullying Contract 2023

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 _____