



AMERICAN YOUTH FOOTBALL

Waiver and Release of Liability - Minor



ASSOCIATION NAME - Torrington Warriors

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 __Torrington Warriors__, 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:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. 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 RELEASEES or others, and assume full responsibility for my child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS American Youth Football, Inc.; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. 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 Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

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 Name of Participant: _____

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

Medical Clearance Form



ASSOCIATION NAME - _____

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

I, as evidenced by my name and signature below, do certify that I am a State Licensed Medical Examiner in the state of _____ and am qualified in determining that:

(Childs Name:) _____ is physically fit and I have found no medical or observable conditions which would contra-indicate his/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities.

I am therefore clearing this individual for athletic participation.

Please Print - or - Use Office Stamp Here:

<p>Signature: _____</p> <p>Date: / /</p> <p>(Must be dated after January 1st, of the Current Season)</p> <p>_____</p>	<p>Print Name Clearly: _____</p> <p>Office Address: _____</p>
---	---

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 State Licensed Medical Examiner 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 stationary 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.

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.

Torrington Warriors Youth Football & Cheer

Anti-Bullying Contract 2025

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

2025 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, board members 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, board member, or parent, including but not limited: 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, gender, 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. (Including in parked cars in our lot and along our fence)
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 any member of a coaching staff including team moms as well as any executive board member. Any form of harassment will not be tolerated.
19. I will attend all 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
- * 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: _____

Name (Print): _____

Date: _____

Signature: _____



TORRINGTON WARRIORS FOOTBALL & CHEER

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 any illegal substances, tobacco or alcohol. (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:

--

Participant Signature

Date

--

Parent/Legal Guardian

Date