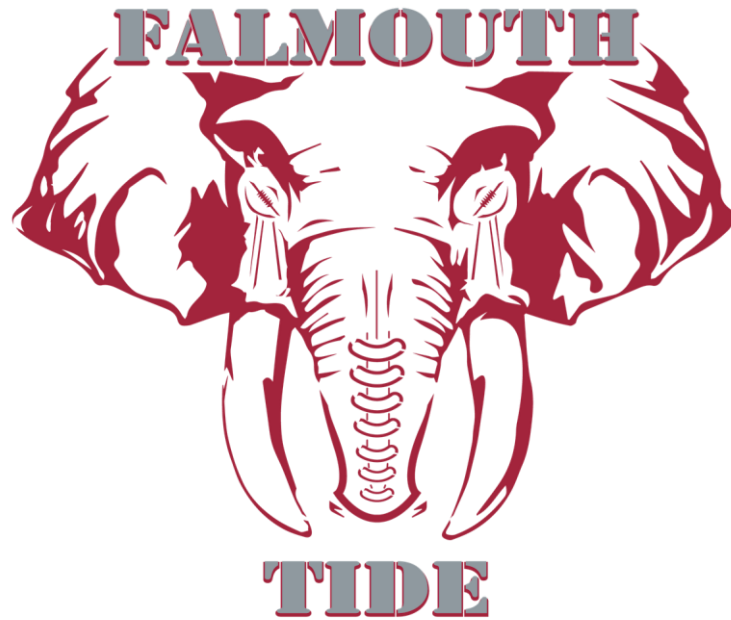


# Falmouth Tide Youth Sports Association



2016 Season  
Player Registration Packet (Unlimited)

# WELCOME

Welcome to the Falmouth Tide Youth Sports Association American Youth Football (AYF) program. We are delighted that you have or is considering joining our program for the 2016 season. Below are the teams that we are currently fielding, in addition to the staff contact information.

## **8U**

Cannot turn 9 years old before 8/1/2016 = Unlimited Weight

Head Coach: James McClendon

Email Address: [James.McClendon@falmouthtide.org](mailto:James.McClendon@falmouthtide.org)

Phone: (540) 207-5757

## **Mitey Mite**

9 years old and under (age cut-off 7/31/2016) = 100 lbs + 5 lbs = 105 lbs max weight

Head Coach: Tyrone Powell

Email Address: [TheGreatLT87@gmail.com](mailto:TheGreatLT87@gmail.com)

Phone: (757) 613-9906

## **Junior Pee Wee (JPW)**

10 years old and under (age cut-off 7/31/2016) = 124 lbs + 5 lbs = 129 lbs max weight

11 years old (older lighter) = 104 lbs + 5 lbs = 109 lbs max weight

Head Coach: Edward Mosley

Email Address: [EMosley2014@gmail.com](mailto:EMosley2014@gmail.com)

Phone: (540) 424-5836

## **Junior Midget (JM)/13U**

JM: 12 years old and under (age cut-off 7/31/2016) = 159 lbs + 6 lbs = 165 lbs max weight

JM: 13 years old (older lighter) = 139 lbs + 6 lbs = 145 lbs max weight

13U: Cannot turn 14 years old before 8/1/2016 = Unlimited Weight

Head Coach: Wolf Otto

Email Address: [WOtto63@gmail.com](mailto:WOtto63@gmail.com)

Phone: (540) 845-7959

## **Organizational Points of Contact**

Edward Mosley; [EMosley2014@gmail.com](mailto:EMosley2014@gmail.com); (540) 424-5836

Ceresh Perry; [Ceresh.Perry@falmouthtide.org](mailto:Ceresh.Perry@falmouthtide.org); (919) 395-0655

James McClendon; [James.McClendon@falmouthtide.org](mailto:James.McClendon@falmouthtide.org); (540) 207-5757

We are seeking a cheer coach to field a cheer squad. If you or anyone you know who may be interested, please have them to contact Ceresh Perry.

# **ORGANIZATION MISSION**

Our mission is to inspire, educate, mentor, and motivate youth through the teaching of football and basketball.

## **ORGANIZATION VISION**

Our vision is to provide a positive and safe environment for the youth to display and develop their athletic abilities, while encouraging the youth to give back to the communities for supporting our programs and to aide in becoming productive citizens.

## **TEAM MISSION**

The mission of the Falmouth Tide Youth Sports Association's football program is to develop and enhance the players' skillset, teach them to become competitive and to have fun have while doing so. This is achieved through hard work and dedication. In order for the players to remain interested in the game of football, we must keep it fun.

Our goal is to assist the players in becoming better football players. This is guaranteed and can only be achieved with the full support, commitment, and cooperation from the parents.

# MEMO TO PARENTS

## REGISTRATION FEES AND PAPERWORK:

The player registration fee is as follows:

8U - \$225

MM - \$225

JPW - \$225

JM - \$250

13U - \$250

Included in the registration fee are the helmet, shoulder pads, away jersey (JM and 13U only), home jersey, game pants, belt, 7 piece pad set, practice jersey, and cleats. The registration fee is due upon registering your player. Make checks and money orders payable to: **Falmouth Tide Youth Sports Association**. If you are in need of assistance or need to make payment arrangements, then inform your respective team staff immediately.

When registering your player, ensure all the required paperwork and documents are included, in addition to your signatures where indicated, prior to submitting your registration packet.

## FUNDRAISING:

Fundraising is a tool that we will use to run and maintain the program in the effort to support practice and game field fees; referee fees; conference, regional, and national games registration fees; sponsoring players, and assisting families with travel. This requires 100% participation from each player. Therefore all fundraisers are **MANDATORY**.

We're also seeking sponsors. If you know of a small business, your employer, family, friends, or even you who would like to give a tax deductible donation, then inform your respective team staff immediately.

## CONDITIONING:

Per AYF requirement, conditioning for players will be the week of Monday, July 25, 2016. It is mandatory that all players receive 10 hours of conditioning prior to receiving equipment and participating in team practice.

## PRACTICE:

After the week of conditioning, will be the start of team practice. Teams will practice at least 4 days per week until the start of the school season. Afterwards team practice will be at least 3 day per week unless otherwise stated per your respective Head Coach. Once the practice schedule is determined, it will be provided. Attendance for practices, scrimmages, and games are **MANDATORY** unless excused by your respective coach. If your player is unable to attend, then inform your respective Head Coach or Team Mom the soonest. Players must arrive 5-10 minutes before practice in order to stretch, which will reduce injuries that may occur during or after practice.

# CHECKLIST

Below are the required items needed for your child to participate in Falmouth Tide Youth Sports Association AYF football program:

- \_\_\_\_\_ Player Registration Form
- \_\_\_\_\_ Falmouth Tide Youth Sports Association Policies Signature Page
- \_\_\_\_\_ Parent's Code of Conduct
- \_\_\_\_\_ Image Release – Minor
- \_\_\_\_\_ Image Release – Adult (a form needs to be completed for each parent)
- \_\_\_\_\_ Waiver and Release of Liability – Minor
- \_\_\_\_\_ Waiver and Release of Liability – Adult (a form needs to be completed for each parent)
- \_\_\_\_\_ Annual Statement and Acknowledgement Form on Concussion
- \_\_\_\_\_ Emergency Medical Treatment, Consent and Information
- \_\_\_\_\_ Medical Release Form
- \_\_\_\_\_ VA High School League Approved Sports Physical
- \_\_\_\_\_ Participation, Tracking and ID Card – All American Division
- \_\_\_\_\_ Copy of birth certificate
- \_\_\_\_\_ Original Identification Card (State or Military issued, Passport)
- \_\_\_\_\_ Copy of current report card
- \_\_\_\_\_ Copy of personal insurance card
- \_\_\_\_\_ Registration payment

# PLAYER REGISTRATION FORM

<b>Player Name:</b>		
Date of Birth:		
School:		
Grade:		
<b>Father/Guardian:</b>		
Address:		
City:	State:	Zip:
Work Phone:		
Cell Phone:		
Home Phone:		
Email Address:		
<b>Mother/Guardian:</b>		
Address:		
City:	State:	Zip:
Work Phone:		
Cell Phone:		
Home Phone:		
Email Address:		
Emergency Contact:		
Relationship:		
Phone:		
Family Doctor:		
Office Phone:		
Dentist:		
Phone:		
Due to the possibility of half time and post-game snacks being provided, list all known allergies:		

# Falmouth Tide Youth Sports Association Policies

Below are policies that are enforced by the football program. Read the policies in its entirety and sign the following page that states your acknowledgement and understanding of the policies. If you have questions, please refer to your respective team staff.

## Apparel and Equipment Policy

Below is a list of apparel and equipment that your child will receive for the 2016 season. If the apparel and/or equipment is lost or damaged (beyond normal wear and tear), you are responsible for the replacement cost(s).

Helmet  
Shoulder Pads  
Game Jersey (Home and Away(JM and 13U only))  
Game Pants  
Belt  
7 piece pad set  
Practice Jersey  
Cleats **(THE CLEATS ARE YOURS TO KEEP)**

## Refund Policy

Falmouth Tide Youth Sports Association will issue refunds under the following conditions:

1. A written request must be received no later than Friday of the deadlines specified below. The request must be in the form of email or postal mail (ensure post mark date is reflected on the envelope). **Request via text message will not be honored.**
  - a. Emailed request must be sent to [Ceresh.Perry@falmouthtide.org](mailto:Ceresh.Perry@falmouthtide.org) AND [James.McClendon@falmouthtide.org](mailto:James.McClendon@falmouthtide.org)
  - b. Postal mail request must be sent to PO Box 3032, Fredericksburg, VA 22402
2. Deadlines for refunds are as follows:
  - a. A full refund will be honored up to Friday of week two official Falmouth Tide practice. In order for the full refund to be honored all apparel listed in the apparel policy will need to be returned.
  - b. A 50% refund will be honored up to Friday of week three official Falmouth Tide practice.

## 24 Hour Rule

There will be times when frustration occurs on and off the court for various reasons. A coach should not be approached before, during, or after the game. Therefore Falmouth Tide Youth Sports Association has implemented a 24 hour rule. The 24 hour rule states if there is dissatisfaction and/or disagreements between a parent and/or coach, all parties need to allow 24 hours to pass before addressing the issue. This allows all parties to cool down and take in what occurred prior to discussion.

## Fundraising Commitment

In the essence to minimize costs incurred due to organization fees (practice and game field fees; referee fees; etc.), travel (conference, regional, and national games registration fees, assisting families with travel, etc.), sponsoring players, and team supplies (water, etc.), Falmouth Tide will hold fundraising events.

Each player is responsible for participating in fundraising for the organization and their respective team. The fundraisers are MANDATORY and requires 100% participation.

# Falmouth Tide Youth Sports Association Policies

## Signature Page

Your signature below serves as your acknowledgement and understanding of the following Falmouth Tide Youth Sports Association policies:

- ✓ Apparel and Equipment Policy
- ✓ Refund Policy
- ✓ 24 Hour Rule
- ✓ Fundraising Commitment

---

Parent/Guardian of Player

---

Signature of Guardian/Parent

---

Name of Child

---

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 assistance.*

- 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)



# 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

## Image Release - ADULT



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

### READ BEFORE SIGNING

I (insert name) \_\_\_\_\_, in consideration of 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, do hereby grant to American Youth Football Inc., the unrestricted right and permission, free from approval or review, to copyright and/or use my likeness in any and all media now or hereafter known, including but not limited to, pictures and videos of which I may be included intact or in part for promotion or other commercial use.

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

\_\_\_\_\_  
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

## Amateur Athletic Waiver and Release of Liability - Adult



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

### READ BEFORE SIGNING

IN CONSIDERATION OF being allowed to participate in any way in the American Youth Football (AYF) or American Youth Cheer Regional/National Championships, 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. acknowledges and agrees that:

- 1) The risk of injury from the activities involved in this program 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) 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 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 hazard during my presence or participation, and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS American Youth Football, Inc. the Local Organization, their respective officers, directors, officials, volunteers, agents, and/or employees, 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, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, 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 Participant's Name:

\_\_\_\_\_  
Participant's Signature:

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

**FOR PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 18 AT THE TIME OF  
REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child/ward's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

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

\_\_\_\_\_  
Parent/Guardian Signature:

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

Emergency Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**NOTE:** This form as with any and all forms used by your Association should be reviewed by your local council 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: \_\_\_\_\_



## 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				
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):				
<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>
---	--

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.

Routing

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

Revised April 2016

Page 1 of 4

VIRGINIA HIGH SCHOOL LEAGUE, INC.  
1642 State Farm Blvd., Charlottesville, Va. 22911



## Athletic Participation/Parental Consent/Physical Examination Form

Separate signed form is required for each school year May 1 of the current year through June 30 of the succeeding year.

For School Year \_\_\_\_\_

### PART I - ATHLETIC PARTICIPATION

(To be filled in and signed by the student)

Male \_\_\_\_\_

Female \_\_\_\_\_

PRINT CLEARLY

Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Home Address of Parents \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

This is my \_\_\_\_\_ semester in \_\_\_\_\_ High School, and my \_\_\_\_\_ semester since first entering the ninth grade. Last semester I attended \_\_\_\_\_ School and passed \_\_\_\_\_ credit subjects, and I am taking \_\_\_\_\_ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

### INDIVIDUAL ELIGIBILITY RULES

To be eligible to represent your school in any VHSL interscholastic athletic contest, you--

- must be a regular bona fide student in good standing of the school you represent.
- must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity.)
- must have enrolled not later than the fifteenth day of the current semester.
- for the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements). **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- for the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- must not, after entering the ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parental Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for athletic competition and that your parents consent to your participation.
- must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification in regard to cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

**LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Providing false information will result in ineligibility for one year.**



The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician

## PART II - - MEDICAL HISTORY- Explain "Yes" answers below

Page 2 of 4

**This form must be completed and signed, prior to the physical examination, for review by examining practitioner.**

**Explain "Yes" answers below with number of the question. Circle questions you don't know the answers to.**

GENERAL MEDICAL HISTORY	Yes	No	MEDICAL QUESTIONS (cont)	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have groin pain or a painful bulge or hernia in the groin area?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you currently have an ongoing medical condition? If so, Please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you had mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever spent the night in the hospital?	<input type="checkbox"/>	<input type="checkbox"/>	31. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	32. Have you ever had a herpes or MRSA skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	<b>Yes</b>	<b>No</b>	33. Are you currently taking any medication on daily basis?	<input type="checkbox"/> *	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had a head injury or concussion? If so, date of last injury:	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	36. Do you have headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has a doctor ever told you that you have (check all that apply): <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	37. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever ordered a test for your heart? (For ex: ECG/EKG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	38. When exercising in heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you get lightheaded or feel more short of breath than expected during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had an unexplained seizure?	<input type="checkbox"/>	<input type="checkbox"/>	40. Have you had any other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	<b>Yes</b>	<b>No</b>	41. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has any family member or relative died of heart problems or had an unexpected sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?	<input type="checkbox"/>	<input type="checkbox"/>	42. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	43. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have a pacemaker or implanted defibrillator?	<input type="checkbox"/>	<input type="checkbox"/>	44. Do you worry about your weight?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does anyone in your family have Marfan syndrome, cardiomyopathy, or Long Q-T?	<input type="checkbox"/>	<input type="checkbox"/>	45. Are you trying to or has any professional recommended that you try to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
<b>BONE AND JOINT QUESTIONS</b>	<b>Yes</b>	<b>No</b>	47. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury, like a sprain, muscle or ligament tear, or tendonitis that caused you to miss a practice or game?	<input type="checkbox"/>	<input type="checkbox"/>	48. What is the date of your last Tdap or Td(tetanus) immunization? (circle type) Date:		
18. Have you had any broken or fractured bones or dislocated joints?	<input type="checkbox"/>	<input type="checkbox"/>	49. Do you have an allergy to medicine, food or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches?	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY</b> 50. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had an x-ray of your neck for atlanto-axial instability? OR Have you ever been told that you have that disorder or any neck/spine problem?	<input type="checkbox"/>	<input type="checkbox"/>	51. Age when you had your first menstrual period? _____		
21. Have you ever had a stress fracture of a bone?	<input type="checkbox"/>	<input type="checkbox"/>	52. How many periods have you had in the last 12 months? _____		
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	<b>EXPLAIN "YES" ANSWERS BELOW:</b>  # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ # _____ » _____ *List medications and nutritional supplements you are currently taking here:		
23. Do you currently have a bone, muscle, or joint injury that bothers you?	<input type="checkbox"/>	<input type="checkbox"/>			
24. Do any of your joints become painful, swollen, feel warm, or look red?	<input type="checkbox"/>	<input type="checkbox"/>			
25. Do you have a history of juvenile arthritis or connective tissue disease?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>MEDICAL QUESTIONS</b>	<b>Yes</b>	<b>No</b>			
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>			
27. Do you have asthma or use asthma medicine (inhaler, nebulizer)?	<input type="checkbox"/>	<input type="checkbox"/>			
28. Were you born without or are you missing a kidney, an eye, a testicle, spleen or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>			

**Parent/Guardian Signature:** \_\_\_\_\_
**Date:** \_\_\_\_\_
**Athlete's Signature:** \_\_\_\_\_

**PART III – PHYSICAL EXAMINATION**(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30<sup>th</sup> of the current school year)\*\*

NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP	/	Resting Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/ears/nose/throat		
Lymph nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		

MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional		

**Medical Practitioner to School Staff (please indicate any instructions or recommendations here)**Emergency medications required on-site ☐ Inhaler ☐ Epinephrine ☐ Glucagon ☐ Other: \_\_\_\_\_**Comments:**

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics.

- ☐ **CLEARED WITHOUT RESTRICTIONS**
- ☐ **CLEARED WITH FOLLOWING NOTATION:** \_\_\_\_\_
- ☐ Cleared **AFTER** documented further evaluation or treatment for: \_\_\_\_\_
- ☐ Cleared for **Limited participation** (check and explain “reason” for all that apply): “*Limited Until Date*” when appropriate
- ☐ Not cleared for (specific sports) \_\_\_\_\_ Until Date: \_\_\_\_\_
- Reason(s): \_\_\_\_\_

- ☐ **NOT CLEARED FOR PARTICIPATION Reason** \_\_\_\_\_

*By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II – Medical History.*Physician Signature: \_\_\_\_\_ (+MD, DO, LNP, PA) . Date\*\* \_\_\_\_\_  
Circle one

Examiner's Name and degree (print): \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\* Only signatures of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.**

Rule 28B-3-1 (3) Physical Examination Rule/Transfer Student (10-90) – When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League's Form #2, the student is in compliance with physical examination requirements.



**PART IV -- ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT***(To be completed and signed by parent/guardian)*

I give permission for \_\_\_\_\_ (name of child/ward) to participate in any of the following sports that are not crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swimming/diving, tennis, track, volleyball, wrestling, other (identify sports). \_\_\_\_\_

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts, or some other means. He/she has student medical/accident insurance available through the school (yes\_\_ no\_\_); has athletic participation insurance coverage through the school (yes\_\_ no\_\_); is insured by our family policy with:

Name of Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participating in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) or health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

**PART V - EMERGENCY PERMISSION FORM***(To be completed and signed by parent/guardian)*

**STUDENT'S NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **AGE** \_\_\_\_\_ **DOB** \_\_\_\_\_

**HIGH SCHOOL** \_\_\_\_\_ **CITY** \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency

\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies to medications, etc. \_\_\_\_\_

Is the student currently prescribed an inhaler or Epi-Pen? \_\_\_\_\_ List the emergency medication: \_\_\_\_\_

Is student presently taking any other medication? \_\_\_\_\_ If so, what type? \_\_\_\_\_

Does student wear contact lenses? \_\_\_\_\_ Date of last Tdap or Td (tetanus) shot \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of \_\_\_\_\_ High School to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for the person named above.

Daytime phone number (where to reach you in emergency) \_\_\_\_\_

Evening time phone number (where to reach you in emergency) \_\_\_\_\_

Cell phone \_\_\_\_\_

☀▶▶ **Signature of parent or guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Relationship to student \_\_\_\_\_

\*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed.

**I certify all the above information is correct** \_\_\_\_\_



**Parent/Guardian Signature**

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.



# 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 #	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.

### OFFICIAL PLAYER CERTIFICATION

Conference Verification Signature/STAMP

LEAGUE USE ONLY

Association Verification Signature/STAMP

DATE OF BIRTH: Month / Day / Year	Age As of Age Cut off Date  Older/Lighter:	CERTIFICATION WEIGHT	PARTICIPANT CONTRACT	MEDICAL CLEARANCE	WAIVER/ RELEASE	EMERGENCY MEDICAL / CONSENT	SCHOLASTICS
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	GAME DATE	WEIGH MASTER	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	WEIGH MASTER	CODE

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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: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Street Address	City / Town	State	Zip Code	Home Phone	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Date Of Birth (M/D/YR)	Age as of 12/31	Weight	Parent/Guardian First Name		Parent/Guardian Last Name
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Grade in Fall	School in Fall	School Phone	Home Email Address		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Medical Insurance (circle one)	Name Of Insurance Carrier		Policy #		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
Football: <input type="checkbox"/>	Cheer: <input type="checkbox"/>	--CHECK ONE--		Registration Fee: \$ <input style="width: 100%;" type="text"/>	Check# Cash: <input style="width: 100%;" 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

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)

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

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

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.

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 kept for 7 years.