



Welcome to the Wappingers Indians Youth Cheer program. This packet has been created to assist you in completing the enclosed forms. **Please read all the forms carefully. Forms can all be downloaded from our web site.**

**REGISTRATION FEES:**

Cheer K-3 new and returning cheerleaders \$125.00  
Cheer 10 and under new and returning cheerleaders \$165.00  
Cheer 12 and under new and returning cheerleaders \$165.00  
Cheer 15 and under new and returning cheerleaders \$165.00  
Non-competitive cheerleaders \$100.00

If you register and pay in full by March 18, 2016, the fee will be discounted \$25. There is a \$25 discount for siblings. Cash, checks, credit cards and money orders are accepted. We also offer a payment plan. Information on the payment plan will be available at registration.

**Refunds are only given before the 1<sup>st</sup> practice. (There will be a \$30 service fee on all returned checks).**

A **\$50 mandatory** volunteer deposit (per family) is due at registration. This deposit will be returned to you upon completion of your volunteer hours. In addition, a **mandatory fundraiser fee (per family) of \$100 is also due.** Each family is given (10) \$10.00 tickets at a cost of \$100.00, these tickets are yours to sell or keep for the cash prize drawing. Sell the tickets and get your \$100.00 back, keep your tickets and enter the drawing to win the prize, the choice is yours! **In order for your child to be properly registered, all forms must be filled out completely and you must bring the following:**

- (1) A small current (within the year) photograph of your child. It must contain only your child and be a head and shoulder shot without a cap/hat.
- (2) Your child's birth certificate or other proof of age (i.e. passport). Please bring a copy to be kept with the registration packet.
- (3) The registration fee
- (4) The \$50 mandatory deposit for the Volunteer Commitment (to be returned at the end of the season upon fulfillment of your 3 volunteer hours.
- (5) The mandatory fundraiser fee of \$100 for the 10 raffle tickets.
- (6) Copy of medical insurance card
- (7) \*Wappingers Indians Physical Form stamped & dated after **January 1, 2016** and signed by a medical professional. If your child's physical was done in 2015 please have your child's physician sign and stamp the Wappingers Indians physical form. A new physical is not required if this is signed and stamped in 2016. Physicals that will expire in 2016 cannot be accepted without the Wappingers Indians form.
- (8) \*Copy of your child's final June report card for the **2015-2016** school year.

\*If not available at the time of registration-these two documents (7 & 8) **MUST** be mailed to the Post Office Box 293 Wappingers Falls, NY 12590 post marked **no later than July 1, 2016** or your child may have to sit out the first practice. No child will be issued a uniform or allowed to practice until all information and payments have been received.

**UNIFORM SIZING:** A separate date will be scheduled for uniform sizing. You will be notified of the date via email. A uniform consists of a top and skirt that must be turned in at the end of the season. A Spirit Package must also be purchased at the sizing to complete the uniform. A Spirit Package consist of a crop top, boy shorts, cheer sneakers and bows and is kept by the cheerleader.

If you have any questions regarding cheer registration, please contact **Dawn Weickel at (845) 216-7740 or at [wappindianscheer@gmail.com](mailto:wappindianscheer@gmail.com)**

# 2016– AYF Code of Conduct Form

**Wappingers Falls Indians will not tolerate verbal abuse of its volunteer coaches from any Fan, Parent or Spectator.** This is American Youth Football, not the pros. Fans, as well as the players and coaches, are expected to abide by a code of conduct at all American Youth Football Events. While 99% of the adults in the program will abide by this code without being told, this code is being published to protect the children and volunteers(which includes all coaches and board members) from the 1%.

**FANS' CODE OF CONDUCT** Fans will abide by a Code of Conduct which includes the provisions which follow. If any of these rules are broken, Wappingers Falls Indians shall have the authority to impose a penalty.

***Fans shall:***

1. Not criticize the players/cheerleaders or coaches in front of the other spectators in the stands, but reserve constructive criticism for later, in private.
2. Accept decisions of the game officials (including referees and coaches) on the field as being fair and called to the best ability of said officials.
3. Not criticize an opposing team, its players, coaches, or fans by word of mouth or by gesture.
4. Refrain from using physical or verbal abuse or profane language at any time at the game, practice field, or other AYF functions.
5. Abstain from being under the influence of or in possession of and/or drinking alcoholic beverages and the possession or use of any illegal substance on both the game and practice fields.
6. Not be allowed on the sidelines during a game.
7. Not interfere/interrupt the coaching staff before, during or after games or at practice.
8. Not express complaints about coaches in stands or to coaches in front of or around the children (i.e. right after a game or practice).
- 9.

**VIOLATION**

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

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

**CONDUCT OF ALL PLAYERS - PARENTS**

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

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

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

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

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

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

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

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Child's Name (PRINT)

Team Name

Date

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Parents Name (Print)

Parent's Signature

Date



# AMERICAN YOUTH FOOTBALL



## Image Release – MINOR

ASSOCIATION NAME - Wappingers Falls Indians Youth Football & Cheer

### READ BEFORE SIGNING

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

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

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



# AMERICAN YOUTH FOOTBALL Waiver and Release of Liability - Minor



ASSOCIATION NAME - Wappingers Falls Indians Youth Football & Cheer

### 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 Wappingers Falls Indians Youth Football & Cheer, 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.

## Emergency Medical Treatment, Consent and Information

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

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

\*I as evidenced below hereby grant permission for my child/ward to participate in any and all, Wappingers Falls Indians (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.



# AMERICAN YOUTH FOOTBALL

## Medical Clearance Form



ASSOCIATION NAME - Wappingers Falls Indians Youth Football & Cheer

**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 licensed MD and or DO 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 physician (either MD or DO) 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.

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



# AMERICAN YOUTH FOOTBALL

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



ASSOCIATION NAME - Wappingers Falls Indians Youth Football & Cheer

ASSOCIATION

|  |  |
|--|--|
| Wappingers Falls Indians Youth Football & Cheer<br><small>ASSOCIATION NAME</small> | PLACE PHOTO / DMV / MILITARY ID<br>CARD HERE |
| <small>DIVISION OF PLAY - TEAM NAME</small>  |  |
| <small>PARTICIPANT NAME</small>  |  |
| _____<br><b>JERSEY #      Grade      AGE (7/31)</b>                                |  |
| <small>PARTICIPANT PARENT/GUARDIAN NAME</small>                                    |  |
| <small>HOME PHONE      WORK PHONE      CELL PHONE</small>                          |  |

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

CONFERENCE VERIFICATION SIGNATURE/STAMP
**OFFICIAL PLAYER CERTIFICATION**
ASSOCIATION VERIFICATION SIGNATURE/STAMP

**LEAGUE USE ONLY**

|   |                                    |  |                                     |                                  |                               |  |                            |
|---|------------------------------------|--|-------------------------------------|----------------------------------|-------------------------------|--|----------------------------|
| <small>DATE OF BIRTH:</small><br><br>_____<br><small>Month / Day / Year</small> | <small>Age As of</small><br>7 / 31 | <small>GRADE / AGE CERTIFICATION</small> | <small>PARTICIPANT CONTRACT</small> | <small>MEDICAL CLEARANCE</small> | <small>WAIVER/RELEASE</small> | <small>EMERGENCY MEDICAL / CONSENT</small> | <small>SCHOLASTICS</small> |
|---|------------------------------------|--|-------------------------------------|----------------------------------|-------------------------------|--|----------------------------|

REGULAR SEASON

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

POST SEASON

INSTRUCTIONS: PLAYER CHECK Will Enter Date, Verify The Identity, Of Each Participant, Initial Each Participant Card,  
 CODE: OK = Everything Verified, I = Sick/Injured, A = Absent / Dropped  
**ALL MUST BE CHECKED IN / VERIFIED PLAYING OR NOT / ENTER DETAIL UNDER "CODE"**



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

|  |  |  |   |   |
|--|--|--|---|---|
| Last Name                                | First Name                               | Initial                                  | Preferred (nick) Name   |   |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/>                      |   |
| Street Address                           | City / Town                              | State                                    | Zip Code  | Home Phone  |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/>                      | <input style="width: 95%;" type="text"/>              |
| Date Of Birth (M/D/YR)                   | Age as of 7/31                           | Parent/Guardian First Name               | Parent/Guardian Last Name                                     |   |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/>                      |   |
| Grade in Fall                            | School in Fall                           | School Phone                             | Home Email Address  |   |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/>                      |   |
| Medical Insurance (circle one)           | Name Of Insurance Carrier                | Policy #                                 |   |   |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |   |   |
| Football: <input type="checkbox"/>       | Cheer: <input type="checkbox"/>          | --CHECK ONE --                           | Registration Fee: \$ <input style="width: 95%;" type="text"/> | Check# Cash: <input style="width: 95%;" type="text"/> |

### 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.

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

#### HELMET WAIVER (for football participants)

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

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

#### EQUIPMENT UNIFORM RESPONSIBILITY

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

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

#### CODE OF CONDUCT

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

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

PRINT Parents/Guardian Name: \_\_\_\_\_

Parents/Guardian Signature: \_\_\_\_\_

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

**NOTE:** This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years.





**2016 CHEERLEADING RULES AND REGULATIONS**  
THE TERMS OF THIS POLICY APPLY TO ALL CHEERLEADERS PARTICIPATING IN  
WAPPINGERS INDIANS YOUTH CHEERLEADING

**PRACTICES:**

- Practice begins the 1<sup>st</sup> week in August and for this month practice hours will be: for competitive teams; Division 10, Division 12, Division 13, Division 15 (Grades 4-10) a total of 8-10 hours per week unless advised otherwise by the Head Coach. For Non-Competitive teams; Tiny Mites and Mitey Mites (Grades K-3) practice will be 2-6 hours a week as advised by the Head Coach.
- Practices are held outside. Please use repellent on your child for mosquitoes and ticks, etc. In the event of inclement weather, every effort will be made to contact all families via email / phone. Dangerous weather conditions such as thunder / lightning, heavy winds, extreme heat, etc., during practice may result in practice ending. Parents or guardians will be responsible for immediate pick up.
- When school is in session, practices will move inside. Specific time and days will be announced closer to this time as available. Practices from this point on will be for a total of 6-8 hours for competitive teams and 2-6 hours non-competitive teams as determined by the Head Coach.
- **Cheerleaders are to attend all practices in cotton elastic waist shorts and t-shirt, socks and sneakers. Hair should be pulled back and up in a tight ponytail. Absolutely no jewelry! (No earrings, necklaces, body piercing, rings etc.) Fingernails should be kept short and with no nail polish. Cheerleaders must arrive at their scheduled time and place in practice uniform with bottled water. Children must stay together as a team and must not wander off by themselves. Coaches must be made aware if a child leaves the practice or game area for any reason. Please be prompt picking your child up at the end of practices or games. Our coaches are volunteering their time and have families to get home too.**

## ATTENDANCE:

- **ALL PARTICIPANTS ARE REQUIRED TO ATTEND ALL PRACTICES, GAMES AND OTHER WAPPINGERS INDIANS ACTIVITIES.** Commitment is one of the most important things that we promote. Commitment to the squad means participating at **every practice, every game and every competition. Please remember cheerleading is a team sport!**
- **Girls' missing from practice affects the entire squad and it is unfair to all. Squads cannot have an effective practice with absent participants.** We do understand that some families schedule vacations during the month of August, but please try to avoid unnecessary misses. Please notify your child's coach of any vacation dates. We ask that your child not miss anymore than 5 practices during the month of August. Please do not plan extended vacations beyond August as teams begin to focus on routines. Full participation is needed.
- For Competitive teams, beginning after Labor Day, until the end of the team's competition season, there will be a limit of two (2) unexcused absences from practices, games and other activities. A third (3) unexcused absence can result in suspension and/or termination from the squad pending the outcome of a meeting between the head coach, and President. An absence is excused for the following reasons only: religious obligation, death in the family, medical reason (if more than 2 absences, a doctor's note is required)
- Serious tardiness to practices, games and other activities will result in the following: three (3) lates will be considered an unexcused absence. **Absences and lateness will be monitored.**
- While we encourage our participants to be active in other sports, we do expect full commitment to Wappingers Indians Youth Cheerleading from August through the final competition of the season. All cheer related obligations (practices, games and competitions) will be viewed as priority over other athletic or social activities.
- Parents/Guardians are responsible for the transportation of their child(ren) to and from activities, games and practices. Directions to away games are available on our website. As soon as a game schedule is available, it will be provided to you. It is your responsibility to have your child arrive on time.
- All squads are required to cheer at all games and including post season play. All participants must come prepared for rain and/or cold weather.

## UNIFORMS:

- Uniforms consist of a top and skirt and are expected to be kept clean and in good condition. Uniforms are property of Wappingers Indians Youth Cheerleading . Any uniform not returned at the end of the season will be charged to the family. No other uniforms will be supplied during the current or proceeding years unless the uniform is returned or payment is received.

- Additional uniform apparel ( a spirit package) is also required to complete the uniform. This consists of a crop top, boyshorts, cheer sneakers and bows. These are a separate charge and are sized and ordered for your child by Wappingers Indians Youth Cheerleading. These items are for your child to keep and do not get returned.

#### **CODE OF CONDUCT:**

- All spectators will be required to conduct themselves in a lawful manner at any Wappingers Indians Youth Cheerleading function or activity. Any unlawful or unethical conduct by anyone, witnessed, may result in expulsion from that venue for that day's event and could possibly result in the banishment for the entire season from Wappingers Indians Youth Cheerleading activities. No alcohol consumption is permitted at any Wappingers Indians Youth Cheerleading/Football field or complex or at any competitions.
- Fighting, intimidation, use of illegal substances (including cigarettes) or disrespect for authority by any cheerleader during practices, games or any other Wappingers Indians Youth Cheer or Football function shall not be tolerated and will result in disciplinary action. **Any form of SOCIAL MEDIA shall not be used in a negative manner toward the Wappingers Indians program, participants, coaches, parents, or board members.** If any of the above occurs it will result in the following disciplinary action:
  - 1<sup>st</sup> Offense: Verbal warning and benched from the remaining practice or game
  - 2<sup>nd</sup> Offense: Removed from the remaining practice or game and will be considered one (1) unexcused absence.
  - 3<sup>rd</sup> Offense: Suspension from the program for the remainder of the season with no refund. A coach, board member, or president must witness the offense and the President will handle the suspension.

#### **TRAVEL & FUNDRAISING:**

- All participants are responsible for their own traveling expenses, should it apply. Only members who participate in fundraising opportunities will receive its benefits to assist in offsetting the cost of travel, unless otherwise stated and agreed upon.
- If a competitive cheer squad is fortunate enough to qualify for Nationals, participants need to stay focused on the primary reason for the trip which is to represent Wappingers Indians Youth Cheerleading. Please plan any vacation time for after the competition rather than departing earlier than necessary. Early departure disrupts valuable practice time and we are not guaranteed practice space or time at competition locations. While families that may be driving require additional traveling time, **the team's practice time is more important** and we ask that you plan to begin your drive after the final scheduled practice.



### **VOLUNTEER POLICY**

The Wappingers Falls Indians Youth Football and Cheer Program is a volunteer run organization. Each year we strive to upgrade the football and cheer experience, however, the work load is falling on fewer and fewer shoulders. Volunteers are essential to sustaining a strong quality youth football and cheer experience for our children.

Registration fees, fundraising, and community donations fund the Wappingers Indians Youth Football and Cheer Program. The organization is staffed with volunteers and depends on parent involvement to make this program successful. Your volunteerism sets a great example for our players and cheerleaders. With this in mind, each family will be required to have **3 hours** of volunteering. This is **MANDATORY**. Please take a moment to review the following volunteer requirements. We hope that you enjoy your time volunteering for the Wappingers Indians Youth Football and Cheer Program.

#### **Volunteer "Deposit"**

In an effort to make volunteer work more equitable for the entire program, a **\$50 DEPOSIT** per family will be required. A check made payable to Wappingers Falls Indians in the amount of \$50 will be held as a deposit by the organization until family volunteer requirements have been completed. The volunteer check will be returned during equipment turn in providing volunteer requirements have been completed. The deposit check **WILL NOT BE CASHED** unless your family does not satisfy the volunteer requirements by the end of the season. Your deposit needs to be received by the organization before your participant can receive equipment. The \$50 volunteer deposit check must be given at registration.

#### **Volunteer "Buy-Out" Option**

If your family chooses not to volunteer during the season, you can choose to "buy-out" your volunteer hours by paying the \$50 fee to the Wappingers Falls Youth Football and Cheer Organization. You will be given this option during registration. Any donations received as a result of the volunteer "buy-out" will go towards improving the experience of our players. Once you opt-out your family will not be required to volunteer for any events during the season.

#### **Volunteer Requirements**

Each family is responsible for keeping documentation of their 3 volunteer hours. Please use the volunteer record sheet to keep track of your hours. Any family member who is at least 16 years of age can volunteer for any event to satisfy the family volunteer requirement. The volunteer record sheet can be found on our website under the handouts section.

#### **Volunteer Opportunities**

Coach, Assistant Coach, concession stand, game day set up, game day clean up, field set up/ clean up, play counters, chain gang, 50/50 raffle sales, committee work, game announcers, pep rally fundraisers, etc.

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

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



**WAPPINGERS INDIANS YOUTH CHEERLEADING  
2016 CHEERLEADING POLICY  
ACCEPTANCE SHEET**

I have read and received a copy of the attached rules and policies for the 2016 season of Wappingers Indians Youth Cheerleading. I fully understand what is expected of me as a Parent/Guardian of the player listed below and agree to abide by this policy.

Parent/Guardian: Name (printed) \_\_\_\_\_

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

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

I have read (or it has been read to me) the attached rules and policies for the 2015 season of Wappingers Indians Youth Cheerleading. I fully understand what is expected of me as a participant in this program and agree to abide by this policy.

Player Name: (Printed) \_\_\_\_\_

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

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



# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

| SIGNS OBSERVED BY COACHING STAFF                | SYMPTOMS REPORTED BY ATHLETES              |
|---|--|
| Appears dazed or stunned                        | Headache or “pressure” in head             |
| Is confused about assignment or position        | Nausea or vomiting                         |
| Forgets an instruction                          | Balance problems or dizziness              |
| Is unsure of game, score, or opponent           | Double or blurry vision                    |
| Moves clumsily                                  | Sensitivity to light                       |
| Answers questions slowly                        | Sensitivity to noise                       |
| Loses consciousness ( <i>even briefly</i> )     | Feeling sluggish, hazy, foggy, or groggy   |
| Shows mood, behavior, or personality changes    | Concentration or memory problems           |
| Can’t recall events <i>prior</i> to hit or fall | Confusion                                  |
| Can’t recall events <i>after</i> hit or fall    | Just not “feeling right” or “feeling down” |

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

### *Remember*

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date





**Mild Traumatic Brain Injury (MTBI) / Concussion  
Annual Statement and Acknowledgement Form**

I, \_\_\_\_\_ (athlete), have chosen to participate in an a sport where injuries may occur and I do understand that it is my responsibility to report all of my injuries and illnesses or suspected injuries and illnesses to the organization’s staff, including but not limited to: coaches, team physicians, and athletic training staff. I further understand and recognize that my health and safety is the most important thing and without disclosing all injuries and or illnesses, it can not be properly determined if you are in the physical condition necessary to participate. I understand that I must provide a full and accurate medical history including any symptoms, health complaints and any prior injuries and/or disabilities I have 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.
- 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 football and cheer, among other sports, have been identified as high risk for concussion.

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 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: \_\_\_\_\_