



GLASTONBURY YOUTH FOOTBALL ASSOCIATION EXPECTATIONS FOR ALL ADULTS

INTRODUCTION

While it is a privilege and honor to represent one's community while participating in the Glastonbury Youth Football Association, it is recognized that the primary participants are children. Therefore, it is contingent upon the adults to encourage by example and to show the proper guidance among the young athletes. The following Code of Conduct shall be in effect for all adults participating in GYFA programs. This includes board members, coaches, managers, parents and guardians.

EXPECTATIONS

- Be positive with your athlete; let them know that they are accomplishing something simply by being part of the team. Encourage your athlete to play for the love of the game.
- Don't offer excuses to your athlete if they are not playing. There is usually a reason for it. Encourage your athlete to work hard and do their best.
- Don't put down the coaches or other athletes. If you are constantly berating your athlete's coach, do not expect positive results from the season. Be supportive in a positive way.
- Insist on good grades. Check the number of hours your athlete spends on homework.
- Don't try to live your life vicariously through your athlete.
- Being a fan (supporter!!) does not entitle you to be belligerent or abusive toward players, coaches or officials. Coaches work with athletes and know their talents. Respect that. **Also, consider that sons and daughters are often embarrassed by parents who can be heard from the stands.**
- Insist that your athlete respect team rules, game officials and sportsmanship. Don't let them embarrass their family, program and team by a rude gesture or incident. Self-respect begins with self-control.
- Remember that the coach is involved as a coach because they are sincerely fond of children and have experience coaching. Coaches have different ways of dealing with people and situations.
- At a competition, you represent GYFA and you should be a positive role model.
- Be involved in a positive way. Cheer for all kids on the team. Help by volunteering. There are hundreds of ways to be involved with the team and be a good parent at the same time.

Pursuing or threatening to pursue legal action against GYFA or any of its board members is in direct conflict with continuing participation in the program. By pursuing such legal action, it is understood that those involved are voluntarily removing themselves, and their families, from GYFA participation immediately.

Adult participants failing to meet the expectations above shall face disciplinary action which is to be conducted in accordance with the rules and regulations of due process of the GYFA Board of Directors. **This action could include adult suspension/expulsion from GYFA and/or suspension/expulsion of a child due to a parent/guardians behavior, as deemed appropriate by the President and Executive Board.**

Signed & Dated by Adult Participant(s)/Parent(s)

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Player/Participant(s) Name(s) _____



GLASTONBURY YOUTH FOOTBALL ASSOCIATION

CODE OF CONDUCT FOR ALL PARTICIPANTS

INTRODUCTION

Recognizing that it is a privilege and honor to represent one's community while participating on an athletic team and that it is an athlete's responsibility to conform to those rules and regulations, the following Code of Conduct shall be in effect for all Glastonbury Youth Football Association (GYFA) teams and squads.

CODE

- Participants shall conform to the behavioral norms of their school and act in a responsible manner with regards to the rules and regulations established by those schools.
- Participants shall conform to the behavioral norms of society in general and to the specific laws established by the local, state and federal governments.
- Participants shall refrain from the use of foul language, criticizing another player, fighting with another player, and will abide by all rules set forth for specific events as deemed necessary by the head coach and/or the GYFA Board of Directors.
- Participants shall attend and not be tardy for all practices and games held both during the regular season, as well as the playoff schedule. Exceptions shall be subject to the approval of the head coach.
- Participants shall get proper amounts of sleep and rest, both of which are recognized as essential for maximum effectiveness and efficiency in athletic participation.
- Participants shall maintain a proper, well-balanced and nutritious diet in order to maintain peak effectiveness in their respective sports.
- Participants shall, at all times, conduct themselves in a manner that exhibits sound moral character and exemplifies good sportsmanship. Such behavior shall consider the safety and well being of team members, opponents, officials, spectators and the community in general.
- Participants shall understand that while offsite, they represent the Glastonbury Youth Football Association, and the greater Glastonbury community. They shall strive to display appropriate behavior at all times.
- Participants shall be held responsible and accountable for all equipment associated with the functioning of the team. Specifically this includes uniforms and equipment related to the performance of their particular event.
- Participants shall always conduct themselves with an attitude that is positively stated, exhibits pride and is representative of the Glastonbury Youth Football Association in general.

CONCLUSION

Participants failing to conform to and meet the requirements of the contents of the Code of Conduct shall face disciplinary action, on an individual basis, which is to be conducted in accordance with the rules and regulations of due process of the GYFA Board of Directors. **This action could include suspension or expulsion from the team, as deemed appropriate by the Executive Board.**

Print Name

Signed & Dated by Participant



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

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.

<div style="margin-bottom: 10px;"> _____ <i>Signature:</i> </div> <div style="margin-bottom: 10px;"> _____ / _____ / _____ Date: </div> <p><i>(Must be dated after January 1st, of the Current Season)</i></p>	<p style="text-align: center;">Please Print - or - Use Office Stamp Here:</p> <div style="margin-bottom: 10px;"> _____ Print Name Clearly: </div> <div style="margin-bottom: 10px;"> _____ Office Address: </div>
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PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician to resume participation. A "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationary and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation."

POWERED BY:

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

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

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

Emergency Medical Treatment, Consent and Information

The following information will be used in the event that a parent / legal guardian is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. Please fill out this form completely. If a particular question is not applicable write "none", n/a, or other appropriate comment otherwise none will be assumed. If additional space is needed, please use the back of this form. 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):				
EMERGENCY CONTACT:		Phone: ()	Relationship:	
Please list any medical conditions (allergies, asthma, etc.) And medications being taken by the participant named above. Please list any other information you may deem relevant, and helpful to emergency medical personnel: (please note if no information is given and the words "none" or "n/a" is not filled in then, "none" will be assumed.				
Allergies:				
Medical Conditions:				
Other:				

*I 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

Waiver and Release of Liability - Minor



ASSOCIATION NAME - _____

READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to participate in any way in American Youth Football, Inc.(AYF) or American Youth Cheer dba, Regional/National Championships, _____ my Local AYF Affiliation(s), athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury to my child/ward, myself, from the activities involved in these programs is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for child/ward, participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/wards', readiness or, hazard during my presence or participation, and/or in the program itself, I will remove my, child/ward, from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS American Youth Football, Inc.(AYF), American Youth Cheer dba, my Local AYF Affiliation, their officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, tournament host, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my child/wards', involvement or participation in these programs,WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.
- 5) I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child/ward's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Name of Parent/Guardian:

Parent/Guardian Signature:

Date Signed:

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Print Participant's Name:

Participant's Signature:

Date Signed:

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