



## Participant Forms

REQUIRED FOR REGIONAL AND NATIONAL PARTICIPATION



Participant forms must be presented to the Coach or Team Administrator for inclusion in the team book. Team books must be presented for compliance verification prior to participation in any American Youth Football, Inc., American Youth Cheer dba, Regional, National sanctioned event.

All rostered Participants must complete the following paperwork in order to be allowed to participate in any American Youth Football, Inc., American Youth Cheer dba, Regional, National sanctioned event.

**Image Release - MINOR**

**Waiver and Release of Liability - MINOR**

**Emergency Medical Treatment, Consent and Information Form**

**Proof of AGE - (see association official for acceptable document)**

**NOTE: - All-American Division (grade based) Required Documentation**

**Report Card - Please HIGHLIGHT Division / Grade attending**

All rostered Participants must receive Medical Clearance in order to be allowed to participate in any American Youth Football, Inc., American Youth Cheer dba, Regional, National sanctioned event. Please use the following form if you have not already supplied an acceptable medical clearance to your team.

**Medical Clearance Form**

Participant Medical Clearance will become void in the event of an Injury, Accident, or Illness attended to by a licensed medical professional. The Resume Participation Medical Clearance must be signed by the attending medical professional in order for the participant to resume active participation. The signed form must be presented to the American Youth Football, Inc., American Youth Cheer dba, Regional, National event official.

**Resume Participation Medical Clearance Form**

Some form of Participant Photo Identification system must be employed by your Association. If none was used the following forms can substituted, and is preferred for the American Youth Football, Inc., American Youth Cheer dba, Regional, National sanctioned events.

**Official Participation Tracking and ID Card**

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Any form / document used for your local Association / Conference must be reviewed by your local council to insure it's compliance with all of your state and local statutes. AYF makes no representation or warrantee that any of these conditions have been met.

## Fredericksburg 300 Youth Sports Association (FXBG 300)

**PROGRAM** [  ] Tackle [  ] CHEER Jersey # \_\_\_\_\_ Returning Player? Yes / No Weight Class \_\_\_\_\_

**No Candidate Will Be Permitted To Participate In Any Activity Until This Form Has Been COMPLETED IN FULL!**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ (AS OF JULY 31)

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street City Zip Code

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ This Fall School District: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency contact # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency contact # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you have Medical Insurance? Yes No (If yes) Name of Carrier: \_\_\_\_\_

**Medical Authorization.** By the physical form attached I/We the parent(s) of the above named applicant hereby certify that my child has been EXAMINED by a physician and in doing so the physician DID NOT find any reason to disqualify him or her from participation in **Fredericksburg 300 Youth Sports Association** /Cheerleading activities.

**Parents/Guardians Authorization to Participate.** I/We the parents of the above named applicant to the **Fredericksburg 300 Youth Sports Association** hereby give my/our approval to said applicant's participation in any and all activities during the current season. The undersigned acknowledges, appreciates, and agrees that: The risk of injury to my child from the activities involved in this program is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and for myself, spouse, and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my child's participation; and I myself, my spouse, my child, and on behalf on my/our heirs, assigns, personal representatives and next of kin, hereby release the other participants, sponsoring agencies, sponsors, advisors, and if applicable, owners and lessors of premises used to conduct the event (releases), with respect to any and all injury, disability, death, or loss or damage to person or property incident to my child's involvement or participation in this program, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless all the above releases from any and all liabilities incident to my involvement or participation in this program, even if arising from their negligence, to the fullest extent permitted by law.

**Rules & Regulations.** I/We willingly agree to comply with the program's stated and customary terms and conditions for participation. I/We will furnish a Certified Birth Certificate and a copy of the current year's report card of the above named applicant to the Conference officials. I/We give permission to **Fredericksburg 300 Youth Sports Association** to validate above named applicants school grades. I/We certify that the above named applicant is scholastically eligible to participate. I/We agree to be financially responsible for Association/Youth equipment issued to applicant other than the normal wear and breakage during games and practice and I/We will reimburse the Association/Youth Conference for the loss and damage to said equipment. I/We as the parent of said candidate, understand it is the responsibility of the parent, candidate, team and Association to comply with any and all Rules & Regulations of **Fredericksburg 300 Youth Sports Association**. Any noncompliance with Rules & Regulations shall be cause for disciplinary action to be taken against said candidate, parent or team by said American Youth Football/Cheerleading Conference, Inc.

**Insurance Disclosure.** The medical expense benefits of this plan are an "EXCESS" type benefit that picks up where other coverage's leaves off. If the parent has any other Primary Coverage, whether individual, blanket or group coverage which provides benefits or services for, or by reason of, medical or dental care or treatment, then this plan, subject to the limits of the plan, will pay only the medical expenses not provided or reimbursable under your coverage. If the parent has no Primary Insurance coverage then this plan, subject to the limitations and deductibles (if any) of the plan, will provide Insurance coverage. If the parent has coverage with any Pre-Paid Medical Plans, such as (but not limited to) Cigna, FHP, Aetna, Kaiser, Blue Cross, the injured person must be taken to the pre-paid medical facilities for treatment. All claims must be filed within 90 days of the injure/ accident.

**Emergency Medical Release.** I/We the parents of applicant give our permission for Any Emergency Treatment Necessary either on the practice field or on the game field. I/We authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any scheduled American Youth Football/Cheerleading Conference function including the supervised travel to and from said functions.

**Fund Raising.** I/We the parents of applicant agree to participate in all fund raisers held by the Association during this season. I/We understand that the necessity for these fund raisers are to supplement the necessary funds associated with field fees, team insurance, referee fees, special events, league fees, banquets, trophies and other associated fees, which are not covered due to the initial registration fee.

**Refund Policy.** Refunds will be administered in accordance with the following conditions: The registered player/cheerleader is physically unable to play because of medical reasons. A note from a Medical Doctor is required or the registered player/cheerleader is unable to play because the parent or guardian has received military orders to relocate. A copy of the military orders is required; AND THE REQUEST FOR REFUND HAS BEEN MADE PRIOR TO THE FIRST SCHEDULED GAME. FOLLOWING THE FIRST SCHEDULED GAME THERE WILL BE NO REFUNDS GRANTED FOR ANY REASON.

**Parent's Acknowledgement.** I/We certify, that to the best of my/our knowledge, all of the above information is accurate and correct and that any false information may be cause for disqualification of the applicant. I have read this release of liability, assumption of risk agreement and refund policy, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without and inducement.

X \_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_ Date

\_\_\_\_\_  
Please print name of parent/guardian

The Undersigned Certifies That All Items Above Have Been Filled Out And Completed To The Best Of Their Knowledge. This Candidate Is Eligible For Conference Certification.

X \_\_\_\_\_

\_\_\_\_\_ Date

**ASSOCIATION PRESIDENT SIGNATURE OR CHEER DIRECTOR SIGNATURE – For Cheerleaders ONLY**

**COPIES TO BE MADE FOR THE FOLLOWING: CONFERENCE ASSOCIATION COACH PARENT**



# AMERICAN YOUTH FOOTBALL



## Image Release – MINOR

ASSOCIATION NAME - FREDERICKSBURG 300

### 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 - FREDERICKSBURG 300

### 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.

## 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, \_\_\_\_\_ (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 - FREDERICKSBURG 300

**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>
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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 (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

## Resume Participation Medical Clearance Form



ASSOCIATION NAME - FREDERICKSBURG 300

**RESUME PARTICIPATION MEDICAL CLEARANCE FORM IS REQUIRED TO RESUME PARTICIPATION OF ANY KIND AFTER ORIGINAL MEDICAL CLEARANCE IS VOIDED BY AN, INJURY, ACCIDENT, OR ILLNESS.**

I, as evidenced by my name and signature below, do certify that I am licensed MD 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 him/her from RESUMING participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.

<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <span style="font-size: 2em; vertical-align: middle;">}</span> _____  <i>Signature:</i> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <span style="font-size: 2em; vertical-align: middle;">}</span> _____ / _____ / _____  <i>Date:</i> </div>	<p style="text-align: center;"><b><i>Please Print - or - Use Office Stamp Here:</i></b></p> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;">           _____            Print Name Clearly:         </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;">           _____            Office Address:         </div>
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PLEASE NOTE: If this Resume Participation 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 (MD or DO) to resume participation. A new "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 RESUMING 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.





# AMERICAN YOUTH FOOTBALL

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



ASSOCIATION NAME - FREDERICKSBURG 300

ASSOCIATION

ASSOCIATION NAME <hr/> DIVISION OF PLAY - TEAM NAME <hr/> PARTICIPANT NAME <hr/> JERSEY #      Grade      AGE (7/31) <hr/> PARTICIPANT PARENT/GUARDIAN NAME <hr/> HOME PHONE      WORK PHONE      CELL PHONE <hr/>	PLACE PHOTO / DMV / MILITARY ID CARD HERE
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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**

DATE OF BIRTH:	Age As of 7 / 31	GRADE / AGE CERTIFICATION	PARTICIPANT CONTRACT	MEDICAL CLEARANCE	WAIVER/ RELEASE	EMERGENCY MEDICAL / CONsSENT	SCHOLASTICS
Month / Day / Year							

REGULAR SEASON

POST 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			

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 !!

Association: _____	Division: _____	Team: _____
Jersey Number Assigned: _____	Equipment / Uniform Issued <input type="checkbox"/>	Returned <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.



# AMERICAN YOUTH FOOTBALL

## Participation, Tracking and ID Card - National Division



ASSOCIATION NAME - FREDERICKSBURG 300

ASSOCIATION

ASSOCIATION NAME
DIVISION OF PLAY - TEAM NAME
PARTICIPANT NAME
<b>JERSEY #</b> <b>AGE (7/31)</b> <b>O/L WEIGHT</b>
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.

Conference Verification Signature/STAMP

**OFFICIAL PLAYER CERTIFICATION**  
**LEAGUE USE ONLY**

Association Verification Signature/STAMP

DATE OF BIRTH:
Month / Day / Year

Age As of 7/31
Older/Lighter:

CERTIFICATION WEIGHT
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PARTICIPANT CONTRACT
-------------------------

MEDICAL CLEARANCE
----------------------

WAIVER/ RELEASE
--------------------

EMERGENCY MEDICAL / CONsSENT
------------------------------------

SCHOLASTICS
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REGULAR SEASON

	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			

POST SEASON

	GAME DATE	WEIGH MASTER	CODE
Week 11			
Week 12			
Week 13			
Week 14			
Week 15			
Week 16			
Week 17			
Week 18			
Week 19			
Week 20			
Week 21			

**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: 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	Weight	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"/>	<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.



# AMERICAN YOUTH FOOTBALL Absentee Form



ASSOCIATION NAME - FREDERICKSBURG 300

1) Name of Child: \_\_\_\_\_

2) Football Class / Division: \_\_\_\_\_ [ ] National, [ ] All-American (Check One)  
ie: Jr. PeeWee, PeeWee, ..

3) Spirit Class / Division: \_\_\_\_\_ [ ] Blue Level, [ ] Red Level (Check One)  
ie: 10 Under, 11 Under, ... [ ] Small (5-17), [ ] Large (18-36) (Check One)

4) Program Type: \_\_\_\_\_  
ie: Football, Cheer, Dance, Step ...

5) Team Name: \_\_\_\_\_

6) Event Affected:  Local Event  State Event  Regional Event  National Event  Other  
(Check all that apply)

7) Reason Unable to Participate (check one):

- Medically Related (Attach doctor's note)
- Scholastically Related (Attach teacher's note)
- Family Obligation (Please explain below)
- Other (Please explain below)
- Waivered Player (Please Attach Waiver)

8) Explanation: \_\_\_\_\_

9) By our signatures below, we attest that the information provided herein is true to the best of our belief.

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

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

Head Coach: \_\_\_\_\_

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

Association Official: \_\_\_\_\_

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

### IMPORTANT MESSAGE FOR THE COACH:

All rostered Participants must be accounted for. This form is to be used for participants that, for whatever reason, will not participate with their team at the Regional or National event. This form (and any attachments) must be in your Participant / Roster book at the competition check-in/event site. If Participants are found to have been told to stay home, bullied, or in any other way discouraged from joining the team in an effort to build a stronger team the Head Coach and the Association will be subject to suspension and a forfeit of any game played at a Region or National event.