

League Cert.	Weight at time of certification Football Player	Date Certified / / 2010	League Official Signature/Stamp
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American Youth Football & Cheerleading League

Participant Contract

Participant Information	Name (Last, First, Middle Initial)			Attach a recent <u>WALLET SIZE</u> photo here	
	Address				
	City	State	Zip		
	Home Phone				
	AGE (As of August 1st 2010)	Date of Birth	Weight - Football Player		
	Child Resides with <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both				
	Father's Name		Mother's Name		Father's E-Mail
	Father's Phone # - Home/Cell		Mother's Phone # - Home/Cell		Mother's E-Mail

Team & Payment	<input type="checkbox"/> Player	<input type="checkbox"/> C-Squad Ages 8 - 9 max 105 lbs Lightweights age 10 max 70 lbs	Date Registered	
	<input type="checkbox"/> Cheerleader	<input type="checkbox"/> B-Squad Ages 10 - 11 max 130 lbs Lightweights age 12 max 90 lbs	Football Fee	\$150.00
	<input type="checkbox"/> A-Squad Ages 10 - 13 max 155 lbs Lightweights age 14 max 130 lbs		Cash/Check #	
			Cheer Fee	\$125.00
			Cash/Check #	

Participant Pledge	I Will:	<ul style="list-style-type: none"> -Maintain at least a "C" average in school -Abide by the officials' decisions -Show good sportsmanship -Not use foul language -Not damage/deface property, buildings, or equipment -Listen to my coaches & organization officials 	Participant's Signature

Permission to participate	I understand that football & cheerleading is a high impact and contact sport and that my child can be injured while participating as either a "player" or "cheerleader". I also understand that an injury can be of minor or major variety. With this, I give my permission to my child to participate in this program.	Parent/Guardian's Signature

Procedure for medical attention	I, the undersigned, do hereby authorize the officials of the American Youth Football & Cheerleading League to contact directly the person(s) named on this contract form and do authorize an attending physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of said child.	Parent/Guardian's Signature
	I will not hold the AYFCL, Inc financially responsible for the emergency care and/or transportation of said child.	Name of Neighbor/Relative Emergency Contact
	To Parent or Legal Guardian: In the event of an injury to your child it is necessary that you finish the following information: the name of a neighbor or relative whom will assume temporary care of your child until you can be reached.	Emergency Contact Phone #

Medical coverage information	American Youth Football & Cheerleading has accident insurance coverage for medical and hospital expenses with a \$500.00 deductible for each accident incurred. This insurance is a secondary coverage, following the parent's own medical insurance coverage. This coverage only applies to accidents directly related to AYFCL activities, events or functions.	Parent's Insurance Carrier
	Any injury that requires medical attention must be reported to team officials immediately and the proper claim forms filled out and submitted to the league office.	Insurance Contract Number

<input type="checkbox"/> White	<input type="checkbox"/> Red	League Use Only		
Waitlist #/Team	B/C	Picture	Medical	

Parent/Legal Guardian Pledge

All parents & legal guardians must read and sign these rules and code of conduct. Be sure you understand them to prevent any misunderstandings at a later date. If you have any questions concerning any of these rules, please contact an organization board member prior to signing this document.

- 1 I understand that the games and events are for the children, not adults.
- 2 I will encourage good sportsmanship. I will set an example by demonstrating good sportsmanship and positive support for all players, coaches, officials, board members, and all adults at all AYFCL functions (this includes practices, games and other events).
- 3 I will provide support for coaches and AYFCL staff working with my child to provide an enjoyable experience for all.
- 4 I will demand a drug, alcohol, and tobacco free sports environment for my child and agree to refrain from their use at AYFCL events.
- 5 I will require that my child treat other players, coaches, officials, adults and facilities with respect.
- 6 I will treat other players, coaches, officials, and adults with respect.
- 7 I will require and assume responsibility for my child treating assigned equipment with care. I will assume financial responsibility for all lost or damaged equipment.
- 8 I will abide by the AYFCL and organization rules and regulations.
- 9 No persons other than players, coaches, medics, or AYFCL officials are allowed on the field. There are not exceptions to this. All game filming must be done outside the sectioned off area.
- 10 I will refrain from coaching my child from the spectators area, as I understand that there will be no non-certified coaching allowed.

Father/Legal Guardian Signature

Mother/Legal Guardian Signature

Step-Father/Legal Guardian Signature

Step-Mother/Legal Guardian Signature

Attendance Policy: I agree to PYFC attendance rules and regulations

Fundraising: I will commit to participate in the PYFC fundraising activity. I understand failure to participate may result in my child being removed from the program

Volunteer Commitment: I understand that PYFCL is a volunteer organization. I agree to complete my volunteer assignments. I understand that failure to show up for my volunteer position will result in my child not participating in that days or the following week's game.

By signing this document, I acknowledge that I understand and agree to abide by the Parent/Guardian Pledge and Guidelines. I also understand that failure to comply with any part could result in disciplinary action including expulsion of my child from the league.

To be completed by Parent/Legal Guardian

All players and cheerleaders must have a physical exam by a qualified physician before participating in the American Youth Football and Cheerleading League.

The physical exam form below or a written statement by your own physician, stating that the participant is physically able to practice and play tackle football or cheerleading must be completely filled out **within one year prior to the first day of practice. Forms must be dated after 8/2/2009. No child will be permitted to begin practice without a stamped and dated medical form. No exceptions will be made to this rule.**

Child's Name _____
 Address _____
 Phone Number _____

Allergies

Medications

To be completed by

PHYSICIAN

Height	Lungs	Eyes	Feet
Weight	Nose	Abdomen	Extremities
BP	Throat	Hernia	Ears
Heart	Teeth	Skin	Urine

Physicians Name

Address

Phone Number

Physician's Stamp

Date

This document must be signed, stamped and dated at the physician's office. **Undate, unstamped documents will not be accepted.**