

READING YOUTH FOOTBALL
Participating in AMERICAN YOUTH FOOTBALL

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.

Player Name:

Player Name:	
Player Level:	

Item	Attached
Medical Clearance Form	
Waiver and Release of Liability Form	
Emergency Medical Treatment, Consent and Information Form	
Code of Conduct Form	
Image Release Form	
Birth Certificate (original, to be returned after certification)	
Report Card (from school last term)	

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.

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.

AMERICAN YOUTH FOOTBALL

Medical Clearance Form

ASSOCIATION NAME - Reading Youth Football, Inc.

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: 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 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.

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

AMERICAN YOUTH FOOTBALL
Waiver and Release of Liability For Minors

ASSOCIATION NAME - Reading Youth Football, Inc.

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 (association name) Reading Youth Football, Inc., 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:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. 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 RELEASEES or others, and assume full responsibility for my child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS American Youth Football, Inc.; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. 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 Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

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 Name of Participant:

Participant's Signature:

Date

Signed:

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:
Home Phone: ()	Day Phone: ()	Email:		
Employer:				
Mother's Name:				
Address:		City:		State: Zip:
Home Phone: ()	Day Phone: ()	Email:		
Employer:				
Guardian's Name:				
Address:		City:		State: Zip:
Home 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 _____ 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

READING YOUTH FOOTBALL
Participating in AMERICAN YOUTH FOOTBALL

Player's Code of Conduct

Youth football plays a vital role in encouraging physical, social and emotional growth of children. It is therefore essential for parents, coaches and officials to encourage their youth football players to embrace the values of good sportsmanship, discipline and character development.

Reading Youth Football requires that all participants commit and adhere to the following Code of Conduct. Reading Youth Football believes in the three "S's" – Safety, Sportsmanship, and Scholarship and expects student participants to exhibit them both on and off the field.

Any violation of the following Codes could result in disciplinary action by the Reading Youth Football that may result in warnings or suspension. Reading Youth Football has adopted the following Player Code of Conduct:

Players' Code of Conduct

I hereby pledge to be positive about my youth sports experience and accept responsibility for my participation by following this Players' Code of Ethics Pledge.

- Have fun!
- Be a good sport (win or lose); Be honest, fair and always show good sportsmanship to all coaches, players, officials, parents and fans by demonstrating good sportsmanship at every game and practice.
- Learn the value of commitment to the team. I will attend every practice and game that I can, and will notify by coach if I cannot.
- Put personal goals aside for the betterment of the team.
- Show courtesy and respect to teammates, opponents and coaches.
- Realize that athletic contests, including practice sessions are educational experiences and opportunities.
- I will not engage in unsportsmanlike conduct.
- I will not engage in rude behavior.
- I will treat everyone, including coaches, parents, players and officials, with respect, regardless of race, creed, color, nationality or gender.
-

By signing here, I, the undersigned athlete, hereby give my pledge that I will ensure that I will abide by the Code of Conduct.

Athlete Signature _____ Date _____

Parent / Guardian Code of Conduct

We, the Reading Youth Football have implemented the following Sport Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league.

ny parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness
- Respect
- Responsibility
- Fairness
- Caring
- Good Citizenship
-

The highest potential of sports is achieved when competition reflects these “six pillars of character.”

I therefore agree:

- I will not force my child to participate in sports.
- I will remember that children participate to have fun and that the game is for youth, not adults.
- I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
- I will learn the rules of the game and the policies of the league.
- I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.
- I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
- I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
- I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
- I will teach my child that doing one’s best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
- I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
- I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
- I will promote the emotional and physical well- being of the athletes ahead of any personal desire I may have for my child to win.
- I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
- I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

Parent/Guardian Signature _____ Date _____

AMERICAN YOUTH FOOTBALL

Image Release for Minors

ASSOCIATION NAME - Reading Youth Football, Inc.

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: _____