



Football Player and Cheerleader Application and Contract

Attach Recent Wallet-Size Photo Here

Participant Information

Team & Payment

Pledge

Procedure for Medical Attention

League Certification

| | | | |
|--------------------------|------------------|-------------------|--|
| Last Name: | | First Name: | Middle Initial: |
| Street Address: | | | |
| City: | | State: | Zip: |
| Date of Birth: | Age on 8/1/2019: | Weight: | |
| Current School: | | Lives With: | Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other: _____ |
| Mother's Name: | | Mother's Phone #: | |
| Father's Name: | | Father's Phone #: | |
| Mother's E-mail Address: | | | |
| Father's E-mail Address: | | | |

| | |
|--|--|
| Football Players (Age on 8/1/19) <input type="checkbox"/> A Squad - Ages 11 & 12 Under 155lbs <input type="checkbox"/> B Squad - Ages 9 & 10 Under 135lbs <input type="checkbox"/> C Squad - Ages 7 & 8 Under 110lbs <input type="checkbox"/> Flag - Ages 5 & 6 | Cheerleaders (Age on 8/1/19) <input type="checkbox"/> A Squad - Ages 11, 12 & 13 10 if approved by organization <input type="checkbox"/> B Squad - Ages 9 & 10 11 if first year cheerleader <input type="checkbox"/> C Squad - Ages 7 & 8 9 if first year cheerleader <input type="checkbox"/> Flag - Ages 5 & 6 |
|--|--|

| | |
|---|-----------------|
| Payment | |
| <i>This section to be completed by the team secretary / registrar</i> | |
| Date Registered | / / 2019 |
| Registration Fee | Cash or Check # |
| Fundraising | Cash or Check # |

All players and cheerleaders must read the following statement and sign that they agree with it:
 I will maintain at least a "C" average in school, abide by the official's decisions, show good sportsmanship, listen to my coaches & organization officials, not use foul language, and not damage or deface property, buildings, or equipment.

 Player / Cheerleader Signature

Emergency Contact and Insurance Information
 In the event of an injury to your child, it is necessary that you furnish the name of an emergency contact / relative who will assume temporary care of your child until you can be reached.

_____ Relationship to Child _____ Phone # of Emergency Contact _____

The American Youth Football & Cheerleading League 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 authorized AYFCL activities, events, or functions.
 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.

_____ Contract Number _____

| | |
|--|------------------------------------|
| <i>This section for official AYFCL use only.</i> | |
| Date Certified | League Official Signature or Stamp |
| / / 2019 | |

Parental Consent and Acknowledgements

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 / Legal Guardian Pledge

All parents & legal guardians must read & sign these rules and code of conduct. Be sure you understand them to prevent any misunderstanding 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 game and events are for the children, not the 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 other 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, and adults 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 the 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 no 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.

I understand by signing that if I violate this pledge, I may be placed on probation or suspended for a period of time. Serious infractions may result in being removed from the program.

Photo Release

I grant the AYFCL and its member organizations, their representatives and designees the right to take photographs of my child in connection with normal AYFCL related activities. I authorize the AYFCL and its member organizations, their assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the AYFCL and its member organizations may use such photographs of my participating child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Emergency Contact Authorization

I, the undersigned, do hereby authorize 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. I will not hold the AYFCL, Inc. financially responsible for the emergency care and/or transportation for said child.

Parent Signature

Required Documents

Birth Certificate / Passport

A legible copy of your child's birth certificate or a U.S. Passport must be attached to the application. This is to verify the child's identity and age to ensure they are on the correct team / squad.

Medical / Physical Appraisal Form

A copy of your child's most recent medical / physical appraisal form from their pediatrician must be attached to application. The form must be dated **on or after August 1st, 2018** to be considered valid. The form must indicate that your child is physically qualified for sports with no limitations for football or cheerleading. The form must be signed / stamped and dated at the physician's office. Undated documents will not be accepted.

Photograph

The photograph on the first page of the application must be from within the past year.