

# 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.

### **Image Release – MINOR**

This form must be completed for ALL participants.

### **Waiver and Release of Liability – MINOR**

This form must be completed for ALL participants.

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

Ensure this form is completed in its entirety.

### **Proof of AGE**

A Government issued ID is required and must be kept in the team book for the ENTIRE season. The ID will be presented at team check in prior to taking the field. It is STRONGLY encouraged that you inform the parents to immediately obtain the IDs from the DMV as it can take up to 2 weeks for arrival in the mail. The earlier they obtain the IDs, the lesser the issues this will present to the team. Once the parent has taken the participant to the DMV, obtain a copy of the DMV receipt until the ID is received. The DMV receipt can be used for team book certification. As IDs are received, be mindful of the expiration date. Expired IDs will prohibit the participant from being certified and will be a disqualifier for games. If an ID is due to expire during the season, a new one must be obtained immediately in order for the participant to continue further without interruption. The acceptable forms of ID is listed below.

- DMV issued
- Military issued
- Passport

**COPIES OF IDs ARE NOT ACCEPTABLE.**

### **Birth Certificate**

Copies of birth certificates will need to be obtained for ALL participants. Please highlight the participant's name and birthdate.

**DO NOT REQUIRE PARENTS TO PRESENT A NOTARIZED COPY OF THE BIRTH CERTIFICATE AS THIS IS A LEGAL ISSUE.**

## **Report Card**

A copy of the end of year report card for the 2020-2021 school year is required.

Ensure the following is highlighted on the report card:

- Participant's name
- School year
- Grade
- End of year result (i.e., promotion, retention, etc.)

For home school participants, complete the American Youth Football and Cheer Home School Form. The home school form **SHOULD NOT** be used as a replacement for participants who are experiencing difficulties with obtaining a report card from their school.

## **Medical Clearance Form OR Virginia High School League Physical Form**

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 Medical Clearance form if you have not already supplied an acceptable medical clearance to your team. An acceptable medical clearance form for VAYFA would be the Virginia High School League Physical form.

The Medical Clearance form are most often mistaken to be completed by the parents. **PLEASE** inform your parents that this form must be completed by the Physician and the Physician's stamp and a date must be on the form.

When receiving the Virginia High School Physical form ensure the following items have been completed:

- Clearance recommendation (i.e., Cleared without restrictions, Cleared with the following notation, etc.)  
NOTE: If a follow up appointment is warranted for the selections "CLEARED WITH FOLLOWING NOTATION" OR "CLEARED AFTER DOCUMENTED FURTHER EVALUATION OR TREATMENT FOR" a follow up Physician note clearing the participant without restrictions must be provided in order for the participant to be certified.
- Physician signature, preferably the Physician stamp.
- Date of the Physician signature and/or stamp.

## **Resume Participation 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 VAYFA Secretary, Ceresch Perry at [VAYFA.Secretary@gmail.com](mailto:VAYFA.Secretary@gmail.com).

## **Official Participation Tracking and ID Card (All-American)**

Ensure both pages are completed in its entirety. In particular ALL initials (for players and parents) and signatures must be captured.

The All-American Division form must be completed for ALL cheerleaders and football players in the unweighted divisions (i.e., 8U, 10U, 12U, etc.).

## **Mild Traumatic Brain Injury (MTBI)/Concussion Annual Statement and Acknowledgement Form**

This form is to be completed in its entirety. It's highly recommended to encourage the parents to review the link provided in the document for educational purposes as concussions are common in contact sports.

## **2021 – AYF/C Code of Conduct Form**

This form must be completed in its entirety.

### **Absentee Form**

This form is used for post season games in the event a rostered player will not participate. This form, completed in its entirety, must be provided to the VAYFA Secretary, Ceresh Perry at [VAYFA.Secretary@gmail.com](mailto:VAYFA.Secretary@gmail.com) in order for the TEAM to participate in post season games.

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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.



# 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

## Waiver and Release of Liability - Minor



ASSOCIATION NAME - \_\_\_\_\_

### 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:

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: \_\_\_\_\_

**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 or attach additional pages as needed. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participant's 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):				
<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 - \_\_\_\_\_

**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 a State Licensed Medical Examiner 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 State Licensed Medical Examiner 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.

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.

**VIRGINIA HIGH SCHOOL LEAGUE, INC.**  
1642 State Farm Blvd., Charlottesville, Va. 22911

Page 1 of 4

# ATHLETIC PARTICIPATION/PARENTAL CONSENT/PHYSICAL EXAMINATION FORM

Separate signed form is required for each school year **MAY 1** of the current year through **JUNE 30** of the succeeding year.

For school year \_\_\_\_\_

**PART I- ATHLETIC PARTICIPATION**  
(To be filled in and signed by the student)

Male \_\_\_\_\_  
Female \_\_\_\_\_

**PRINT CLEARLY**

Name \_\_\_\_\_ Student ID# \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Home Address of Parents \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

This is my \_\_\_\_\_ semester in \_\_\_\_\_ High School, and my \_\_\_\_\_ semester since first entering the ninth grade. Last semester I attended \_\_\_\_\_ School and passed \_\_\_\_\_ credit subjects, and I am taking \_\_\_\_\_ credit subjects this semester. I have read the condensed individual eligibility rules of the Virginia High School League that appear below and believe I am eligible to represent my present high school in athletics.

## INDIVIDUALIZED ELIGIBILITY RULES

To be eligible to represent your school in any VHSL interscholastic athletic contest, you:

- Must be a regular bona fide student in good standing of the school you represent.
- Must be enrolled in the last four years of high school. (Eighth-grade students may be eligible for junior varsity)
- Must have enrolled not later than the fifteenth day of the current semester.
- For the first semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding year or the immediately preceding semester for schools that certify credits on a semester basis. (Check with your principal for equivalent requirements.) **May not repeat courses for eligibility purposes for which credit has been previously awarded.**
- For the second semester must be currently enrolled in not fewer than five subjects, or their equivalent, offered for credit and which may be used for graduation and have passed five subjects, or their equivalent, offered for credit and which may be used for graduation the immediately preceding semester. (Check with your principal for equivalent requirements.)
- Must sit out all VHSL competition for 365 consecutive calendar days following a school transfer unless the transfer corresponded with a family move. (Check with your principal for exceptions.)
- Must not have reached your nineteenth birthday on or before the first day of August of the current school year.
- Must not, after entering ninth grade for the first time, have been enrolled in or been eligible for enrollment in high school more than eight consecutive semesters.
- Must have submitted to your principal before any kind of participation, including tryouts or practice as a member of any school athletic or cheerleading team, an Athletic Participation/Parent Consent/Physical Examination Form, completely filled in and properly signed attesting that you have been examined during this school year and found to be physically fit for competition and that your parents' consent to your participation.
- Must not be in violation of VHSL Amateur, Awards, All Star or College Team Rules. (Check with your principal for clarification about cheerleading.)

Eligibility to participate in interscholastic athletics is a privilege you earn by meeting not only the above-listed minimum standards, but also all other standards set by your League, district and school. If you have any question regarding your eligibility or are in doubt about the effect an activity might have on your eligibility, **check with your principal for interpretations and exceptions provided under League rules.** Meeting the intent and spirit of League standards will prevent you, your team, school and community from being penalized. Additionally, I give my consent and approval for my picture and name to be printed in any high school or VHSL athletic program, publication or video.

**LOCAL SCHOOL DIVISIONS AND VHSL DISTRICTS MAY REQUIRE ADDITIONAL STANDARDS TO THOSE LISTED ABOVE.**

→Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROVIDING FALSE INFORMATION WILL RESULT IN INELIGIBILITY FOR ONE YEAR.**



The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.

### PART II- MEDICAL HISTORY (Explain "YES" answers below)

This form must be complete and signed, prior to the physical examination, for review by examining practitioner.

Explain "YES" answers below with number of the question. Circle questions you don't know the answers to.

GENERAL MEDICAL HISTORY		YES	NO	MEDICAL QUESTIONS CONTINUED		YES	NO
1. Do you have any concerns that you would like to discuss with your provider?				24. Have you had mononucleosis (mono) within the last month?			
2. Has a provider ever denied or restricted your participation in sports for any reason?				25. Are you missing a kidney, eye, testicle, spleen or other internal organ?			
3. Do you have any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other: _____				26. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
4. Are you currently taking any medications or supplements on a daily basis?				27. Have you ever become ill while exercising in the heat?			
5. Do you have allergies to any medications?				28. When exercising in the heat, do you have severe muscle cramps?			
6. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant Staphylococcus aureus (MRSA)?				29. Do you have headaches with exercise?			
7. Have you ever spent the night in the hospital? If yes, why? _____				30. Have you ever had numbness, tingling or weakness in your arms or legs or been unable to move your arms or legs AFTER being hit or falling?			
8. Have you ever had surgery?				31. Do you or does someone in your family have sickle cell trait or disease?			
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>		<b>YES</b>	<b>NO</b>	32. Have you had any other blood disorders?			
9. Have you ever passed out or nearly passed out DURING or AFTER exercise?				33. Have you had a concussion or head injury that caused confusion, a prolonged headache or memory problems?			
10. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				34. Have you had or do you have any problems with your eyes or vision?			
11. Does your heart race, flutter in your chest or skip beats (irregular beats) during exercise?				35. Do you wear glasses or contacts?			
12. Has a doctor ever ordered a test for your heart? For example, electrocardiography or echocardiography.				36. Do you wear protective eyewear like goggles or a face shield?			
13. Has a doctor ever told you that you have any heart problems, including: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki Disease <input type="checkbox"/> Other _____				37. Do you worry about your weight?			
				38. Are you trying to or has anyone recommended that you gain or lose weight?			
				39. Do you limit or carefully control what you eat?			
				40. Have you ever had an eating disorder?			
				41. Are you on a special diet or do you avoid certain types of foods or food groups?			
				42. Allergies to food or stinging insects?			
				43. Have you ever had a COVID-19 diagnosis? Date: _____			
				44. What is the date of your last Tdap or Td (tetanus) immunization? (circle type) Date: _____			
14. Do you get light-headed or feel shorter of breath than your friends during exercise?				<b>FEMALES ONLY</b>		<b>YES</b>	<b>NO</b>
15. Have you ever had a seizure?				45. Have you ever had a menstrual period?			
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>		<b>YES</b>	<b>NO</b>	46. Age when you had your first menstrual period: _____			
16. Does anyone in your family have a heart problem?				47. Number of periods in the last 12 months: _____			
17. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 (including drowning or unexplained car crash)?				48. When was your most recent menstrual period? _____			
18. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?				<b>EXPLAIN "YES" ANSWERS BELOW</b>			
				# >>			
				# >>			
				# >>			
				# >>			
19. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?				# >>			
<b>BONE AND JOINT QUESTIONS</b>		<b>YES</b>	<b>NO</b>	# >>			
20. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?				# >>			
21. Do you currently have a bone, muscle or joint injury that bothers you?				List medications and nutritional supplements you are currently taking here:			
<b>MEDICAL QUESTIONS</b>		<b>YES</b>	<b>NO</b>				
22. Do you cough, wheeze or have difficulty breathing during or after exercise?							
23. Do you have asthma or use asthma medicine (inhaler, nebulizer)?							

→ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ → Athlete's Signature: \_\_\_\_\_

**PART III- PHYSICAL EXAMINATION**

(Physical examination form is required each school year dated after May 1 of the preceding school year and is good through June 30 of the current school year)\*\*

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_

Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female
BP /	Resting pulse	Vision R 20/ L 20/	Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance (Marfan stigmata: kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse, and aortic insufficiency)		
Eyes/ears/nose/throat (Pupils equal, hearing)		
Lymph nodes		
Heart (Murmurs: auscultation standing, supine, +/- Valsalva)		
Pulses		
Lungs		
Abdomen		
Skin (Herpes simplex virus, lesions suggestive of MRSA or tinea corporis)		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional (i.e. Double leg squat, single leg squat, box drop or step drop test)		
Emergency medications required on-site: <input type="checkbox"/> Inhaler <input type="checkbox"/> Epinephrine <input type="checkbox"/> Glucagon <input type="checkbox"/> Other:		
COMMENTS:		

I have reviewed the data above, reviewed his/her medical history form and make the following recommendations for his/her participation in athletics:

☐ **MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION**

☐ **MEDICALLY ELIGIBLE FOR ALL SPORTS WITHOUT RESTRICTION WITH RECOMMENDATION FOR FURTHER EVALUATION OR TREATMENT OF:**

☐ **MEDICALLY ELIGIBLE ONLY FOR THE FOLLOWING SPORTS:** \_\_\_\_\_

Reason: \_\_\_\_\_

☐ **NOT MEDICALLY ELIGIBLE PENDING FURTHER EVALUATION OF:** \_\_\_\_\_

☐ **NOT MEDICALLY ELIGIBLE FOR ANY SPORTS**

By this signature, I attest that I have examined the above student and completed this pre-participation physical including a review of Part II- Medical History.

→ PRACTITIONER SIGNATURE: \_\_\_\_\_ (MD, DO, NP or PA)+ DATE\*\*: \_\_\_\_\_

EXAMINER'S NAME AND DEGREE (PRINT): \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**+Only signature of Doctor of Medicine, Doctor of Osteopathic Medicine, Nurse Practitioner or Physician's Assistant licensed to practice in the United States will be accepted.**

Rule 28B-1 (3) Physical Examination Rule/Transfer Student (10-90)- When an out-of-state student who has received a current physical examination elsewhere transfers to Virginia and attaches proof of that physical examination to the League form #2, the student is in compliance with physical examination requirements.

**PART IV- ACKNOWLEDGEMENTS OF RISK AND INSURANCE STATEMENT**

(To be completed by parent/guardian)

I give permission for \_\_\_\_\_ (name of child/ward) to participate in any of the following sports that are NOT crossed out: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swim/dive, tennis, track, volleyball, wrestling, other (identify sports): \_\_\_\_\_

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another with contact sports carrying the higher risk. I have had an opportunity to understand the risk inherent in sports through meetings, written handouts or some other means. He/she has student medical/accident insurance available through the school (yes\_\_ no\_\_); has athletic participation insurance coverage through the school (yes\_\_ no\_\_); is insured by our family policy with:

Name of medical insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_ Name of policy holder: \_\_\_\_\_

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

By this signature, I hereby consent to allow the physician(s) and other health care provider(s) selected by myself or the school to perform a pre-participation examination on my child and to provide treatment for any injury or condition resulting from participation in athletics/activities for his/her school during the school year covered by this form. I further consent to allow said physician(s) of health care provider(s) to share appropriate information concerning my child that is relevant to participation in athletics and activities with coaches and other school personnel as deemed necessary.

Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or VHSL athletic program, publication or video.

To access quality, low-cost comprehensive health insurance through FAMIS for your child, please contact Cover Virginia by going to [www.coverva.org](http://www.coverva.org) or calling 855-242-8282.

**PART V- EMERGENCY PERMISSION FORM\***

(To be completed and signed by the parent/guardian)

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_

Please list any significant health problems that might be significant to a physician evaluating your child **in case of an emergency**:

\_\_\_\_\_

PLEASE LIST ANY ALLERGIES TO MEDICATIONS, ETC: \_\_\_\_\_

\_\_\_\_\_

IS THE STUDENT CURRENTLY PRESCRIBED AN INHALER OR EPI-PEN? \_\_\_\_\_ LIST THE EMERGENCY MEDICATION: \_\_\_\_\_

IS THE STUDENT PRESENTLY TAKING ANY OTHER MEDICATION? \_\_\_\_\_ IF SO, WHAT? \_\_\_\_\_

DOES THE STUDENT WEAR CONTACT LENSES? \_\_\_\_\_ DATE OF LAST Tdap OR Td (TETANUS) SHOT: \_\_\_\_\_

**EMERGENCY AUTHORIZATION:** In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches and staff of \_\_\_\_\_ High School to hospitalize, secure proper treatment for and to order the injection and/or anesthesia and/or surgery for the person named above.

DAYTIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): \_\_\_\_\_

EVENING TIME PHONE NUMBER (WHERE TO REACH YOU IN AN EMERGENCY): \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

→ **SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

\*Emergency Permission Form may be reproduced to travel with respective teams and is acceptable for emergency treatment in needed.

→ **I CERTIFY ALL OF THE ABOVE INFORMATION IS CORRECT:** \_\_\_\_\_

**Parent/Guardian signature**

The pre-participation physical examination is not a substitute for a thorough annual examination by a student's primary care physician.



# AMERICAN YOUTH FOOTBALL

## Resume Participation Medical Clearance Form



ASSOCIATION NAME - \_\_\_\_\_

**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><div></div><div>Signature: _____</div><div>_____ / _____ / _____</div><div>Date: _____</div></div>	<p><b>Please Print - or - Use Office Stamp Here:</b></p> <div>_____</div> <div>Print Name Clearly: _____</div> <div>_____</div> <div>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 - \_\_\_\_\_

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

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 Manual, 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	GRADE / AGE CERTIFICATION	PARTICIPANT CONTRACT	MEDICAL CLEARANCE	WAIVER/ RELEASE	EMERGENCY MEDICAL / CONSENT	SCHOLASTICS
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	GAME DATE	PLAYER CHECK	CODE
JAMBOREE			
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			

Week 11  
Week 12  
Week 13  
Week 14  
Week 15  
Week 16  
Week 17  
Week 18  
Week 19  
Week 20  
Week 21

GAME DATE	PLAYER CHECK	CODE

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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 <input style="width: 100%;" type="text"/>		First Name <input style="width: 100%;" type="text"/>		Initial <input style="width: 30px;" type="text"/>	Preferred (nick) Name <input style="width: 100%;" type="text"/>	
Street Address <input style="width: 100%;" type="text"/>		City / Town <input style="width: 100%;" type="text"/>		State <input style="width: 30px;" type="text"/>	Zip Code <input style="width: 30px;" type="text"/>	Home Phone <input style="width: 100%;" type="text"/>
Date Of Birth (M/D/YR) <input style="width: 100%;" type="text"/>		Age as of 7/31 <input style="width: 30px;" type="text"/>		Parent/Guardian First Name <input style="width: 100%;" type="text"/>		Parent/Guardian Last Name <input style="width: 100%;" type="text"/>
Grade in Fall <input style="width: 30px;" type="text"/>	School in Fall <input style="width: 100%;" type="text"/>		School Phone <input style="width: 100%;" type="text"/>		Home Email Address <input style="width: 100%;" type="text"/>	
Medical Insurance (circle one) <input style="width: 100%;" type="text"/>		Name Of Insurance Carrier <input style="width: 100%;" type="text"/>			Policy # <input style="width: 100%;" type="text"/>	
Football: <input type="checkbox"/> Cheer: <input type="checkbox"/> --CHECK ONE--		Registration Fee: \$ <input style="width: 50px;" type="text"/>		Check# Cash: <input style="width: 50px;" 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

Initial: \_\_\_\_\_

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.

#### HELMET WAIVER (for football participants)

Initial: \_\_\_\_\_

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. "

#### EQUIPMENT UNIFORM RESPONSIBILITY

Parent/Guardian Initial: \_\_\_\_\_ Player Initial: \_\_\_\_\_

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.

#### CODE OF CONDUCT

Initial: \_\_\_\_\_

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: _____
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**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.



**Mild Traumatic Brain Injury (MTBI) / Concussion  
Annual Statement and Acknowledgement Form**

I, \_\_\_\_\_ (athlete), have chosen to participate in an a sport where injuries may occur and I do understand that it is my responsibility to report all of my injuries and illnesses or suspected injuries and illnesses to the organization's staff, including but not limited to: coaches, team physicians, and athletic training staff. I further understand and recognize that my health and safety is the most important thing and without disclosing all injuries and or illnesses, it can not be properly determined if you are in the physical condition necessary to participate. I understand that I must provide a full and accurate medical history including any symptoms, health complaints and any prior injuries and/or disabilities I have experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My organization has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion>) on what a concussion is and has given me an opportunity to ask questions.
- I ACKNOWLEDGE THAT I HAVE READ THE FACT SHEET on the CDC website for Parents and Players.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician, athletic trainer, coach, parent volunteer, or official.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC football and cheer, among other sports, have been identified as high risk for concussion.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and agree to be bound by this document.

Student Athlete:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Parent or legal guardian must print and sign name below and indicate date signed.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

# 2021 - AYF Code of Conduct Form

\_\_\_\_\_ will not tolerate verbal abuse of its volunteer coaches from any Fan, Parent or Spectator.

This is American Youth Football, not the pros. Fans, as well as the players and coaches, are expected to abide by a code of conduct at all American Youth Football Events. While 99% of the adults in the program will abide by this code without being told, this code is being published to protect the children and volunteers (which includes all coaches and board members) from the 1%.

## FANS' CODE OF CONDUCT

Fans will abide by a Code of Conduct which includes the provisions which follow. If any of these rules are broken, \_\_\_\_\_ shall have the authority to impose a penalty.

### Fans shall:

1. Not criticize the players/cheerleaders or coaches in front of the other spectators in the stands, but reserve constructive criticism for later, in private.
2. Accept decisions of the game officials (including referees and coaches) on the field as being fair and called to the best ability of said officials.
3. Not criticize an opposing team, its players, coaches, or fans by work of mouth or by gesture.
4. Refrain from using physical or verbal abuse or profane language at any time at the game, practice field, or other AYF functions.
5. Abstain from being under the influence of or in possession of and/or drinking alcoholic beverages and the possession or use of any illegal substance on both the game and practice fields.
6. Not be allowed on the sidelines during a game.
7. Not interfere/interrupt the coaching staff before, during or after games or at practice.
8. Not express complaints about coaches in stands or to coaches in front of or around the children (i.e. right after a game or practice).

## VIOLATION

Any parent or fan who violates the code of conduct risks the further participation of the child in the program. The procedure is as follows:

1. Any fan who violates the code of conduct or becomes a nuisance will be asked to leave by the head coach and can be suspended from all team activities.
2. If the fan fails to leave upon request, the child may be suspended from further participation in team activities by the head coach.
3. The head coach along with the executive board will decide if the duration of the suspension is to be longer than one to four weeks or if the child will be dropped from the program. That decision will depend on the attitude of the parents.
4. Any parent or fan who violates the code of conduct risks the future participation of his/her children in the program. Depending on the severity of the incident the board of directors may decide to ban future participation in the program for up to three years.

## CONDUCT OF ALL PLAYERS - PARENTS

All players are guaranteed 6 plays in each Jamboree, Regular Season or Playoff game. Everything beyond that must be earned in the opinion of the coaching staff whose decisions are final.

### Athlete's Code

**I will:** emphasize the ideals of sportsmanship, ethical conduct and fair play. Show courtesy to my opponents and officials. Recognize athletic contests are serious educational endeavors. Give complete allegiance to my coaches who are the instructional authority for my team. Discourage fans, fellow players and parents from undercutting my coach's authority.

**I will not:** Use profanity or talk "trash" before, during or after any game. Use drugs, alcohol, or tobacco. Criticize my teammates. Act in any way that may incite spectators.

### Parent's Code

**I will:** Support my child's team/squad and teach the value of commitment to the team/squad - emphasis the ideals of sportsmanship, ethical conduct and fair play. Help my child and American Youth Football make athletic contests a positive educational experiences. Show courtesy to opponents and officials. Direct constructive criticism of my child's athletic program to the athletic director or association officials and work toward a positive result for all concerned.

**I will not:** Criticize officials, direct abuse or profane language toward them, or otherwise subvert their authority. Undermine, in work or deed, the authority of the coach or administration. Intrude onto the field, stand on the sideline, or yell from the bleachers at or to the coaches, referees or administration.

Please cut along this line, sign and return to the head coach

I have read the **FAN'S CODE OF CONDUCT** and understand what is expected.

Child's Name (PRINT)

Team Name

Date

Parents Name (PRINT)

Parents Signature

This part of the form must be returned to the head coach before the second game to the season.





# AMERICAN YOUTH FOOTBALL

## Absentee Form



ASSOCIATION NAME - \_\_\_\_\_

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.