

League Certification	Weight at time of certification (football players)	Date Certified / / 200	League Official signature or stamp
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American Youth Football & Cheerleading League

Participant Contract

Participant information	Name <small>(Last, First, Middle initial)</small>			Attach Recent Photo Here	
	Address				
	City	State	Zip		
	Phone #				
	Age <small>(as of August 1st of the playing season)</small>	Date of Birth:	Weight:		
	Child resides with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> _____				
	Father's Name		Mother's Name		
Father's Phone #		Mother's Phone #			

Team & Payment	<input type="checkbox"/> Player (Ages 7-14)	<input type="checkbox"/> A - Squad	Ages 10 - 13 under 155 lbs. Lightweights Age 14 under 120 lbs	Date Registered / / 200
	<input type="checkbox"/> Cheerleader (Ages 7-14)	<input type="checkbox"/> B - Squad	Ages 9 - 11 under 125 lbs.	Registration Fee \$
		<input type="checkbox"/> C - Squad	Ages 7 - 9 under 105 lbs.	Cash or Check#
				Fundraising \$
			Cash or 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 	<ul style="list-style-type: none"> Listen to my coaches & organization officials Not use foul language Not damage/deface property, buildings, or equipment 	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 or Legal Guardian's Signature

Procedure for medical attention	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.	Parent or Legal Guardian's Signature
	I will not hold the AYFCL, Inc. financially responsible for the emergency care and/or transportation for said child.	Name of Neighbor / Relative
	To Parent or Legal Guardian: In the event of an injury to your child it is necessary that you furnish the following information: the name of a neighbor or relative whom will assume temporary care of your child until you can be reached.	Neighbor / Relative Phone #

Medical coverage information	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.	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.	Contract Number

Please attach a legible photocopy of the participants birth certificate here

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.

Father / Legal Guardian Signature

Mother / Legal Guardian Signature

Step-Father / Legal Guardian Signature

Step-Mother / Legal Guardian Signature

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.

To be completed by Parent or 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.

Child's Name _____

Address _____

Phone number _____

Allergies / Medical conditions

Medications

To be completed by Physician

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

Physician's Name

Address

Phone Number

Date

Physicians Office - Please stamp here:

This document must be signed, stamped,
& dated at the physician's office.
Undated documents WILL NOT be accepted