



# AMERICAN YOUTH FOOTBALL

## Participation, Tracking and ID Card - All-American Division



ASSOCIATION NAME - Hillsborough JR Raiders

ASSOCIATION

Hillsborough JR Raiders		
<small>ASSOCIATION NAME</small>		
<small>DIVISION OF PLAY - TEAM NAME</small>		
<small>PARTICIPANT NAME</small>		
<b>JERSEY #</b>	<b>Grade</b>	<b>AGE (7/31)</b>
<small>PARTICIPANT PARENT/GUARDIAN NAME</small>		
<small>HOME PHONE</small>	<small>WORK PHONE</small>	<small>CELL PHONE</small>

PLACE PHOTO / DMV / MILITARY ID  
CARD HERE

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

<small>DATE OF BIRTH:</small>	<small>Age As of</small> 7/31	<small>GRADE / AGE</small> <small>CERTIFICATION</small>	<small>PARTICIPANT</small> <small>CONTRACT</small>	<small>MEDICAL</small> <small>CLEARANCE</small>	<small>WAIVER/</small> <small>RELEASE</small>	<small>EMERGENCY</small> <small>MEDICAL /</small> <small>CONSENT</small>	<small>SCHOLASTICS</small>
Month / Day / Year							

REGULAR SEASON

POST SEASON

	GAME DATE	PLAYER CHECK	CODE		GAME DATE	PLAYER CHECK	CODE
JAMBOREE				Week 11			
Week 1				Week 12			
Week 2				Week 13			
Week 3				Week 14			
Week 4				Week 15			
Week 5				Week 16			
Week 6				Week 17			
Week 7				Week 18			
Week 8				Week 19			
Week 9				Week 20			
Week 10				Week 21			

**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	First Name	Initial	Preferred (nick) Name	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Street Address	City / Town	State	Zip Code	Home Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date Of Birth (M/D/YR)	Age as of 7/31	Parent/Guardian First Name	Parent/Guardian Last Name	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Grade in Fall	School in Fall	School Phone	Home Email Address	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Medical Insurance (circle one)	Name Of Insurance Carrier	Policy #		
<input style="width: 95%;" type="text"/> YES / NO	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Football: <input type="checkbox"/>	Cheer: <input type="checkbox"/>	--CHECK ONE --	Registration Fee: \$ <input style="width: 95%;" type="text"/>	Check# Cash: <input style="width: 95%;" type="text"/>

**GRAY AREAS FOR OFFICIAL USE ONLY!!**

**Association:** Hillsborough JR Raiders      **Division:** \_\_\_\_\_      **Team:** \_\_\_\_\_  
**Jersey Number Assigned:** \_\_\_\_\_      **Equipment / Uniform Issued**  **Returned**

**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: \_\_\_\_\_

**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.**

## 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				
<b>Athlete's Name:</b>	Nick Name:	Phone: (    )		
Address:	City:	State:	Zip:	
PARENT OR GUARDIAN INFORMATION				
<b>Father's Name:</b>				
Address:	City:	State:	Zip:	
Hm Phone: (    )	Daytime Phone: (    )	Email:		
Employer:				
<b>Mother's Name:</b>				
Address:	City:	State:	Zip:	
Hm Phone: (    )	Daytime Phone: (    )	Email:		
Employer:				
<b>Guardian's Name:</b>				
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>		Phone: (    )	<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, \_ Hillsborough JR Raiders (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 - Hillsborough JR Raiders

**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.



# AMERICAN YOUTH FOOTBALL

## Waiver and Release of Liability - Minor



ASSOCIATION NAME - Hillsborough JR Raiders

**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 Hillsborough JR Raiders, 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.



# AMERICAN YOUTH FOOTBALL



## Image Release – MINOR

ASSOCIATION NAME - Hillsborough JR Raiders

### 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: \_\_\_\_\_



**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: \_\_\_\_\_

# HILLSBOROUGH JR RAIDERS

Medical Profile Form (This form must be handed in before practice begins)

Sport: \_\_\_ Cheer / \_\_\_ Field Hockey / \_\_\_ Flag Football / \_\_\_ Girls Lacrosse / \_\_\_ Tackle Football / \_\_\_ Track & Field / \_\_\_ ALL

**PARTICIPANT INFORMATION (FILLED OUT BY PARENT/GUARDIAN)**

Last Name	First	M.I.
Phone Number:	MALE	FEMALE
Date of Birth		
Primary Insurance Co Name:		
Policy Number:		
Physician Name:		Number:
Parent/Guardian	Home:	Cell:
Parent/Guardian	Home:	Cell:

**PARTICIPANT MEDICAL HISTORY (FILLED OUT BY PARENT/GUARDIAN)**

If you have answered "yes" to any of the questions below, please explain in the back of this form.		
1. Any prescribed or over the counter medications taken regularly? (inhalers, epi-pens, etc.)	YES	NO
2. Have you ever had a concussion? If yes, how many: _____	YES	NO
3. Are there any allergies?	YES	NO
4. Any physical/medical problems that we should be aware of?	YES	NO

**PHYSICAL EXAMINATION (FILLED OUT BY YOUR MEDICAL PROVIDER)**

Height: _____ Weight: _____	Date of Exam:
Date of last physical (must be within 1 year):	
Date of last tetanus shot:	
Anything Abnormal to note:	Medically Approved (YES) to participate in:
<p><b>Physician Stamp (Required):</b></p>	Cheerleading _____
	Tackle Football _____
	Flag Football _____
	Track & Field _____
	Girls Lacrosse _____
	Field Hockey _____
	Medically NOT Approved _____
	Explain Why NOT:
	Exam by:

**DISCLAIMER AND SIGNATURE (FILLED OUT BY PARENT/GUARDIAN)**

I hereby certify that this information is accurate to the best of my knowledge. I the undersigned certify that I am the parent or Guardian of the above named child. I do hereby consent to participation in the JR Raider Youth Program by our child/ward. We acknowledge that his/her participation is under the jurisdiction of the organizers, sponsors, officers and managers of the organization. We hereby release the said organizers, sponsors, officers and managers of the said organization from any and all claims or actions whatsoever based on any participation of our above named child/ward. We give our consent for coaches and trainers to use their own judgment in securing medical aid and ambulance service in the event of an emergency. I hereby authorize our designated emergency physician and or their designated associates or assistants or their covering physicians or in the event these persons cannot be contacted the emergency physician on duty at the emergency center to provide emergency treatment to our child/ward. No major surgery or life-threatening procedures may be performed upon my child/ward and no general anesthesia may be administered unless: the life or health of my child/ward is in imminent danger or delaying such treatment to obtain consent would create a threat of serious injury to the health of my child/ward or The attending physician and one other physician consult and agree that such treatment is unnecessary for the health of my child/ward. I HEREBY GIVE CONSENT FOR ADMISSION TO THE TREATING HOSPITAL OF MY CHILD/WARD IF IN THE JUDGEMENT OF THE ATTENDING PHYSICIAN IT IS NECESSARY FOR ANY TREATMENT AUTHORIZED HEREIN. This consent is to be effective only after reasonable efforts have been made to contact and obtain my consent to any emergency treatment.

**Please note by signing this form you acknowledge that both parents/guardians agree to the above.**

Signature:	Date:
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