

SPRINGFIELD RIFLES & RIFLETTES YOUTH SPORTS, INC.

P.O. Box 340018, Rochdale Village Station
Jamaica, New York 11434

APPLICATION & CONSENT FORM

PLEASE PRINT NAME (CLEARLY)

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Last

First

DATE OF BIRTH

AGE

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Month Date Year

ADDRESS:

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APT.

--	--

CITY

STATE

ZIP CODE

TELEPHONE

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(PRINT CLEARLY)

Mother's Name: _____

Mother's Cell #

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Father's Name: _____

Father's Cell #

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Have you ever played Football before? If yes, Where & What Team

Are you a returning Player? _____ (yes/no)

TEAM: _____ JERSEY #: _____

EMERGENCY INFORMATION

Name

Telephone #

Relationship

1 _____

2 _____

3 _____

Other Children Participating _____

I/We, the parents of the above-named candidate for a position with the Springfield Rifles & Riflettes Organization, hereby give my/our approval to his/her participation in any and all activities. I/We assume all risks and hazards incidental to such participation including transportation in and from S.R.R. supervisors, participants and persons transporting my/our son/daughter, whether the result or negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. If hospital care is necessary, you will be notified and expected to initiate coverage under your own policy.

Please list any allergies and/or medication(s) that your child(ren) has or is currently taking.

Parent's/Guardian (PRINT NAME) _____

Parent's/Guardian Signature: _____ DATE: _____

Email Address (Print Clearly): _____

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Welcome to the Rifles 2024 Season.

Every year we require parents registering a child for football or cheer-leading to commit to 5 hours of service to help the organization continue to provide a nourishing athletic program for the children in our community.

This service will be done before/after your child's game. We do not anticipate asking you to provide a service while your child(ren) is actively participating in a game; however, this may be a possibility when the teams are on the road at away games.

Services/Activity Needed

Video/Photos/Media

Holding the Chains – Home/Away Games

Setting up the Field - Home Games

Breaking Down Field – Home Games

Clean Up Field/Sideline – Home/Away Games

Concession Stand - Home Games

Other (As Needed)

Child's Name & Division: _____

Parent's Signature & Date: _____

Tareik Abdul-Rahim, President
(646) 309-5238

Gregory Lewis, Vice-president
(929) 327-3998

Springfieldriflesnation@gmail.com
Springfieldrifles.org
 **@springfield_rifles_nation**

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 ut 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 INFORMATON (PRINT CLEARLY)		
Athlete's First Name:	Athlete's Last Name:	Phone:

PARENT OR GUARDIAN INFORMATON (PRINT CLEARLY)			
PARENT/GUARDIAN FIRST NAME:	PARENT/GUARDIAN LAST NAME:	Phone:	
Address:	City:	State	Zip:
BEST WAY TO REACH PARENT/GUARDIAN () Home Phone:	(Check & list All that apply): () Cell Phone:		() Email:
Employer:			

FAMILY MEDICAL INSURANCE INFORMATON (PRINT CLEARLY)			
Carrier:	Group:		
Policy #:	Group #:		
Policy Holder Name:			
Family Physician's Name:			
Physician's Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

EMERGENCY MEDICAL INFORMATON (PRINT CLEARLY)		
Preferred Hospital(s):		
EMERGENCY CONTACT NAME:	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 Hereby my signature grant permission for my child/ward to participate in any and Springfield Rifles & Riflettes (Association name) and, United Youth Football, Inc / United Youth Cheer dba, program(S) sanctioned event(s), be they official or un consent to any and all health care providers, authorize any first aid, emergency treatment, including but not limited to official, including but not limited to, athletic, social and/or fundraising activities. I further hereby transportation to and from health care facilities and/or any medical professional to provide treatment, order injections, hospitalize, give anesthesia or perform surgery. I understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me.

*Print Parent/Legal Guardian Name	*Signature Parent/Legal Guardian	*Date
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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.

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MEDIA RELEASE FORM

I, _____, grant permission to Springfield Rifles and Riflettes Youth Sports, Inc., hereinafter known as the "Media" to use my image (photographs and/or video) for use in Media publications including:

(Check All That Apply)

Videos Email Blast Recruiting Brochures Newsletters Magazines
General Publications Website and/or Affiliate: - Other _____

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Player's Name (please print): _____

Signature of parent or legal guardian: _____
(if under 20 years of age)

Tareik Abdul-Rahim, President
(646) 309-5238

Gregory Lewis, Vice-president
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CODE OF CONDUCT

The Rifle Organization strives to provide a safe, fun learning environment for our youth football players. We will do our best to create an opportunity for our players to work together as a team toward common goals. We emphasize **SPORTSMANSHIP, TEAMWORK, RESPONSIBILITY, COMMITMENT AND RESPECT** for each other.

The Rifle Organization will not tolerate verbal or physical abuse of its volunteers, coaches, referees or players from any parent or player.

PARENT/GUARDIAN CODE OF CONDUCT:

Parent/Guardian understands that only the coaches, registered players and approved volunteers are allowed on the field during all practices, games must be observed from area designated by staff.

Parent/Guardian will respect the coaches' right to coach. I will offer no interference whatsoever during the course of practice or games. Should I have a concern, I will wait for the appropriate time in which to consult with the coach, or turn my attention to the President, Vice President or the Administrative staff to express my concerns.

PLAYER CODE OF CONDUCT: Please initial next to each line

____ I will do my best in school and understand that school will always come before sports.

____ I will always demonstrate good sportsmanship and respect for other players, coaches, volunteers and teammates.

____ I will do my best to listen and learn from my coaches.

____ I will attend every practice and game that I can and will notify my coach/Team Mom if I cannot. I will not use profanity or taunt others.

____ I will always do my best to practice and play the game to the best of my ability.

____ I will always be a good teammate that will show support and never criticize others.

PLAYERS NAME:

PARENT/GUARDIANS' NAME:

PARENT/GUARDIANS SIGNATURE:

DATE: _____

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Conference / Association Name: Springfield Rifles and Riflettes Youth Sports, Inc.

MEDICAL CLEARANCE FORM

Medical Clearance Form - Must be dated after January 1st of the Current Season

I, hereby my signature below, do certify that I am licensed by the state and I am qualified in determining that: (insert Child's 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 or any other athletic activity(s). I am therefore clearing this individual for Full Unrestricted Athletic Participation.

	<i>Please Print or –Use Office Stamp Here:</i>
Medical Professional Signature / /	Print Name Clearly
Date – Must be dated after January 1 st of the Current Season	Office Address/Phone

PLEASE NOTE: If this Medical Clearance is voided by injury, accident, illness, and/or the participant is removed from any participation as a result of a suspected concussion or heat related 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 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 RESUMING participating in youth flag football, tackle football, cheer, dance or any other athletic activity(s). I am therefore clearing this individual for Full Unrestricted Athletic Participation.** This statement must be supplied by the physician and/or athletic trainer attending to the Participant.

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 should be reviewed by your local council 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.