# SPRINGFIELD RIFLES & RIFLETTES YOUTH SPORTS, INC.

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

## APPLICATION & CONSENT FORM

**PLEASE PRINT NAME (CLEARLY)** **DATE OF BIRTH** **AGE**

**Last** **First** **Month Date Year**

ADDRESS: APT.

**CITY** **STATE** **ZIP CODE** **TELEPHONE**

***(PRINT CLEARLY) ***

Mother's Name: _____ Mother's Cell #

Father's Name: _____ Father's Cell #

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):** _____

# SPRINGFIELD RIFLES & RIFLETTES YOUTH SPORTS, INC.

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**Welcome to the Rifles 2023 Season.**

**Every year we require parents registering a child for football or cheerleading to commit to 5 hours of service to help the organization continue to provide a nourishing athletics 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.**

**Please check off as many activities you feel you can commit to throughout the season.**

| | **Services/Activity Needed** | **Name** | **Telephone #** |
|---|---|---|---|
| • | 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 | | |
| • | Team Mom/Team Dad | | |
| • | Other (As Needed) | | |

Child's Name & Division: _____

Parent's Signature & Date: _____

( Instructions and Duties will be provided and a later time for the Team Mom/Dad Duty)

**Tareik Abdul-Rahim**
**President**

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

# SPRINGFIELD RIFLES & RIFLETTES YOUTH SPORTS, INC.

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


## 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:**

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: DATE:

_____ _____

PARENT/GUARDIANS' NAME: DATE:

_____ _____

# 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 (Check & list All that apply): ☐ Home Phone: ☐ 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

**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.**

SPRINGFIELD RIFLES & RIFLETTES YOUTH SPORTS, INC.
P.O. Box 340018, Rochdale Village Station
Jamaica, New York 11434

# 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 Blasts ❏- Recruiting Brochures ❏- Newsletters ❏- Magazines ❏- General Publications ❏- Website and/or Affiliates ❏- 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**

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

**Items to Submit (Show Original & Have A Copy):**
**NYC/CT.:** Participant's need Valid STATE ID or PASSPORT (Gov't Issued)

**NJ**- Birth Certificate along with Parent's ID (must match BC) OR Passport; Report card or Letter w/School Stamp from **School Yr 2022-2023****; Copy of **original** SS card (Only needed if participant has no passport)

**Certification Status: ***FOR BAYFL OFFICIAL USE ONLY*****
Document(s) Reviewed By/Date- _____
Document(s) Reviewed/Due/Date Submitted-
_____ _____
_____ _____

# BIG APPLE YOUTH FOOTBALL AND CHEER

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

ASSOCIATION NAME - **Springfield Rifles**

**CERTIFICATION PACKET**

**2023 FALL SEASON USE ONLY**

ASSOCIATION

**Springfield Rifles**

ASSOCIATION NAME

DIVISION OF PLAY - TEAM NAME

PARTICIPANT NAME

JERSEY# | AGE (7/31) | WEIGHT

PARTICIPANT PARENT/GUARDIAN NAME

HOME PHONE | WORK PHONE | CELL PHONE

**PLEASE PLACE CURRENT PASSPORT-SIZED PHOTO HERE**
**(Must be ACTUAL HEADSHOT PHOTO taken to reflect how participant looks on the day of certification)**

****DO NOT USE PHOTO THAT'S ALREADY ON THE PASSPORT BOOK OR NYS ID****

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 BAYFC National Rulebook And/Or Operations Manuel, 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 Age Cut off Date | Grade | PARTICIPANT CONTRACT | MEDICAL CLEARANCE | WAIVER/ RELEASE | EMERGENCY MEDICAL / CONsSENT | SCHOLASTICS |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

REGULAR SEASON

| | GAME DATE | WEIGH MASTER | CODE |
|---|---|---|---|
| JAMBOREE | | | |
| Week 1 | | | |
| Week 2 | | | |
| Week 3 | | | |
| Week 4 | | | |
| Week 5 | | | |
| Week 6 | | | |
| Week 7 | | | |
| Week 8 | | | |
| Week 9 | | | |
| Week 10 | | | |

POST SEASON

| | GAME DATE | WEIGH MASTER | CODE |
|---|---|---|---|
| Week 11 | | | |
| Week 12 | | | |
| Week 13 | | | |
| Week 14 | | | |
| Week 15 | | | |
| Week 16 | | | |
| Week 17 | | | |
| Week 18 | | | |
| Week 19 | | | |
| Week 20 | | | |
| Week 21 | | | |

INSTRUCTIONS: Weigh Master Will Enter Date, Verify The Identity, Weight, Of Each Participant, Initial Each Participant Card,
CODE: OK = Everything Verified, ENTER WEIGHT = Over Weight, I = Sick/Injured, A = Absent / Dropped
**ALL MUST BE CHECKED IN / VERIFIED PLAYING OR NOT - IF OVERWEIGHT ENTER THE WEIGHT UNDER "CODE"**

**Items to Submit for Foster Children (Legal Guardianship) (Show Original & Have A Copy):**
-Letter from Fostering Agency's Social/Case Worker on their letterhead stating guardianship of participant, DOB & address. (Signature req'd)
-Court document that show's participant's DOB, address & states guardianship (to be reviewed). (Stamp/Seal & Signature req'd)
-Foster Parent's Driver's License or ID card (Unexpired); -Report card or School Certified Letter for **School Yr 2022-2023****

# Participation Contract, Tracking and ID Card - Page 2

| Last Name | First Name | Initial | Preferred (nick) Name |
|---|---|---|---|
| | | | |

| Street Address | City / Town | State | Zip Code | Home Phone |
|---|---|---|---|---|
| | | | | |

| Date Of Birth (M/D/YR) | Age as of 7/31 | Weight | Parent/Guardian First Name | Parent/Guardian Last Name |
|---|---|---|---|---|
| | | | | |

| Grade in Fall | School in Fall | School Phone | **Home Email Address** |
|---|---|---|---|
| | | | |

| Medical Insurance (circle one) | Name Of Insurance Carrier | Policy # |
|---|---|---|
| YES / NO | | |

**Football:** ☐ **Cheer:** ☐ ***--CHECK ONE --*** **Registration Fee:** $ **Check# Cash:**

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

***Association:*** _____ ***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, PERMANANET 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 Unverstood That Any Incident Considered Detrimental To The Pursuit Of This Ideology Will Not Be Tolerated. It Will Be Addressed In Accordance With The Statues 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.

# BIG APPLE YOUTH FOOTBALL AND CHEER

## Waiver and Release of Liability - Minor

ASSOCIATION NAME - **Springfield Rifles**

**READ BEFORE SIGNING**

IN CONSIDERATION OF _____ my chld/ward, being allowed to participate in any way in Big Apple Youth Football and Cheer, Inc. (BAYF) or Big Apple Youth Football and Cheer dba, Regional/National Championships, _____ my BAYF Local Affiliation(s), athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1) The risk of injury to my child/ward, myself, from the activities involved in these programs is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2) FOR MYSELF, SPOUSE, AND CHILD/WARD, 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 child/ward, participation; and,

3) I willingly agree to comply with the atated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/wards', readiness or, hazard during my presence or participation, and/or in the program itself, I will remove my, child/ward, from participation and bring such to the attention of the nearest official immediately; and,

other participants, sponsoring agencies, toumament host, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my child/words', involvement or participation in these programs,WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

5) I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and nest of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releaseds from any and all liabilities incident to my child/ward's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OR 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 Participant's Name:

_____ _____

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.

# BIG APPLE YOUTH FOOTBALL AND CHEER

## Waiver and Release of Liability - Minor

ASSOCIATION NAME - **Springfield Rifles**

**READ BEFORE SIGNING**

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1) The risk of injury to my child/ward, myself, from the activities involved in these programs is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2) FOR MYSELF, SPOUSE, AND CHILD/WARD, 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 child/ward, participation; and,

3) I willingly agree to comply with the atated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/wards', readiness or, hazard during my presence or participation, and/or in the program itself, I will remove my, child/ward, from participation and bring such to the attention of the nearest official immediately; and,

other participants, sponsoring agencies, toumament host, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my child/words', involvement or participation in these programs,WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

5) I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and nest of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releaseds from any and all liabilities incident to my child/ward's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OR 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 Participant's Name:

_____ _____

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.

# BIG APPLE YOUTH FOOTBALL AND CHEER

## Image Release - MINOR

ASSOCIATION NAME - **Springfield Rifles**

**READ BEFORE SIGNING**

In consideration of (insert child's name)_____ , my minor child/ward being allowed to participate in any way, in the Big Apple Youth Football and Cheer, Inc. ("BAYF")(dba Big Apple Youth Football and Cheer,) national championships and any other official BAYF events and activities, the undersigned agrees that Big Apple Youth Football and Cheer, Inc., is hereby granted the unrestricted and exclusive 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:

# SPRINGFIELD RIFLES & RIFLETTES YOUTH SPORTS, INC.

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

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'sname)_____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.

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

**PLEASE NOTE**: If this Medical Clearance isvoided 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 ownWRITTEN 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 thereforeclearing thisindividual for Full UnrestrictedAthleticParticipation."** This statement must be supplied by the physician and/or athletic trainer attending to the Participant.

Thisformcan be modified or substitutedONLY 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.***