

SPRINGFIELD RIFLES & RIFLETTES YOUTH SPORTS, INC.

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

APPLICATION & CONSENT FORM

PLEASE PRINT NAME (CLEARLY)

Last

First

DATE OF BIRTH

Month Date Year

AGE

ADDRESS:

APT.

CITY

STATE

ZIP CODE

TELEPHONE

(PRINT CLEARLY)

Mother's Name: _____

Mother's Cell #

Father's Name: _____

Father's Cell #

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

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

TEAM: _____

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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WAIVER FOR COMMUNICABLE DISEASES INCLUDING COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of the Springfield Rifles & Riflettes Youth Sports athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to an illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. By signing this agreement, I acknowledge the contagious nature of COVID-19 and I KNOWINGLY, FREELY and VOLUNTARILY ASSUME THE RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF OTHERS, that I may be exposed to or infected by COVID-19 and assume full responsibility for my participation; and,
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Springfield Rifles & Riflettes Youth Sports, Inc., their officers, officials, agents, and/or employees, 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 ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I agree to the following:

- I affirm that I, as well as all household members, do not currently have, nor have experienced the symptoms of COVID-19, including, but not limited to, cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell WITHIN THE LAST 14 DAYS.
- I affirm that I, as well as all household members, do not have any pending COVID-19 test results.
- I affirm that I, as well as all household members, have not been diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.
- I affirm that I, as well as all household members, have not knowingly been exposed to anyone diagnosed with COVID-19 WITHIN THE PAST 30 DAYS.
- I affirm that I, as well as all household members, have not traveled outside of the country, or to any city considered to be a "hot spot" for COVID-19 infections WITHIN THE PAST 14 DAYS.
- I understand that SPRINGFIELD RIFLES & RIFLETES YOUTH SPORTS, INC., cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each player.

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 IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____ Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law. On behalf of the minor, I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the SPRINGFIELD RIFLES & RIFLETES YOUTH SPORTS, INC., its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participating in any Springfield Rifles & Riflettes program or activity.

Name of parent/guardian: _____ Parent guardian/signature: _____

Date signed: _____

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Welcome to the Riflettes 2022 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: _____

Parent's Signature & Date: _____

(*Instructions and duty responsibility will be given for the Team Mom/Dad option.)

Chris Spaulding

President

646 286 4656

Chrisspaulding2010@yahoo.com

Springfieldriflesnation@gmail.com

Springfieldrifles.org

 **@riflescheernyc**

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):			
<i>EMERGENCY CONTACT NAME:</i>	<i>Phone:</i>	<i>Relationship:</i>	
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.

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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 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)

Chris Spaulding

President

646 286 4656

Chrisspaulding2010@yahoo.com

Springfieldriflesnation@gmail.com

Springfieldrifles.org



@riflescheernyc

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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 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 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.