



Participant Application Packet

Please complete all forms and return to SUFR Administration.

All information in application packet will be treated as confidential



Participation Form

Choose Sport

Football

Track

Basketball

Baseball

Cheerleading

Team Name

Last Name

First Name

M.I.

Birth Date

Age

Grade

School

Parent First Name

Parent Last Name

Street Address

City, State

Zip Code

Home Phone Number

Cell Phone Number

Email Address

Parent Work Information

Job Title

Work Phone Number

Company Name

Company Street Address

City

State

Zip Code

Please list any of the following: Current medications, medication allergies, food allergies, or chronic health concerns.

Permission to Participate, Waiver and Release of Liability

Participant's Name _____ Birthdate _____

**Parent's
Initials**

Permission to Participate

**Player's
Initials**

Please Read, Initial and Sign All Designated Areas.

1. I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football, basketball, baseball, dance, track, cheerleading, step, or any sport may result in **SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY, AND/OR DEATH.**
2. 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's/ward's 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.
3. In my opinion, my child/ward is scholastically fit and would benefit by participation in this program. I agree to submit a copy of my son's/daughter's/ward's last completed grade, end of year/last complete school report card or a written statement of scholastic fitness from the school administration.
4. I acknowledge and understand the risks involved in my child's/ward's 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:

HELMET WAIVER: "DO NOT USE THE HELMET TO BUTT, RAM, OR SPEAR AN OPPOSING PLAYER, THIS IS A 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."

5. 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.
6. 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 one's self in an appropriate manner of positive accord on and off of 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 in the program included but not limited to the players/participants, parents/guardians, spirit participants, or supporters.

Parent Name Printed

Parent Signature

Date

Permission to Participate, Waiver and Release of Liability

Participant's Name _____ Birthdate _____

Waiver and Release of Liability

In consideration of _____, my child/ward, being allowed to participate in any way in American Youth Football Inc. (AFY) or American Youth Cheer dba, Regional/National Championships, _____, my local AYF affiliation (s), athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that;

**Parent's
Initials**

1. The risk of injury to my child/ward, myself, from the activities involved I 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 ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, ad assume full responsibility for child/ward, participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/ward's, 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,
4. I, for myself, my spouse, my child/ward and on the behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY, AND HOLD HARMLESS American Youth Football, Inc. (AYF), American Youth Cheer dba, my Local AYF Affiliation, their officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, tournament hosts, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASESEES"), WITH RESPECT TO ANY AND ALL INJURY DISABILITY, DEATH, or loss or damage to person or property, incident to my child/wards' involvements or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLES EXTENT PERMITTED BY LAW.
5. I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all of the above Releasees 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.
6. 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.

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 Parent/Guardian Name	Parent/Guardian Signature	Date
Print Participant's Name	Participant Signature	Date

Permission to Participate, Waiver and Release of Liability

Participant's Name _____ Birthdate _____

Medical Clearance Form

(Must be dated after January 1st of the Current Season)

Physician's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Web address _____

Date of last visit with Participant _____

I, _____ hereby provide my signature below certifying that I am a licensed health professional by the state of _____ and I am qualified in determining that _____ (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, basketball, track, baseball, dance, step, or any athletic activities. I am therefore clearing this individual for athletic participation.

Physician's Signature

Date

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 participant's 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 "Doctor's Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN clearance form as long as it is on a doctor's official stationary and includes the following statement: "*(Participant's name) is physically fit and I have no found no medical or observable conditions which would contra-indicate him/her from participating in any athletic activities. I am therefore cleaning 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/state/federal laws or due to medical practitioner regulations.

Parent Guardian Signature

Parent/Guardian Name Printed

Date

Permission to Participate, Waiver and Release of Liability

Participant's Name _____ Birthdate _____

Medical Treatment Release

Address: _____ City _____

State _____ Zip _____ Phone _____

Parent Name	Address	
Home Phone	Cell Phone	Work Phone
Employer	Employer Address	
Guardian Name	Guardian Address	
Home Phone	Cell Phone	Work Phone
Guardian Employer	Guardian Employer Address	

Emergency Contact	Address	
Home Phone	Cell Phone	Work Phone
Relationship to Participant:		

Medical Insurance Information		
Insurance Carrier Name:		
Group Number	Policy Number	Insurance Carrier Phone
Policy Holder Name	Preferred Hospitals	
Family Physician's Name	Physician's Address	
Physician's Phone		

Permission to Participate, Waiver and Release of Liability

Participant's Name _____ Birthdate _____

IMAGE RELEASE

In consideration of _____, (child's name) my minor child/ward being allowed to participate in any way in the American Youth Football, Inc./American Youth Cheer (AYF) 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, marketing materials 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.

Parent/Guardian Signature

Parent/Guardian Name (Printed)

Date

Freedom of Information Act Disclosure

Per Fairfax County allocation policies, registration information of each participant is provided to the Fairfax County Department of Community and Recreation Services (DCRS). Once DCRS receives this information, it becomes public record and as such may be released under the Virginia Freedom of Information Act (FOIA) unless the parent/guardian specifically requests that this information not be released.

Please check here if you do not grant DCRS permission to release your child's registration information.

Permission to Participate, Waiver and Release of Liability

Participant's Name _____ Birthdate _____

Agreement

By signing below, the parent/guardian certifies that they have read and agree to the following: 1. I certify that I am a legal parent/guardian of the above named participant. 2. I grant permission to my child or children to participate in Straighten Up and Fly Right Inc. and assume all risks and hazards incidental to Football/athletic participation, including transportation to and from activities. 3. I agree to perform volunteer duties for the league as identified on the following page. 4. I agree to support (i.e. volunteering, cheering, and showing good sportsmanship) my child's team, including his/her coaches, the team parent, other players, and other player's parents. 5. I grant permission to Straighten Up and Fly Right Inc. officials to consent to emergency treatment for my child until a legal guardian can be contacted. 6. I will not hold Straighten Up and Fly Right Inc. or its affiliates responsible for any injuries obtained by my child. 7. I agree to be notified of any parent/guardian meetings electronically. 8. I agree to return all equipment issued by Straighten Up and Fly Right Inc. at the end of the season, or at the end of my child's participation, whichever occurs first, and to pay the replacement cost for any equipment not returned. 9. I agree to abide by the Straighten Up and Fly Right Code of Conduct.

Parent's Name _____ **Parent Signature** _____

Phone _____

Email Address _____

Preferred League Volunteer Activity Select All that Apply

- | | | | |
|--------------|-----------------|-------------------|-------------------|
| Head Coach | Assistant Coach | Team Parent | Equipment Handout |
| Publicity | Snack Bar | Field Maintenance | Fundraising |
| Cheerleading | Mentor | Tutor | |

Do you have any resources that you are willing to share with Straighten Up and Fly Right?
 Yes No

What resources do you have that you are willing to share with Straighten Up and Fly Right?:

Discounts _____

Facility Space _____

Design _____

Apparel Discounts _____

Printing _____

Services _____

Other _____