



PARTICIPATION CONTRACT

Participant Information

1. Last Name	First Name	Initial	Alias / Nickname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Date Of Birth (M/D/YR)	Age	Gender	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Street Address	City / Town	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Phone Number	Alternate Number	Parent/Guardian Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Parent/Guardian Information:

1. Last Name	First Name	Initial	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Last Name	First Name	Initial	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Affiliation

Team **Division** 6U 8U 10U 12U 14U

Registration Fee Amount _____ Check Cash Online

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, 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 NEYT Association and team/squad activities, including transportation to and from the activities by a licensed driver.

Guardian Initial: _____

EQUIPMENT UNIFORM RESPONSIBILITY

I agree to assume full responsibility for any and all equipment & uniforms loaned and I agree to promptly return, upon request, the uniform and other equipment issued in good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for the full replacement cost of such equipment.

Guardian Initial: _____

CODE OF CONDUCT

In order to ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians and other adults and attendees of NEYT events must behave accordingly in a respectful, courteous and sportsmanlike manner at all times. 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 NEYT, 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.

Guardian Initial: _____

Parent / Guardian Signature

_____, _____, _____
Name Print **Signature** **Date MM/DD/YYYY**



Parental/Guardian Permission and Waiver

Initial Boxes.

1. **EMERGENCY MEDICAL AUTHORIZATION:** I hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and all NEYT activities.

2. **INSURANCE DISCLOSURE:** I am aware that NEYT carries group accident insurance, which is considered secondary, or excess for medical purposes to any and all valid insurance I possess is considered primary insurance. Furthermore, I agree to notify in writing my head coach and NEYT organization of any medical claim as a result of participation in NEYT as soon as reasonably possible. I understand that any registration fee paid does not constitute a direct premium for insurance and that a deductible(s) may apply.

3. **SCHOLASTIC VERIFICATION:** I hereby stipulate that either my child is scholastically fit and will adhere to all rules and regulations therein. Furthermore, I hereby authorize my child's school to release school grades, report card results, and any and all other pertinent scholastic information to NEYT organization in order to comply with scholastic fitness requirements.

4. **FINANCIAL RESPONSIBILITY:** I hereby stipulate that I have been advised by NEYT of my rights, if any, to a refund in accordance and my fundraising obligations. I agree to fully comply with those obligations and with the NEYT policies.

5. **COMMUNICATION AND PROMOTIONAL CONSENT:** I hereby consent to receive communications via email, social media and Text message from NEYT. I understand that NEYT does not sell its contact lists and communications sent may contain program information as well as special offers and may be opted out of by following the instructions in the email. I hereby grant NEYT the absolute right and permission to make, reproduce, broadcast or otherwise use participant's name and likeness, any photograph, films, videos, recordings, or other depictions or images in whatever form or media in connection with participation in NEYT throughout the universe in perpetuity and in any and all advertising and promotion materials, in any manner or media whatsoever for purposes of art, advertising, editorial, trade or promotion or any other purpose whatsoever. To the extent that any benefit accrues or may accrue to NEYT, I hereby and forever waive any interest in or claim to such benefits and acknowledge that NEYT is under no obligation to exercise any rights granted herein.

6. ADULT CODE OF CONDUCT:

a) Any adult who is using alcohol, tobacco or non-prescription drugs and/or appears intoxicated at a NEYT event, and/or who is flagrantly rude, attempts to intimidate, verbally abuse, heckles, taunts, ridicules, boos, throws objects and/or uses vulgarity or profane language/gestures with an official, coach, volunteer, staff member, participant or other event attendee, must receive a verbal warning and/or be asked to leave the event. The adult's children may also be removed from the event.

b) Any adult who commits one of the above stated offenses a second time, will be banned from any and all NEYT events and their children may also be removed from the program(s) for that time period. Any adult who physically assaults an official, coach, volunteer, staff member or participant or threatens grave bodily harm may be banned from any and all events for one year or be permanently banned from the date of the offense, and their children may also be removed from any and all programs for that same period of time.

Participant: Last Name _____, First Name: _____,

Guardian: Name Print _____, Signature _____, Date: _____



EMERGENCY CONTACT FORM

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. It is the responsibility of the parent/legal guardian to notify the participants coach and league officials if any information needs to be added, deleted, changed, or updated in any way.

Participant Information:

1. Last Name	First Name	Initial	Alias / Nickname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Date Of Birth (M/D/YR)	Age	Gender	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			School
			<input type="text"/>

Siblings Information:

3. Last Name	First Name	Initial	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Last Name	First Name	Initial	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian Information:

5. Last Name	First Name	Initial	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Street Address	City / Town	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Phone Number	Alternate Number	Parent/Guardian Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Alternate Emergency Contacts

8. Last Name	First Name	Relationship	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Last Name	First Name	Relationship	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Prime Care Doctor Information:

10. Name	Practice Name	Phone Number	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Street Address	City / Town	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Guardian:

Name Print _____, Signature _____, Date: _____



NEYT POLICIES ACKNOWLEDGEMENT

I certify that all the information provided for NEYT’s Player Verification is true and correct and provides the necessary documentation required by NEYT to verify age and residence/school attendance eligibility. If NEYT subsequently finds that the information submitted as acceptable documentation regarding age and residence eligibility now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient then NEYT Inc. reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, tournament teams, league officials and/or the league which could result in suspension and/or terminations with NEYT.

In order to complete your child’s registration, please provide the following documents and forms: Participation Contract, Parent Permission and Waiver, Emergency Contact form, Medical History and Release, Latest Report Card, Birth Certificate, and this form. All forms are located in our website:

www.neytfootball.org: HOME>ABOUT US >ADMINISTRATION.

I certified that I have read and agree with the following policies:

- Refund & Dispute Policy
- Discrimination & Sexual Harassment Policy
- Adult behavior & Code of Conduct
- Equipment & Uniform Policy
- Health & Safety Policy
- Humidity, Heat & Acclimatisation Policy
- Practice Guidelines
- Concussion Awareness
- Whistle-blower Policy

(Participant Name)

Name: _____ Best contact: _____

Signed (parent/guardian): _____ Date: _____



PHYSICAL FITNESS & MEDICAL HISTORY FORM

Special Note: This form must be dated within 60 days of the start of the season or program. Section II of this form may be replaced by a copy of a current medical physical examination report. Physical exam must not be more than a year old at no point during an NEYT season.

Section I: FOR PARENT/GUARDIAN COMPLETION ONLY

Name of Participant (must match birth certificate):

1. Last Name	First Name	Initial	Birthdate (M/D/YR)	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Primary Medical Insurance: Policy Number:

PARTICIPANT MEDICAL HISTORY:

1. Are there any injuries requiring medical attention? Yes No
2. Are there any past surgeries or scheduled surgeries? Yes No
3. Is there any history of concussions and/or head injuries? Yes No
4. Is the participant currently under the care of a medical practitioner? Yes No
5. Is the participant currently taking any medications? Yes No
6. Does the participant have any allergies (penicillin, bee stings, etc)? Yes No
7. Does the participant have asthma/require the use of an inhaler? Yes No
8. Is the participant diabetic/require medication for diabetes? Yes No
9. Does the participant carry sickle cell trait/suffer from sickle cell disease? Yes No
10. Does the participant currently require medication? Yes No
11. Does/has the participant have/had seizures? Yes No
12. Does the participant wear glasses or contact lenses? Yes No
13. Does the participant wear a brace or other medical support device? Yes No
14. Does the participant have any other physical limitations or medical conditions? Yes No

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space and/or attach to this form:

Physical concerns/limitations/anything the staff should be aware of:

Medications your child takes regularly:

I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it's my responsibility to obtain written permission from my child's physician on official medical stationery in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

I give consent for my child to be treated by a physician in the event of a medical emergency whereby the emergency contacts cannot be reached. I also give consent to release medical information to healthcare providers in the event of necessary care.

Guardian: Name Print _____, Signature _____, Date: _____



SECTION II: LICENSED EXAMINER ONLY
(MEDICAL DOCTOR, NURSE PRACTITIONER)

Section II must be completed ONLY by a Licensed State Examiner (medical doctor, nurse practitioner)

Participant: _____

(Please check the following if healthy or note otherwise): Healthy -- Not Healthy

- Height Weight Eyes Ears Mouth
- Nose & Throat Respiratory Cardiovascular Neurological Musculoskeletal
- Dermatological Blood Pressure

Date Last Physical Exam: _____ Next Scheduled Physical Exam _____

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in NEYT's Youth Football program. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in youth tackle football. I am therefore clearing this individual for athletic participation without limitation.

Please indicate medical profession (M.D., D.O. R.N., etc.) _____

Are you licensed in your state to perform physical examinations? YES / NO

Please sign and fill out the following information OR place Official Medical Practice Stamp here:

Signature _____, Date: _____

Printed Name _____

Practice Name: _____

Address _____ City _____ State _____

Zip _____ Phone _____ Fax: _____

Website: _____, Email _____

Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc. – this may vary by state). NO other forms are acceptable.

Participant: Last Name _____, First Name: _____

Guardian: Name Print _____, Signature _____, Date: _____



COVID-19 DISCLOSURE, ACKNOWLEDGMENT & WAIVER

COVID-19 Release of Liability:

COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread from person-to-person contact. Federal, state, and local governments and health agencies recommend social distancing and have, in many areas, prohibited group activities. In consideration of being allowed to participate in any way in the New England Youth Tackle Football Inc. (NEYT), athletics/sports program whether involving team or individual sports and related events and activities, the undersigned acknowledges, appreciates, and agrees that: The risk to have direct or indirect contact with individuals who have been exposed to and/or diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other diseases, or maladies, and/or any mutation or variation thereof does exist and it is impossible to eliminate the risk that infection through contact with or close proximity to an individual with a communicable disease.

Initials _____

NEYT is taking steps to reduce the spread of COVID-19; however, NEYT cannot guarantee that you or your child will not become infected with COVID-19. Further, attending NEYT activities could increase the risk of infection.

Initials _____

I will inform you if I knowingly come in contact with someone who tested positive within 14 days prior

Initials _____

I will inform you and not attend NEYT activities for 14 days if I develop any symptoms of COVID-19

Initials _____

If I test positive for COVID-19, I will not return to NEYT activities without medical clearance.

Initials _____

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child and I may be exposed to or infected by COVID-19 by attending NEYT activity and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID19 may result from the act, omission, or negligence of myself and others, including, but not limited to, NEYT volunteers, and other participants and their families.

Date: _____

NAME OF PARTICIPANT: _____

Age: _____, **Date Of Birth:** _____

NAME OF PARENT/GUARDIAN: _____

SIGNATURE: _____