



New Athlete Checklist

- 1.) Registration Form
- 2.) Medical Physical
 - a. MUST be on the AYF form
 - b. MUST be completed after June 1, 2023 (valid for 1 year).
 - c. Top box MUST be signed AND stamped by physician
- 3.) Emergency Medical Treatment, Consent, and Information
- 4.) AYF Waiver and Release of Liability
- 5.) AYF Image Release
- 6.) AYF Concussion Form
- 7.) AYF Code of Conduct
- 8.) Wallet Sized photo of athlete
 - a. Must be recent (within past year)
 - b. No larger than 3"x3"
- 9.) Official Report Card
 - a. Can NOT be a screenshot from Skyward
 - b. For OCPS students, the final report card can be found under the Portfolio section of Skyward.
- 10.) Copy of Birth Certificate



AMERICAN YOUTH FOOTBALL



Medical Clearance Form

ASSOCIATION NAME - CentralFloridaYouthFootball

Medical Clearance Form - Must be dated after June 1, 2023

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: (Childs Name: _____) [Date of Birth: _____] 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, step or athletic activities. I am therefore clearing this individual for athletic participation.

Physician Signature: _____ Date: ____/____/____ (Must be dated after January 1st, of the Current Season) Please Print - or - Use Office Stamp Here: Print Name Clearly: _____ Office Address: _____

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 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 participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing 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 and/or state laws or due to medical practitioner regulations.

MEDICAL HISTORY – To be completed by participant/parent

Athlete's Directions: Please review all questions with your parent or guardian and answer them to the best of your knowledge.

Table with 10 rows and 9 columns. Columns 1-3: Question, Yes, No, Don't Know. Columns 4-6: Question, Yes, No, Don't Know. Questions include: Has anyone in the athlete's family died suddenly before age 50? Has the athlete ever stopped exercising because of dizziness or passed out during exercise? Does the athlete have asthma, hay fever, or coughing spells after exercise? Has the athlete ever had a bone broken, had to wear a cast, or had an injury to any joint? Does the athlete have a history of a concussion (being knocked out)? Has the athlete ever suffered a heat-related illness (heat stroke)? Does the athlete have a chronic illness or see a doctor regularly for any particularly problem? Does the athlete take any medicine? Is the athlete allergic to any medication or bee stings? Does the athlete have only one of any paired organ (eyes, ears, kidneys, testicles, ovaries, etc.)?

*Please explain all "Yes" answers —use the back if necessary.

MEDICAL EXAMINATION – To be completed by Physician

Height: _____ Weight: _____ Blood Pressure: _____

Table with 4 columns: Exam Type, Normal, Abnormal, Description of Abnormality. Rows include: Musculoskeletal Exam (Knee, Ankle, Shoulder, Other Joints, Alignment Problems, Scoliosis, Estimate of Flexibility), Eyes, Genitalia (males), Cardiovascular Exam, and Other Exam (if indicated by history).

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 out 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 INFORMATION | | | | |
|--|-----------------------|----------------------|----------------------|----------------|
| Athlete's Name: | | Nick Name: | | Phone: () |
| Address: | | City: | | State: Zip: |
| PARENT OR GUARDIAN INFORMATION | | | | |
| Father's Name: | | | | |
| Address: | | City: | | State: Zip: |
| Hm Phone: () | Daytime Phone: () | | Email: | |
| Employer: | | | | |
| | | | | |
| Mother's Name: | | | | |
| Address: | | City: | | State: Zip: |
| Hm Phone: () | Daytime Phone: () | | Email: | |
| Employer: | | | | |
| | | | | |
| Guardian's Name: | | | | |
| Address: | | City: | | State: Zip: |
| Hm Phone: () | Daytime Phone: () | | Email: | |
| Employer: | | | | |
| FAMILY MEDICAL INSURANCE | | | | |
| Carrier: | | Group: | | |
| Policy #: | | Group #: | | |
| Policy Holder Name: | | | | |
| Family Physician's Name: | | | | |
| Dr's Address: | | City: | | State: Zip: |
| Phone: () | Fax: () | | Email: | |
| EMERGENCY MEDICAL INFORMATION | | | | |
| Preferred Hospital(s): | | | | |
| EMERGENCY CONTACT: | | 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 all, _____ (Association name) and, American Youth Football, Inc / American Youth Cheer dba, program(s) sanctioned event(s), be they official or un official, including but not limited to, athletic, social and/or fundraising activities. I further hereby consent to any and all health care providers, authorize any first aid, emergency treatment, including but not limited to 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.



AMERICAN YOUTH FOOTBALL

Waiver and Release of Liability - Minor



ASSOCIATION NAME - _____

READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to participate in the American Youth Football American Youth Cheer Regional/National Championships, and or the football and or cheer programs of _____, the Local Organization, which is a legally distinct and organization not operated or controlled by American Youth Football, despite its membership with American Youth Football, Inc. the undersigned acknowledges and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, 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 my child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS American Youth Football, Inc.; its directors, officers, officials, agents, employees, volunteers, 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 INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

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 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 Name of Participant: _____

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.



AMERICAN YOUTH FOOTBALL



Image Release – MINOR

ASSOCIATION NAME - _____

READ BEFORE SIGNING

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



**American Youth Football and Cheer, Inc.
Mild Traumatic Brain Injury (MTBI) / Concussion
Annual Statement and Acknowledgement Form**

I, _____ (athlete), acknowledge that I have to be an active participant in my own health and have the direct responsibility for reporting all of my injuries and illnesses to the organizations staff (e.g., coaches, team physicians, and athletic training staff). I further recognize that my physical condition is dependent upon providing an accurate medical history and a full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My organization has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion/HeadsUp/youth.html>) on what a concussion is and has given me an opportunity to ask questions. FACT sheets are different for Parents, Coaches, Players.
- I ACKNOWLEDGE THAT I HAVE READ THE FACT SHEET on the CDC website for Parents and Players.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician, athletic trainer, coach, parent volunteer, or official.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC the following sports have been identified as high risk for concussion; baseball, basketball, diving, football, pole vaulting, soccer, softball, spirit line, wrestling, lacrosse, mixed martial arts, and rugby and cheer.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Student Athlete:

Print Name: _____ Signature: _____

Date: _____

Parent or legal guardian must print and sign name below and indicate date signed.

Print Name: _____ Signature: _____

Date: _____



CODE OF CONDUCT

2024 Spring & Fall Seasons

WHILE 99% OF THE ADULTS IN THE PROGRAM WILL ABIDE BY THIS CODE OF CONDUCT WITHOUT BEING TOLD, THIS CODE OF CONDUCT IS BEING PUBLISHED TO PROTECT THE CHILDREN AND VOLUNTEERS FROM THE 1% WHO DON'T. IF ANY OF THESE RULES ARE BROKEN CFYFL HAS THE AUTHORITY TO IMPOSE A PENALTY OR REMOVAL OF PARTICIPANT.

AS A PARENT, COACH or ADMINISTRATOR, I hereby pledge to provide positive support, care, and encouragement for my child and/or the athletes in youth sports by following this Code of Conduct:

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or event.
2. I will insist that my child and/or the athletes play in a safe and healthy environment.
3. I will support coaches and officials working with my child and/or participant athletes in order to encourage a positive and enjoyable experience for all in a sports environment that is free from drugs, tobacco & alcohol and I will refrain from their use at all youth sports events.
4. I will remember that the game is for youth participants and athletes - not the adults.
5. I will do my very best to make youth sports fun for my child and the athletes recognizing that winning is not the goal - teaching my child and the athletes the importance of team work and discipline is first and foremost. I will ask my child and the athletes treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability and I will refrain from cursing, vulgar language and any other detrimental conduct.
6. I will help my child and the athletes enjoy the youth sports experience by doing whatever I can, such as being a respectful fan.....
7. I understand that there will be an admission fee to attend games at County fields on game day.
8. I understand we're expected to perform a minimum of 2 hours of volunteer time per child enrolled in the organization that will help out my child's team. Game day is the time where we need most of our volunteers. We thank you in advance for contributing to the CFYFL.
9. I will adhere to the 24hr rule and give time to cool off before responding. I will refrain from blast emailing comments.
10. ***I understand and will support the leagues one time fundraiser. I understand failure to participate may result in my child being held out from games, activities and/ or playoffs, etc....***

VIOLATION: Any parent or fan who violates the Code of Conduct risks further participation of the child in the program. The procedure as follows:

- Any fan that violates the Code of Conduct or becomes a nuisance will be asked to leave and can be suspended from all team activities.
- If the fan fails to leave upon request, the child may be suspended from further participation in league activities/games...
- The league will decide the duration of the suspension or if the child will be dropped from the program. That decision will depend on the attitude of the parents.
- Any parent or fan who violates the Code of Conduct risks the future participation of his/her children in the program. Depending on the severity of the incident the league may decide to ban future participation in the program...

AS AN ATHLETE AND PARTICIPANT, I understand commitment, hard work and dedication will be required by me before I can wear the colors of the team. Being a member of the team means much more than just learning about and playing football or being a cheerleader. As an athlete, both on and off the field, I am a representative of the association and expected to act accordingly no matter what the circumstances.

1. I understand as an Athlete I am to maintain an academic standard at 2.0 ('C+' average) during the season or risk being benched or dismissed from the Organization. Grade checks may be performed at random.
2. I understand I am to maintain good citizenship. Fighting, misconduct, vulgar or derogatory language, cursing or disrespect, bullying, threats on social medial (e.g., Facebook, Twitter, Insta-gram, etc.) can lead to being dismissed from the Organization. Any athlete who has an altercation at school or with law enforcement authorities or is observed displaying conduct (Anytime, Anywhere) below the acceptable standards of an athlete may face dismissal from the Team or CFYFL.
3. I understand Athletes are responsible for notifying their coach if they will be absent from a practice or game. Missing a practice or game will hurt both my team and may be reason for not playing in games. If I have too many absences, I may be dismissed from the team.
4. I am expected to come to practices and games prepared and ready to give 100%. An athlete may be benched at a practice or dismissed because of too many absences, not giving 100%, not knowing plays / routines or not following the rules.
5. I will treat all coaches, teammates, officials, and adult authority figures with respect At All Times.
6. I am responsible for the maintenance of my equipment and uniforms. Uniforms must be washed on a regular basis. Report all equipment problems to your coach immediately. If I lose my uniform or equipment I am financially responsible to replace it. I must wear a protective mouthpiece via tether to mask in all practices or games.
7. I agree to follow all general rules in accordance with my team and the CFYFL.

I/We have read, understand, agree, and will abide by the above. I/We have voluntarily signed, understanding if I violate this Code of Conduct I am subject to immediate termination or suspension from Team & CFYFL.

Parent/Guardian / Volunteer Signature

Print Name

Date

Player/Participant Signature

Print Name

Date