

Wakefield Youth Cheerleading

The following documents are required to finalize your athlete's Fall registration.

****NEW AND RETURNING ATHLETES****

1. Official AYF Player Pack ("AYF Player Package" downloaded from www.wakefieldyfc.org/ **DO NOT PRINT PAPERWORK DOUBLE-SIDED):**

- ☐ Participation, Tracking, and ID Card form (initialed **and** signed by guardian) – 1 page
- ☐ Code of Conduct Form (signed by guardian **and** athlete) – 1 page
- ☐ Waiver and Release of Liability – Minor (signed by guardian **and** athlete) – 1 page
- ☐ MTBI/Concussion Annual Statement and Acknowledgement Form (signed by guardian **and** athlete) – 1 page
- ☐ Physical dated after 1/1/2025 or Medical Clearance Form (signed and stamped by PCP)
- ☐ Emergency Medical Treatment, Consent, and Information (signed by guardian) – 1 page
- ☐ Image Release – Minor (signed by guardian) – 1 page
- ☐ Absentee Form (do not fill out top part, only **signed** by guardian, **DO NOT DATE**) – 1 page

2. StudentReportCard

- ☐ Must be the end-of-year report card that school's issue in June showing all trimesters/semesters.

****NEW ATHLETES ONLY****

3. Birth Certificate

- ☐ Must show an original birth certificate and provide a copied birth certificate for WYC to keep on file (original will be returned)

No Cheerleader can begin practice until all required documents are completed and turned in.

Participation Contract, Tracking and ID Card - Page 2

Last Name	First Name	Initial	Preferred Name		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Street Address	City / Town	State	Zip Code	Home Phone	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Date Of Birth (M/D/YR)	Age as of 7/31	Parent/Guardian First Name		Parent/Guardian Last Name	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
Grade in Fall	School in Fall	School Phone	Home Email Address		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Name Of Insurance Carrier		Policy #			
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>			
Medical Insurance (circle one)					
<input style="width: 95%;" type="text"/> YES / NO <input style="width: 95%;" type="text"/>					
Football:	<input type="checkbox"/>	Cheer:	<input type="checkbox"/>	--CHECK ONE --	
Registration Fee: \$		<input style="width: 95%;" type="text"/>		Check# Cash: <input style="width: 95%;" type="text"/>	

Association: <u>Wakefield Youth Football and Cheer</u>		<u>GRAY AREAS FOR OFFICIAL USE ONLY !!</u>	
Jersey Number Assigned: _____		Division: _____	Team: _____
		Equipment / Uniform Issued <input type="checkbox"/>	Returned <input type="checkbox"/>

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, 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 Local, Regional, National, League/Conference, Association and team/squad activities, including transportation to and from the activities by a licensed driver.

SCHOLASTIC FITNESS

Parent/Guardian Initial: _____ Player 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 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 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: _____

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:
Home Phone: ()	Day Phone: ()	Email:		
Employer:				
Mother's Name:				
Address:		City:	State:	Zip:
Home Phone: ()	Day Phone: ()	Email:		
Employer:				
Guardian's Name:				
Address:		City:	State:	Zip:
Home 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 _____ as evidenced below hereby grant permission for my child/ward to participate in any and all, (Association name) and, American Youth Football, Inc. program(s), event(s), including but not limited to, athletic, social and/or fundraising activities. I further consent to the administration of any and all medical treatment necessary to stabilize and or treat any medical condition or medical emergency to which my child/ward is afflicted. I understand that this authorization is given prior to the need for medical care, but given in advance to avoid any unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of their best judgment.

Print Parent/Legal Guardian Name

Signature Parent/Legal Guardian

Date

AMERICAN YOUTH FOOTBALL

Medical Clearance Form

ASSOCIATION NAME - Wakefield Youth Football and Cheer

Medical Clearance Form - Must be dated after January 1st of the Current Season

I, as evidenced by my name and signature below, do certify that I am licensed MD and or DO in the state of _____ and am qualified in determining that:

(Childs Name:) _____ is physically fit and I have found no medical or observable conditions which would contra-indicate his/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities.

I am therefore clearing this individual for athletic participation.

MUST Use Office Stamp Here:

<p>Signature: _____</p> <p>Date: / /</p> <p>(Must be dated after January 1st, of the Current Season)</p>	<p>Print Name Clearly: _____</p> <p>Office Address: _____</p>
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PLEASE NOTE: 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 (either MD or DO) 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.

AMERICAN YOUTH FOOTBALL

Image Release for Minors

ASSOCIATION NAME - Wakefield Youth Football and Cheer

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: _____

AMERICAN YOUTH FOOTBALL
Waiver and Release of Liability For Minors

ASSOCIATION NAME - Wakefield Youth Football and Cheer

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 (association name) _____, 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: _____

AMERICAN YOUTH FOOTBALL

Absentee Form

ASSOCIATION NAME - Wakefield Youth Football and Cheer

1) Name of Child: _____

2) Football Class / Division: _____ [] National, [] All-American (Check One)
ie: Jr. PeeWee, PeeWee, ...

3) Spirit Class / Division: _____ [] Blue Level, [] Red Level (Check One)
ie: 10 Under, 11 Under, ... [] Small (5-17), [] Large (18-36) (Check One)

4) Program Type: _____
ie: Football, Cheer, Dance, Step ...

5) Team Name: _____

6) Event Affected: _____
(Check all that apply) ☐ Local Event ☐ State Event ☐ Regional Event ☐ National Event ☐ Other

7) Reason Unable to Participate (check one):

- ☐ Medically Related (Attach doctor's note)
- ☐ Scholastically Related (Attach teacher's note)
- ☐ Family Obligation (Please explain below)
- ☐ Other (Please explain below)
- ☐ Waivered Player (Please Attach Waiver)

8) Explanation: _____

9) By our signatures below, we attest that the information provided herein is true to the best of our belief.

Parent/Guardian: _____

Date: _____

Head Coach: _____

Date: _____

Association Official: _____

Date: _____

IMPORTANT MESSAGE FOR THE COACH:

All rostered Participants must be accounted for. This form is to be used for participants that, for whatever reason, will not participate with their team at the Regional or National event. This form (and any attachments) must be in your Participant / Roster book at the competition check-in/event site. If Participants are found to have been told to stay home, bullied, or in any other way discouraged from joining the team in an effort to build a stronger team the Head Coach and the Association will be subject to suspension and a forfeit of any game played at a Region or National event.



**Mild Traumatic Brain Injury (MTBI) / Concussion
Annual Statement and Acknowledgement Form**

I, _____ (athlete), have chosen to participate in an a sport where injuries may occur and I do understand that it is my responsibility to report all of my injuries and illnesses or suspected injuries and illnesses to the organization's staff, including but not limited to: coaches, team physicians, and athletic training staff. I further understand and recognize that my health and safety is the most important thing and without disclosing all injuries and or illnesses, it can not be properly determined if you are in the physical condition necessary to participate. I understand that I must provide a full and accurate medical history including any symptoms, health complaints and any prior injuries and/or disabilities I have 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>) on what a concussion is and has given me an opportunity to ask questions.
- 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 football and cheer, among other sports, have been identified as high risk for concussion.

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 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: _____