



BIG APPLE YOUTH FOOTBALL AND CHEER

Participation, Tracking and ID Card - All-American Division



ASSOCIATION NAME - _____

A
S
S
O
C
I
A
T
I
O
N

ASSOCIATION NAME			
DIVISION OF PLAY - TEAM NAME			
PARTICIPANT NAME			
JERSEY #	AGE (7/31)	O/L	WEIGHT
PARTICIPANT PARENT/GUARDIAN NAME			
HOME PHONE	WORK PHONE	CELL PHONE	

PLACE PHOTO / DMV / MILITARY ID
CARD HERE

I, Hereby, With My Signature, Do Certify That The Information Below Has Been Collected And Verified By The Means, As A Minimum, As Instructed In The BAYFC National Rulebook And/Or Operations Manuel, Current Version.

Conference Verification Signature/STAMP

OFFICIAL PLAYER CERTIFICATION
LEAGUE USE ONLY

Association Verification Signature/STAMP

DATE OF BIRTH:
Month / Day / Year

Age As of Age Cut off Date
Older/Lighter:

CERTIFICATION WEIGHT

PARTICIPANT CONTRACT

MEDICAL CLEARANCE

WAIVER/ RELEASE

EMERGENCY MEDICAL / CONSENT

SCHOLASTICS

R
E
G
U
L
A
R

S
E
A
S
O
N

P
O
S
T

S
E
A
S
O
N

	GAME DATE	WEIGH MASTER	CODE		GAME DATE	WEIGH MASTER	CODE
JAMBOREE				Week 11			
Week 1				Week 12			
Week 2				Week 13			
Week 3				Week 14			
Week 4				Week 15			
Week 5				Week 16			
Week 6				Week 17			
Week 7				Week 18			
Week 8				Week 19			
Week 9				Week 20			
Week 10				Week 21			

INSTRUCTIONS: Weigh Master Will Enter Date, Verify The Identity, Weight, Of Each Participant, Initial Each Participant Card,
CODE: OK = Everything Verified, ENTER WEIGHT = Over Weight, I = Sick/Injured, A = Absent / Dropped
ALL MUST BE CHECKED IN / VERIFIED PLAYING OR NOT - IF OVERWEIGHT ENTER THE WEIGHT UNDER "CODE"

Participation Contract, Tracking and ID Card - Page 2

Last Name		First Name		Initial	Preferred (nick) Name	
Street Address		City / Town		State	Zip Code	Home Phone
Date Of Birth (M/D/YR)	Age as of 7/31	Weight	Parent/Guardian First Name		Parent/Guardian Last Name	
Grade in Fall	School in Fall	School Phone		Home Email Address		
Medical Insurance (circle one)	Name Of Insurance Carrier			Policy #		
Football: ☐	Cheer: ☐	--CHECK ONE --		Registration Fee: \$	Check#	Cash:

GRAY AREAS FOR OFFICIAL USE ONLY !!

Association: _____	Division: _____	Team: _____
Jersey Number Assigned: _____		Equipment / Uniform Issued ☐ Returned ☐

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

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: _____

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.



BIG APPLE YOUTH FOOTBALL AND CHEER

Medical Clearance Form



ASSOCIATION NAME - _____

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 am qualified in determining that: (Childs 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.

➔ 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 thei 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.

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.



BIG APPLE YOUTH FOOTBALL AND CHEER

Waiver and Release of Liability - Minor



ASSOCIATION NAME - _____

READ BEFORE SIGNING

IN CONSIDERATION OF _____ my child/ward, being allowed to participate in any way in Big Apple Youth Football and Cheer, Inc. (BAYF) or Big Apple Youth Football and Cheer dba, Regional/National Championships, _____ my BAYF Local Affiliation(s), athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury to my child/ward, myself, from the activities involved in 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 IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for child/ward, participation; and,
- 3) I willingly agree to comply with the atated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/wards', 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,

other participants, sponsoring agencies, toumament host, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my child/words', involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

- 5) I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and nest of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releaseds 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.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OR 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 Participant's Name:

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.



BIG APPLE YOUTH FOOTBALL AND CHEER

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 Big Apple Youth Football and Cheer, Inc. ("BAYF")(dba Big Apple Youth Football and Cheer,) national championships and any other official BAYF events and activities, the undersigned agrees that Big Apple Youth Football and Cheer, Inc., is hereby granted the unrestricted and exclusive 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: