



AMERICAN YOUTH FOOTBALL



Image Release – MINOR

ASSOCIATION NAME - **LACEY GRIDIRON CLUB**

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:

POWERED BY:





AMERICAN YOUTH FOOTBALL
Waiver and Release of Liability - Minor
 ASSOCIATION NAME - **LACEY GRIDIRON CLUB**



READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to participate in any way in American Youth Football, Inc.(AYF) or American Youth Cheer dba, Regional/National Championships, _____ Lacey Gridiron _____ my Local AYF 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 stated 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,
- 4) I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, 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 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/wards', 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 next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all 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.

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 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.

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.

Participation Contract, Tracking and ID Card - Page 2

Last Name	First Name	Initial	Preferred (nick) 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
<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 12/31	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"/>
Medical Insurance (circle one)	Name Of Insurance Carrier	Policy #	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Football: <input type="checkbox"/>	Cheer: <input type="checkbox"/>	--CHECK ONE --	
Registration Fee: \$		Check# Cash: <input style="width: 95%;" type="text"/>	

GRAY AREAS FOR OFFICIAL USE ONLY !!

Association: _____	Division: _____	Team: _____
Jersey Number Assigned: _____	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

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.

Initial: _____

HELMET WAIVER (for football participants)

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."

Initial: _____

EQUIPMENT UNIFORM RESPONSIBILITY

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.

Parent/Guardian Initial: _____ Player Initial: _____

CODE OF CONDUCT

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.



Lacey Gridiron Club

**I have read this document and understand the Lacey Gridiron
Concussion Policy**

Signature of Athlete

Print Name of Athlete

Date

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date

PLEASE SIGN AND RETURN TO YOUR COACH

Lacey Gridiron - e-mail and cell form

PLEASE PRINT CLEARLY

Player First and Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cell

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

DO YOU USE TEXT MESSAGING ? (Circle Y or N)

E-Mail Address

@																.			

Parent or Guardian First and Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cell

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

DO YOU USE TEXT MESSAGING ? (Circle Y or N)

E-Mail Address

@																.			

Parent or Guardian First and Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cell

			-				-				
--	--	--	---	--	--	--	---	--	--	--	--

DO YOU USE TEXT MESSAGING ? (Circle Y or N)

E-Mail Address

@																.			



Lacey Gridiron Club

LACEY GRIDIRON CLUB REGISTRATION AND EQUIPMENT POLICY

The 2024 regular player registration fee is refundable ONLY UNTIL June 31, 2024 No refunds will be issued after that date.

Each Gridiron player will be issued football equipment including the following: (1) Helmet, (1) chin strap, (1) shoulder pads, (1) practice pants, (1) practice jersey, (1) game pants (1) blue game jersey (1) white game jersey, (1) girdle, (2) knee pads, (2) thigh pads, (2) hip pads and (1) tail pad. The replacement value of the items listed above is \$450. The Lacey Gridiron Club understands that this equipment may be damaged at a game or practice. Equipment (including jerseys) should only be worn at practice, a game or when instructed by the coaching staff (such as to school the day of a game). I understand that I will be financially responsible for the loss or damage of any equipment worn at unauthorized times and /or used improperly. Equipment must also be returned the end of the season as instructed by the coaching staff.

**I have read this document and understand the Lacey Gridiron Club
Registration and Equipment Policy.**

Signature of Athlete

Print Name of Athlete

Date

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date

Lacey Gridiron Club

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of **Lacey Gridiron Club** athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and other consequences does exist; and,
2. 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 participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (insert name of sports organization) their officers, officials, agents, and/or employees, 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 ILLNESS, DISABILITY, OR ANY OTHER CONSEQUENCE, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

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 IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____



Lacey Gridiron Club

LACEY GRIDIRON CLUB PARENT/GUARDIAN CONCUSSION POLICY ACKNOWLEDGMENT FORM

In order to help protect the student athletes of New Jersey, the NJSIAA has mandated that all athletes, parents/guardians and coaches follow the NJSIAA Concussion Policy.

A concussion is a brain injury and all brain injuries are serious. They may be caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child/player reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

1. Headache.
2. Nausea/vomiting.
3. Balance problems or dizziness.
4. Double vision or changes in vision.
5. Sensitivity to light or sound/noise.
6. Feeling of sluggishness or foginess.
7. Difficulty with concentration, short-term memory, and/or confusion.
8. Irritability or agitation.
9. Depression or anxiety.
10. Sleep disturbance.

Signs observed by teammates, parents and coaches include:

1. appears dazed, stunned, or disoriented.
2. Forgets plays or demonstrates short-term memory difficulties (e.g. is unsure of the game, score, or opponent)
3. Exhibits difficulties with balance or coordination.
4. Answers questions slowly or inaccurately.



Lacey Gridiron Club

5. Loses consciousness.
6. Demonstrates behavior or personality changes.
7. Is unable to recall events prior to or after the hit.

What can happen if my child/player keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child/player has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. Close observation of the athlete should continue for several hours. An athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and may not return to play until the athlete is evaluated by a medical doctor or doctor of Osteopathy, trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider. You should also inform your child's Coach, Athletic Trainer (ATC), and/or Athletic Director, if you think that your child/player may have a concussion. And when in doubt, the athlete sits out. For current and up-to-date information on concussions you can go to:

RETURN-TO-PLAY GUIDELINES:

NJSIAA member high schools that partake in interscholastic athletics shall develop a written plan of policy to address incidents of suspected or actual concussion among participants that are involved in the district programs. A student-athlete who is suspected of sustaining or who has sustained a concussion and/or has become unconscious during an athletic event shall not return-to-play until (s)he meets all of the following criteria:

1. Immediate removal from play and no return-to-play that day.



Lacey Gridiron Club

2. Medical evaluation to determine the presence/absence of concussion.
3. It is recommended that the student-athlete diagnosed with a concussion complete a symptom-free week initiated on the first asymptomatic day before initiating a graduated return-to-play exercise protocol. The student-athlete must be monitored during this time period for any reoccurrence of concussion symptoms.
4. If the student-athlete exhibits a re-emergence of any post-concussion signs or symptoms once they return-to-play, they will be removed from exertional maneuvers and return to his/her primary care physician or the team doctor for reevaluation.
5. If concussion symptoms reoccur during the graduated return-to-play exercise protocol, the student-athlete will return to the previous level of activity that caused no symptoms and then advance as tolerated.
6. Utilization of available tools such as symptom checklists, baseline and balance testing are suggested.

FINAL STATEMENTS:

The NJSIAA recognizes that although outside of our purview, student-athletes must also return to the classroom post-concussion. NJSIAA member high schools shall recognize that the aforementioned signs and symptoms of concussion also impact the student-athlete in their academic pursuits which can cause a deleterious effect on their ability to function in the classroom, learn new material, complete homework and study for tests. Parents/guardians should also be aware that driving may be impaired during the post-concussion period.

This NJSIAA policy is a dynamic document which will be altered or amended as new clinical research becomes available.

Please note that the Lacey Gridiron Club requires your physician to fill out the AMERICAN YOUTH FOOTBALL “Resume Participation Medical Clearance Form”. This form is available for download on our website at:

http://www.laceygridiron.org/Forms/Medical_Clearance_Resume_Form.pdf

For current and up-to-date information on concussions, you may go to:

www.cdc.gov/concussion/HeadsUp/youth.html

www.nfhslearn.com

www.atSNJ.org

PO Box 522 Forked River, NJ 08731 www.laceygridiron.org



AMERICAN YOUTH FOOTBALL

Medical Clearance Form



ASSOCIATION NAME - **LACEY GRIDIRON CLUB**

**Medical Clearance Form - Must be dated after January 1st of the Current Season
Please Return by July 1, 2024**

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.

<div style="margin-bottom: 10px;"> } _____ <i>Signature:</i> </div> <div style="margin-bottom: 10px;"> } Date: ____ / ____ / ____ <i>(Must be dated after January 1st, of the Current Season)</i> </div>	<p style="text-align: center;"><i>Please Print - or - Use Office Stamp Here:</i></p> <div style="margin-bottom: 10px;"> _____ Print Name Clearly: </div> <div style="margin-bottom: 10px;"> _____ Office Address: </div>
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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 stationery 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."

POWERED BY:

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.