

League Certification	Weight at time of certification (football players)	Date Certified / / 200	League Official Signature or stamp
-----------------------------	---	---------------------------	---------------------------------------

American Youth Football & Cheerleading League

Participant Contract

Participant information	Name <small>(Last, First, Middle initial)</small>				Attach Recent Photo Here							
	Address											
	City		State	Zip								
	Phone #											
	Age <small>(as of August 1st of the playing season)</small>		Date of Birth:	Weight:								
	Child resides with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> _____											
	Father's Name		Mother's Name						Father's E-Mail Address:		Mother's E-Mail Address:	
	Father's Phone #		Mother's Phone #									

Team & Payment	<input type="checkbox"/> Player	<input type="checkbox"/> A - Squad <u>Ages 11 - 13 under 155 lbs & Age 14 under 130 lbs</u>	Date Registered	/ / 200
	<input type="checkbox"/> Cheerleader	<input type="checkbox"/> B - Squad <u>Ages 9 - 11 under 130 lbs. & Age 12 under 90 lbs</u>	Registration Fee	\$
		<input type="checkbox"/> C - Squad <u>Ages 7 - 9 under 105 lbs. & Age 10 under 70 lbs</u>	Cash or Check#	
		<input type="checkbox"/> Flag	Fundraising	\$
			Cash or Check#	

This section is to be filled out by the registrar (or equivalent) of the member organization

Participant pledge	I will:	<ul style="list-style-type: none"> Maintain at least a "C" average in school Abide by the officials' decisions Show good sportsmanship 	<ul style="list-style-type: none"> Listen to my coaches & organization officials Not use foul language Not damage/deface property, buildings, or equipment 	Participant's Signature

Permission to participate	<p>I understand that football & cheerleading is a high impact and contact sport and that my child can be injured while participating as either a "Player" or "Cheerleader". I also understand that an injury can be of minor or major variety. With this, I give my permission to my child to participate in this program.</p>	Parent or Legal Guardian's Signature

Procedure for medical attention	<p>I, the undersigned, do hereby authorize officials of the American Youth Football & Cheerleading League to contact directly the person(s) named on this contract form and do authorize an attending physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of said child.</p> <p>I will not hold the AYFCL, Inc. financially responsible for the emergency care and/or transportation for said child.</p> <p>To Parent or Legal Guardian: In the event of an injury to your child it is necessary that you furnish the following information: the name of a neighbor or relative whom will assume temporary care of your child until you can be reached.</p>	Parent or Legal Guardian's Signature
		Name of Neighbor / Relative
		Neighbor / Relative Phone #

Medical coverage information	<p>The American Youth Football & Cheerleading League has accident insurance coverage for medical and hospital expenses with a \$500.00 deductible for each accident incurred. This insurance is a secondary coverage, following the parent's own medical insurance coverage. This coverage only applies to accidents directly related to authorized AYFCL activities, events, or functions.</p> <p>Any injury that requires medical attention must be reported to team officials immediately and the proper claim forms filled out and submitted to the League office.</p>	Parent's Insurance Carrier
		Contract Number

