

Image Release
READ BEFORE SIGNING

On behalf of (insert child's name) _____, whom is the minor that is participating in the American Youth Football (AYF) and Youth Cheer (SWMYA) events and activities. I agree that both AYF, SWMYA and New Genesis 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.

Parent/Guardian Signature: _____ Date Signed _____

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. I further assert that I have verified with my child/ward's 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. My child/ward also has permission to be transported to and from the activities by a licensed driver.

Initial:

HELMET WAIVER (for football participants): 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, 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.

I acknowledge AND I understand the risks involved in my CHILD/WARD playing FOOTBALL, which is a collision sport.

Parent/Guardian Initial: _____ **Player 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 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 will promptly pay for the replacement cost of such equipment. Unreturned equipment/uniforms will be charged 2x the price of the equipment/uniforms

Initial:

CODE OF CONDUCT: The philosophy of youth sports including this program is to promote good understanding and fundamental knowledge of the sport. It is critical to display good sportsmanship and conduct oneself in an appropriate and positive manner both on and off the field. It is understood that any incident considered detrimental to achieving this philosophy will not be tolerated. It will be addressed in accordance with the policies of the association, conference, current national affiliation, state and local laws. Inappropriate behavior may result in dismissal from the program, and the inability to participate in any future related activities of this association. Violence, abusive, obscene language, use of alcohol and illegal drugs, including marijuana, are all prohibited at practices, games, and any other team event. This Code of Conduct applies to everyone involved with the program including but not limited to the football players, cheerleaders, spirit participants, parents/guardians, and volunteers.

Initial:

Parent signature _____

Date _____

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 applicable", n/a, or other appropriate comments. 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 participant's 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:
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:	
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, Southwest Michigan Youth Athletics 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.