

RED BANK PLAYER/CHEERLEADER REGISTRATION FORM

Athlete's Name _____

Phone _____ Email _____

REGISTRATION CHECKLIST

2x2 Photo ____ Player Tracking Card ____ Emergency Consent ____

Report Card ____ Medical Clearance ____ Consent Forms ____

Registration Fee Payment PLAN

DEPOSIT

Date: _____ Amount. Paid: _____ Bal: _____ CASH: Y / N Receipt# _____ STAFF INITIALS _____

1st Payment – DUE MAY 1

Date: _____ Amount. Paid: _____ Bal: _____ CASH: Y / N Receipt# _____ STAFF INITIALS _____

2nd Payment – DUE JUNE 1

Date: _____ Amount. Paid: _____ Bal: _____ CASH: Y / N Receipt# _____ STAFF INITIALS _____

3rd Payment- DUE JULY 1

Date: _____ Amount. Paid: _____ Bal: _____ CASH: Y / N Receipt# _____ STAFF INITIALS _____

Early Registration Incentive ____ New Player Incentive ____ NEW PLAYER'S NAME _____

EQUIPMENT INFORMATION

HELMET SIZE: _____ HELMET SERIAL #: _____

SHOULDER PAD SIZE: _____ SHOULDER PAD #: _____

POM POMS ISSUED _____

EQUIPMENT DEPOSIT/WORK BOND INFORMATION

Date: _____ Amount. Paid: _____ Receipt# _____ STAFF INITIALS _____

DIVISION: Check One Flag__ 7U__ 9U__ 10U__ 11U__ 12U__ 14U__ Cheer ____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

EQUIPMENT DEPOSIT/WORK BOND RETURN

Date: _____ Amount. RETURNED: _____ STAFF INITIALS _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____



AMERICAN YOUTH FOOTBALL

Participation, Tracking and ID Card - All-American Division

ASSOCIATION NAME - Red Bank



ASSOCIATION

Red Bank	PLACE PHOTO / DMV / MILITARY ID CARD HERE
ASSOCIATION NAME	
DIVISION OF PLAY - TEAM NAME	
PARTICIPANT NAME	
<div style="display: flex; justify-content: space-around;"> JERSEY # Grade AGE (7/31) </div>	
PARTICIPANT PARENT/GUARDIAN NAME	
<div style="display: flex; justify-content: space-between;"> HOME PHONE WORK PHONE CELL PHONE </div>	

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 AYF National Rulebook And/Or Operations Manual, Current Version.

Conference Verification Signature/STAMP
OFFICIAL PLAYER CERTIFICATION
LEAGUE USE ONLY
Association Verification Signature/STAMP

DATE OF BIRTH:	Age As of 7/31	GRADE / AGE CERTIFICATION	PARTICIPANT CONTRACT	MEDICAL CLEARANCE	WAIVER/ RELEASE	EMERGENCY MEDICAL / CONSENT	SCHOLASTICS
Month / Day / Year							

REGULAR SEASON

POST SEASON

	GAME DATE	PLAYER CHECK	CODE		GAME DATE	PLAYER CHECK	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: PLAYER CHECK Will Enter Date, Verify The Identity, Of Each Participant, Initial Each Participant Card,
CODE: OK = Everything Verified, I = Sick/Injured, A = Absent / Dropped
ALL MUST BE CHECKED IN / VERIFIED PLAYING OR NOT / ENTER DETAIL UNDER 'CODE'

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: 30%;" 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: 30%;" type="text"/>	<input style="width: 30%;" 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: 30%;" type="text"/>	<input style="width: 30%;" 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: 30%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 30%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Medical Insurance (circle one)	Name Of Insurance Carrier		Policy #		
<input style="width: 30%;" type="text"/> YES / NO	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		
Football: <input type="checkbox"/>	Cheer: <input type="checkbox"/>	<i>--CHECK ONE --</i>		Registration Fee: \$ <input style="width: 30%;" type="text"/>	Check# Cash: <input style="width: 30%;" 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. This form should be kept on file for a minimum of 7 years.

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.



AMERICAN YOUTH FOOTBALL

Medical Clearance Form

ASSOCIATION NAME - RED BANK



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.

<p>Signature: _____</p> <p>Date: _____ / _____ / 2017 (Must be dated after January 1st, of the Current Season)</p>	<p>Please Print - or - Use Office Stamp Here:</p> <p>_____</p> <p>Print Name Clearly:</p> <p>_____</p> <p>Office Address:</p>
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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 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."

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.

RED BANK AYF AYC Parent's Code of Conduct

- I will be responsible for my behavior as well as for the behavior of those who attend the game/practices as my guest.
- I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parent's Code of Ethics Pledge.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and official at every game, practice or other youth sports events.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will be in control of my emotions.
- I will remain in the spectator area during games/practices.
- I will insist that my child play in a safe and healthy environment.
- I will support coaches and official working with my child, in order to encourage a positive and enjoyable experience for all.
- I will not advise the coach on how to do their job.
- I will demand a sports environment for my child that is free of drugs, tobacco, and alcohol and will refrain from their use at all youth sports events. I will not drink alcohol at a game/practice or come to one having drunk too much.
- I will remember that the game is for our youth – NOT ADULTS – and that participation in youth sports is a privilege, not a right.
- I will show respect for all participants at all times.
- I will do my very best to make youth sports fun for my child. I will not instruct him to harm any other participants.
- I will not coach my child during the game/practice.
- I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed or ability.
- I will not make insulting comments to players, parents, officials, or coaches of either team.
- I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan, assisting with coaching, or providing transportation.
- I will require that my child's coach be trained in the responsibilities of being a youth sport coach and that the coach upholds the Coaches Code of Ethics.
- I will thank coaches, officials, and other volunteers who have conducted the event.

I have read the above Parent Code of Conduct and agree to uphold the agreement. I understand that all guests that attend games and practices in support of my son/daughter will be governed by these same statues and I will be held liable for their failure to do so. I understand that my failure to uphold this agreement will result in disciplinary action including/but not limited to banning from all NJAYF activities. **THIS CODE OF CONDUCT WILL BE STRICTLY ENFORCED!**

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

RED BANK AYF AYC Photo and Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- conference presentations
- educational presentations or courses
- informational presentations
- on-line educational courses
- educational videos

By consenting to this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting. I will be consulted about the use of the photographs or video recording for any purpose other than those listed above. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only. I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

EQUIPMENT DEPOSIT & WORK BOND POLICY

A \$150 equipment security deposit/work bond will be required on the day of equipment issue. This deposit will not be used in any way, but held by the Board of Directors and returned to the participant upon the return of all equipment AND fulfillment of their 3 hour volunteer requirement. The amount of deposit required will be determined by the Board of Directors prior to the start of each season. This deposit will be Money Order or Cashier's Check Only. No Cash or personal Checks. The Team Parent will schedule commitments. As volunteers we cannot accommodate individual request for specific dates. If you have been assigned a date and cannot work it is your responsibility to switch with another family. No one under the age of 16 is permitted to volunteer to meet their volunteer commitment. Equipment security deposit/work bonds will be deposited only if your equipment is not turned in by December 31st or you work commitment is not fulfilled.

REFUND POLICY

Our Refund policy is as follows: 100% Refund - Before May 1, 75% Refund - Before June 1, 50% Refund - Before June 15, 25% Refund - Before July 1

There will no refunds after July 1 unless a participant is considered to be a mandatory cut, as per JSAYF/AYC Rules. Any member requesting a refund must do so via email directly to the treasurer, treasurer@redbankfootball.com no later than July 30 of that year. A \$75.00 administrative fee will be assessed and deducted from your registration fees. Red Bank AYF/AYC does not issue refunds for apparel including game & practice jerseys or any organizational fundraiser or capital improvement donations. Refunds will be issued on the 15th and 30th of the month. No refunds will be issued after August 15th.

I have read and understand the Red Bank Youth Football & Cheer Refund Policy, Equipment Deposit & Work Bonds and would like to register my child.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

ACKNOWLEDGMENT OF RECEIPT OF RED BANK AYF AYC HANDBOOK

The RED BANK AYF AYC Handbook contains important information about Red Bank Youth Football and Cheer, Inc., and I understand that I should consult the Board of Directors regarding any questions not answered in the handbook.

Since the information, policies, and benefits described herein are subject to change at any time, I acknowledge that revisions to the handbook may occur. All such changes will generally be communicated through our official website, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the President of the organization and the board of directors has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I acknowledge that i can access the handbook at redbankfootball.com and/or have had an opportunity to read the handbook, and I understand that I may ask member of the Board of Directors any questions I might have concerning the handbook. I accept the terms of the handbook. I also understand that it is my responsibility to comply with the policies contained in this handbook, and any revisions made to it. I further agree that if I remain with RB AYF AYC following any modifications to the handbook, I thereby accept and agree to such changes.

I have been made aware of the RB AYF AYC Handbook on the date listed below. I understand that I am expected to read the entire handbook. I understand that this form will be retained in child's personnel file.

_____ Signature of Athlete	_____ Printed Name	_____ Date
_____ Signature of Parent/Guardian	_____ Printed Name	_____ Date