



AMERICAN YOUTH FOOTBALL Waiver and Release of Liability - Minor



ASSOCIATION NAME - _____

READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to participate in the American Youth Football American Youth Cheer Regional/National Championships, and or the football and or cheer programs of _____, the Local Organization, which is a legally distinct and organization not operated or controlled by American Youth Football, despite its membership with American Youth Football, Inc. the undersigned acknowledges 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), the local organization, their respective 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.



AMERICAN YOUTH FOOTBALL



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 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: _____

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 or attach additional pages as needed. 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:	
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:				

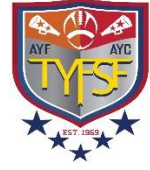
*I as evidenced below hereby grant permission for my child/ward to participate in any and all, _____ (Association name) and, American Youth Football, Inc. program(s) event(s), including but not limited to, athletic, social and/or fundraising activities. I further consent to the administration of any 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.

***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.



**TUCSON YOUTH FOOTBALL AND SPIRIT FEDERATION, INC.
SCHOLASTIC ELIGIBILITY FORM
CURRENT SEASON**

This form is to be completed by those participants in the Tucson Youth Football and Spirit Federation program that have not meet the Scholastic Eligibility requirement of 70% and/or 2.0 Grade Point Average (GPA)

Please Print and Fill Out Completely

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Association: _____ Team: _____

Football or Spirit (Circle One) Grade for 10 – 11 School Year (2nd, 3rd, 4th, etc.) _____

Parent/Guardian (Print): _____ Phone: () _____

Parent/Guardian Signature: _____ Date: _____

Dear Administrator:

The Tucson Youth Football and Spirit Federation (TYFSF) Program is unique among youth sports organizations. What makes us unique is that we require for participants to maintain satisfactory progress in their academic studies. TYFSF goal is to build sound minds and bodies for our future leaders.

We understand that not all of our participants will meet our scholastic standards. Our program takes steps to monitor their grades and help them improve their scholastic areas if difficulty. We do not want to penalize any of our participants by not allowing them to take part in the program. So we are asking you, the school officials, to help us monitor the progress of these participants so that they maintain a minimum standard and understand the value of academics in conjunction with athletics.

Please take a moment to fill out the section below. **BY SIGNING THIS FORM, YOU AND/OR YOUR SCHOOL WILL NOT BE HELD ACCOUNTABLE FOR THE PARTICIPATION OF THIS PARTICIPANT.** This is just one step in the right direction for aiding us to help the participants at both the school level and the athletic level.

Thank You,
Tucson Youth Football and Spirit Federation, Inc.

Please check one:

Participating in the Tucson Youth Football and Spirit Federation Program **will** benefit this participant.

Participating in the Tucson Youth Football and Spirit Federation Program **will** benefit this participant **with weekly tracking of progress.**

Participating in the Tucson Youth Football and Spirit Federation Program **will not** benefit this participant.

School: _____ Phone () _____ School Seal or Stamp
(if available)

Name: _____ Title: _____
Print Print

Signature: _____