

**POLICE ATHLETIC LEAGUE**  
**Jaguars FOOTBALL**  
**REGISTRATION**



**YOUTH'S NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_ **AGE ON JULY 31'** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** (\_\_\_\_) \_\_\_\_\_ **POSITION** \_\_\_\_\_ **HGT** \_\_\_\_\_ **WGT** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_ **Flag** \_\_\_ **8U** \_\_\_ **10U** \_\_\_ **12U** \_\_\_ **14U** \_\_\_

**PARENT/GUARDIAN NAME** \_\_\_\_\_ **PHONE** (\_\_\_\_) \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_ **PHONE** (\_\_\_\_) \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**MEDICAL INSURANCE** \_\_\_\_\_ **POLICY #** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**Physician Name** \_\_\_\_\_ **Phone** (\_\_\_\_) \_\_\_\_\_ **Medical Conditions** \_\_\_\_\_

**PLEASE READ CAREFULLY, INITIAL ALL, SIGN AND DATE**

*As the parent(s) of the above listed member of the Police Athletic League of Manatee County Inc (PAL), I (we) consent for participation in the PAL program for One year from the date of this application. I understand that membership, program, and activity fees are non-refundable \_\_\_\_\_ (Initial)*

*I (we) assume all risk and hazards incidental to above listed member, and that such participation including travel to and from activities, except to the extent of accident and liability carried by PAL of Manatee County Inc \_\_\_\_\_ (Initial)*

*I (we) do hereby further release, waive, absolve, indemnify and agree to hold harmless, PAL of Manatee County Inc, The Board of Directors, The Executive Director, The Manatee County Sheriff's Office, employees, supervisors, organizers, sponsors, coaches, participants, volunteers, and persons transportation above listed member to and from activities, from any claim a rising from any injury to above listed member, except to the extent of accident and liability carried by PAL of Manatee County Inc. \_\_\_\_\_ (Initial)*

*I do hereby agree to accept full responsibility for all equipment issued to above listed member and will replace all equipment lost or damaged with the exception of normal wear and tear \_\_\_\_\_ (Initial)*

*In the event of an emergency relating to above listed member, if I(we) am/are unavailable, I hereby give consent to the medical staff of the nearest medical facility to administer emergency care as deemed necessary by the facility's emergency staff, until I can be notified and arrive at the medical facility \_\_\_\_\_ (Initial)*

*I release the rights to all photographic material PAL might use for promotional activities without obligation to my child or myself \_\_\_\_\_ (Initial)*

*Due to the open door policy at PAL, it is understood and agreed upon that all members may come and go as they desire. Therefore PAL will not be liable for your child leaving the building and or property, nor will PAL be responsible for your child participation in any activities without your permission. \_\_\_\_\_ (Initial)*

*As parent/guardian of above listed member I understand that un-sportsman like or belligerent behavior by MY CHILD or ME will not be tolerated and will result in forfeiture of my child's participation in any PAL program. \_\_\_\_\_ (Initial)*

My signature below grants my child permission to participate in the Manatee PAL basketball program. I understand that football is a contact sport where injuries may occur and my child may participate at his/her own risk. I fully understand and agree to all of the conditions stated above whether initialed or not, and will counsel/have counseled my child to conform to these rules and the authority of the employees of the PAL organization. **I affirm that I have insurance on my child and understand that the insurance provided by PAL is a secondary policy to my coverage which has a \$100 deductible.** I also understand that there is a \$30 returned check fee.

**Parent/ Guardian Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_ / \_\_\_ / \_\_\_

Official Use Only

**Date/ Amount Paid** \_\_\_ / \_\_\_ / \_\_\_ \$ \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Division** \_\_\_\_\_ **Initial** \_\_\_\_\_

2020



**AMERICAN YOUTH FOOTBALL**  
**Participation, Tracking and ID Card - All-American Division**



ASSOCIATION NAME - \_\_\_\_\_

<b>A S S O C I A T I O N</b>	ASSOCIATION NAME	<b>PLACE PHOTO / DMV / MILITARY ID CARD HERE</b>
	DIVISION OF PLAY - TEAM NAME	
	PARTICIPANT NAME	
	<b>JERSEY #      Grade      AGE (7/31)</b>	
	PARTICIPANT PARENT/GUARDIAN NAME	
	HOME PHONE      WORK PHONE      CELL PHONE	

**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 Manuel, Current Version.**

<b>Conference Verification Signature/STAMP</b>	<b>OFFICIAL PLAYER CERTIFICATION LEAGUE USE ONLY</b>	<b>Association Verification Signature/STAMP</b>					
DATE OF BIRTH:  Month / Day / Year	Age As of 7/31	GRADE / AGE CERTIFICATION	PARTICIPANT CONTRACT	MEDICAL CLEARANCE	WAIVER/ RELEASE	EMERGENCY MEDICAL / CONSENT	SCHOLASTICS

<b>R E G U L A R S E A S O N</b>	JAMBOREE	GAME DATE	PLAYER CHECK	CODE		GAME DATE	PLAYER CHECK	CODE	<b>P O S T S E A S O N</b>
	Week 1				Week 11				
	Week 2				Week 12				
	Week 3				Week 13				
	Week 4				Week 14				
	Week 5				Week 15				
	Week 6				Week 16				
	Week 7				Week 17				
	Week 8				Week 18				
	Week 9				Week 19				
	Week 10				Week 20				
					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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City / Town	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Of Birth (M/D/YR)	Age as of 7/31	Weight	Parent/Guardian First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian Last Name	Grade in Fall	School in Fall	School Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Email Address	Medical Insurance (circle one)	Name Of Insurance Carrier	Policy #
<input type="text"/>	YES / NO	<input type="text"/>	<input type="text"/>
Football: <input type="checkbox"/>	Cheer: <input type="checkbox"/>	--CHECK ONE --	Registration Fee: \$ <input type="text"/>
			Check# Cash: <input type="text"/>

<b>GRAY AREAS FOR OFFICIAL USE ONLY !!</b>			
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."

**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 kept for 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 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				
<b>Athlete's Name:</b>	<b>Nick Name:</b>	<b>Phone:</b> ( )		
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
PARENT OR GUARDIAN INFORMATION				
<b>Father's Name:</b>				
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Home Phone:</b> ( )	<b>Daytime Phone:</b> ( )	<b>Email:</b>		
<b>Employer:</b>				
<b>Mother's Name:</b>				
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Home Phone:</b> ( )	<b>Daytime Phone:</b> ( )	<b>Email:</b>		
<b>Employer:</b>				
<b>Guardian's Name:</b>				
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Hm Phone:</b> ( )	<b>Daytime Phone:</b> ( )	<b>Email:</b>		
<b>Employer:</b>				
FAMILY MEDICAL INSURANCE				
<b>Carrier:</b>	<b>Group:</b>			
<b>Policy #:</b>	<b>Group #:</b>			
<b>Policy Holder Name:</b>				
<b>Family Physician's Name:</b>				
<b>Dr's Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Phone:</b> ( )	<b>Fax:</b> ( )	<b>Email:</b>		
EMERGENCY MEDICAL INFORMATION				
<b>Preferred Hospital(s):</b>				
<b>EMERGENCY CONTACT:</b>		<b>Phone:</b> ( )	<b>Relationship:</b>	
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.				
<b>Allergies:</b>				
<b>Medical Conditions:</b>				
<b>Other:</b>				

\*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.



# 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:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, 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 child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS American Youth Football, Inc.; its directors, officers, officials, agents, employees, volunteers, 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 INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, 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 involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

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 Name of Participant:** \_\_\_\_\_

**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 Medical Clearance Form



**ASSOCIATION NAME** - \_\_\_\_\_

**Medical Clearance Form - Must be dated after January 1st of the Current Season**

I, as evidenced by my name and signature below, do certify that I am a State Licensed Medical Examiner in the state of \_\_\_\_\_ and am qualified in determining that:

(Childs Name: ) \_\_\_\_\_ is physically fit and I have found no medical or observable conditions which would contra-indicate his/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities.

I am therefore clearing this individual for athletic participation.

**Please Print - or - Use Office Stamp Here:**

<p><b>Signature:</b> _____</p> <p><b>Date:</b>        /        /       </p> <p><i>( Must be dated after January 1st, of the Current Season )</i></p> <p>_____</p>	<p><b>Print Name Clearly:</b></p> <p>_____</p> <p><b>Office Address:</b></p> <p>_____</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 State Licensed Medical Examiner 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.

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.

PLEASE MAKE SURE THE DOCTOR STAMPS FORM AFTER WRITING HIS SIGNATURE

**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.



**Mild Traumatic Brain Injury (MTBI) / Concussion  
Annual Statement and Acknowledgement Form**

I, \_\_\_\_\_ (athlete), have chosen to participate in an a sport where injuries may occur and I do understand that it is my responsibility to report all of my injuries and illnesses or suspected injuries and illnesses to the organization's staff, including but not limited to: coaches, team physicians, and athletic training staff. I further understand and recognize that my health and safety is the most important thing and without disclosing all injuries and or illnesses, it can not be properly determined if you are in the physical condition necessary to participate. I understand that I must provide a full and accurate medical history including any symptoms, health complaints and any prior injuries and/or disabilities I have experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My organization has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion>) on what a concussion is and has given me an opportunity to ask questions.
- I ACKNOWLEDGE THAT I HAVE READ THE FACT SHEET on the CDC website for Parents and Players.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician, athletic trainer, coach, parent volunteer, or official.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC football and cheer, among other sports, have been identified as high risk for concussion.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and agree to be bound by this document.

Student Athlete:

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Parent or legal guardian must print and sign name below and indicate date signed.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## (2020) - AYF Code of Conduct Form

**MANATEE PAL** will not tolerate verbal abuse of its volunteer coaches from any Fan, Parent or Spectator.

This is American Youth Football, not the pros. Fans, as well as the players and coaches, are expected to abide by a code of conduct at all American Youth Football Events. While 99% of the adults in the program will abide by this code without being told, this code is being published to protect the children and volunteers (which includes all coaches and board members) from the 1%.

### FANS' CODE OF CONDUCT

Fans will abide by a Code of Conduct which includes the provisions which follow. If any of these rules are broken, **MANATEE PAL** shall have the authority to impose a penalty.

#### ***Fans shall:***

1. Not criticize the players/cheerleaders or coaches in front of the other spectators in the stands, but reserve constructive criticism for later, in private.
2. Accept decisions of the game officials (including referees and coaches) on the field as being fair and called to the best ability of said officials.
3. Not criticize an opposing team, its players, coaches, or fans by work of mouth or by gesture.
4. Refrain from using physical or verbal abuse or profane language at any time at the game, practice field, or other AYF functions.
5. Abstain from being under the influence of or in possession of and/or drinking alcoholic beverages and the possession or use of any illegal substance on both the game and practice fields.
6. Not be allowed on the sidelines during a game.
7. Not interfere/interrupt the coaching staff before, during or after games or at practice.
8. Not express complaints about coaches in stands or to coaches in front of or around the children (i.e. right after a game or practice).

### VIOLATION

Any parent or fan who violates the code of conduct risks the further participation of the child in the program. The procedure is as follows:

1. Any fan who violates the code of conduct or becomes a nuisance will be asked to leave by the head coach and can be suspended from all team activities.
2. If the fan fails to leave upon request, the child may be suspended from further participation in team activities by the head coach.
3. The head coach along with the executive board will decide if the duration of the suspension is to be longer than one to four weeks or if the child will be dropped from the program. That decision will depend on the attitude of the parents.
4. Any parent or fan who violates the code of conduct risks the future participation of his/her children in the program. Depending on the severity of the incident the board of directors may decide to ban future participation in the program for up to three years.

### CONDUCT OF ALL PLAYERS - PARENTS

All players are guaranteed 6 plays in each Jamboree, Regular Season or Playoff game. Everything beyond that must be earned in the opinion of the coaching staff whose decisions are final.

#### **Athlete's Code**

***I will:*** emphasize the ideals of sportsmanship, ethical conduct and fair play. Show courtesy to my opponents and officials. Recognize athletic contests are serious educational endeavors. Give complete allegiance to my coaches who are the instructional authority for my team. Discourage fans, fellow players and parents from undercutting my coach's authority.

***I will not:*** Use profanity or talk "trash" before, during or after any game. Use drugs, alcohol, or tobacco. Criticize my teammates. Act in any way that may incite spectators.

#### **Parent's Code**

***I will:*** Support my child's team/squad and teach the value of commitment to the team/squad - emphasis the ideals of sportsmanship, ethical conduct and fair play. Help my child and American Youth Football make athletic contests a positive educational experiences. Show courtesy to opponents and officials. Direct constructive criticism of my child's athletic program to the athletic director or association officials and work toward a positive result for all concerned.

***I will not:*** Criticize officials, direct abuse or profane language toward them, or otherwise subvert their authority. Undermine, in work or deed, the authority of the coach or administration. Intrude onto the field, stand on the sideline, or yell from the bleachers at or to the coaches, referees or administration.

Please cut along this line, sign and return to the head coach

I have read the **FAN'S CODE OF CONDUCT** and understand what is expected.

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**Child's Name (PRINT)**

**Team Name**

**Date**

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**Parents Name (PRINT)**

**Parents Signature**

This part of the form must be returned to the head coach before the second game to the season.



## **2020 FOOTBALL DOCUMENT'S REQUIRED**

- 4<sup>TH</sup> QUARTER REPORT CARD
- ORIGINAL BIRTH CERTIFICATE
- AMERICAN YOUTH FOOTBALL (AYF) REGISTRATION
- FEE \$25. for returning players
- FEE \$50. for new players