

FRANKFORD CHARGERS



2019 Registration Packet

Registration Fee is \$175.00

Fee includes insurance, league registration, equipment rental, bus rentals and customized uniforms. All rental equipment items must be returned at the end of the season.

ABSOLUTELY NO REFUNDS, NO EXCEPTIONS!!! ONCE YOUR CHILD HAS ATTENDED PRACTICE

MATERIALS NEEDED FOR REGISTRATION:

- 1) COMPLETED REGISTRATION FORMS – deadline for all registrants is August 3rd.
 - 2) REGISTRATION FEE \$175.00 – CASH OR CASH APP (\$fkdcargers) OR MONEY ORDER PAYABLE TO FRANKFORD CHARGERS.
 - 3) 2 COPIES OF JUNE (FINAL) REPORT CARD FOR 2018-2019 YEAR.
 - 4) STATE ID's: are an AYF Requirement for kids ages 10 and older. Issued at PennDot \$30.50 check/money order - must bring child, original birth certificate and social security card of child.
 - 5) PHYSICAL FORM MUST BE COMPLETED BY PHYSICIAN AND RETURNED NO LATER THAN AUGUST 9TH. - OTHERWISE SEE NURSE ON-SITE FOR AN ADDITIONAL \$10.00
- *NO EQUIPMENT WILL BE GIVEN OUT WITHOUT A PLAYER HAVING PAID IN FULL UPON EACH PAID IN FULL REGISTRANT, A RECEIPT WILL BE GIVEN. THIS ORIGINAL RECEIPT MUST BE PRODUCED BEFORE ANY EQUIPMENT WILL BE GIVEN OUT. AS SUCH, AT THE CLOSE OF THE YEAR, ALL RENTED EQUIPMENT MUST BE RETURNED TO THE CHARGERS.

This section to be completed by administration	Date:	Amount Paid:	Staff Initials:
EMT Consent ___	Med Clearance ___	Particp. Contract ___	Waiver ___
Image Release ___	Concussion ___	Transpt Waiver ___	BCert ___
			Original or Copy
			Code Conduct ___
			Rpt Card ___
			State ID ___/School ID ___
			Original or Copy

(please print)

Childs Name: _____

Age: _____ **D.O.B.** _____

Address _____ **City:** _____ **Zip Code:** _____

Telephone Number: _____

Name of Current School: _____ **Grade starting:** _____

Parent/Guardian Information

(please print)

Parent/Guardian name: _____

Parent/Guardian Occupation: _____

Phone number: _____ **Cell number:** _____

Email address: _____

Emergency Contact Information

(please print)

Name: _____ **Relationship:** _____

Phone Number: _____ **Cell Number:** _____

Address: _____

Name: _____ **Relationship:** _____

Phone Number: _____ **Cell Number:** _____

Address: _____

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION

Mandatory Fundraising- Fundraising is a necessary function of the F.C.S.A.M.A that helps to keep the registration fee at a reasonable level, purchase the highest quality, safest equipment and helps cover high general costs. There will be mandatory fundraising during the season; however additional fundraising activities may be necessary to achieve our future goals and playoff/competition expenses. Upon coming fundraisers:

- **Applebee's Breakfast** – Sat., August 3, 2019 8:00am – 10:00am – All you can eat pancakes and sausages
- **Dinner Sale** – to be announced
- **Additional Fundraisers** – to be announced
- **Annual Sports Award Banquet** – April 19, 2020

Practice/August Vacation- Practice begins July 8 and will be held 4 nights per week 6:00-8:00PM (Monday-Thursday) for football and cheerleading. Once school starts practice schedule maybe subject to change. All children must practice in our August practice and scrimmage schedules. We ask that you please plan any vacations to avoid missing practice in order for all kids to stay on the same practice time line.

Uniform/Equipment- All provided uniforms and equipment are to be returned on time and in clean condition. Uniforms may not be worn outside practice/games without pre-approval.

**ONCE YOUR CHILD HAS ATTENDED PRACTICE
ABSOLUTELY NO REFUNDS
NO EXCEPTIONS!!!**



Parent Name (PLEASE PRINT)

Parent Signature

**WE NO LONGER ACCEPT PERSONAL CHECKS!!!!!!!
MONEY ORDER – PAYABLE TO FRANKFORD CHARGERS, CASH or
CASHAPP (\$fkdchargers).
YOU MUST RETAIN AND PRODUCE YOUR PAID RECEIPT IN ORDER TO GET
EQUIPMENT**

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 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 Medical Clearance Form



ASSOCIATION NAME - FRANKFORD CHARGERS

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 PA and am qualified in determining that:

CHILD'S NAME: _____

WEIGHT: _____

BLOOD PRESSURE: _____

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>Signature: _____</p> <p>Date: / /</p> <p>(Must be dated after January 1st, of the Current Season)</p> <p>_____</p>	<p>Print Name Clearly: _____</p> <p>_____</p> <p>Office Address: _____</p> <p>_____</p>
---	---

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.

NOTE: This form as with any and all forms used by your Association should be reviewed by your local counsel 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



AMERICAN YOUTH FOOTBALL

Participation, Tracking and ID Card - National Division



ASSOCIATION NAME - FRANKFORD CHARGERS

A
S
S
O
C
I
A
T
I
O
N

FRANKFORD CHARGERS		
ASSOCIATION NAME		
DIVISION OF PLAY - TEAM NAME		
PARTICIPANT NAME		
JERSEY #	AGE (7/31)	O/L WEIGHT
PARTICIPANT PARENT/GUARDIAN NAME		
HOME PHONE	WORK PHONE	CELL PHONE

PLACE PHOTO / DMV / MILITARY ID CARD HERE

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.

OFFICIAL PLAYER CERTIFICATION

Conference Verification Signature/STAMP LEAGUE USE ONLY Association Verification Signature/STAMP

DATE OF BIRTH: Month / Day / Year	Age As of 7/31 Older/Lighter:	CERTIFICATION WEIGHT	PARTICIPANT CONTRACT	MEDICAL CLEARANCE	WAIVER/ RELEASE	EMERGENCY MEDICAL / CONSENT	SCHOLASTICS
--------------------------------------	---	----------------------	----------------------	-------------------	-----------------	-----------------------------	-------------

R
E
G
U
L
A
R

S
E
A
S
O
N

	GAME DATE	WEIGH MASTER	CODE
JAMBOREE			
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			

W
E
E
K

S
E
A
S
O
N

	GAME DATE	WEIGH MASTER	CODE
Week 11			
Week 12			
Week 13			
Week 14			
Week 15			
Week 16			
Week 17			
Week 18			
Week 19			
Week 20			
Week 21			

P
O
S
T

S
E
A
S
O
N

INSTRUCTIONS: Weigh Master Will Enter Date, Verify The Identity, Weight, Of Each Participant, Initial Each Participant Card, CODE: OK = Everything Verified, ENTER WEIGHT = Over Weight, I = Sick/Injured, A = Absent / Dropped ALL MUST BE CHECKED IN / VERIFIED PLAYING OR NOT - IF OVERWEIGHT ENTER THE WEIGHT 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: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Street Address	City / Town	State	Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date Of Birth (M/D/YR)	Age as of 7/31	Weight	Parent/Guardian First Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Parent/Guardian Last Name	Grade in Fall	School in Fall	School Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Home Email Address	Medical Insurance (circle one)	Name Of Insurance Carrier	Policy #
<input style="width: 95%;" type="text"/>	<input type="radio"/> YES / <input type="radio"/> NO	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Football: <input type="checkbox"/>	Cheer: <input type="checkbox"/>	--CHECK ONE --	Registration Fee: \$ <input style="width: 95%;" type="text"/>
			Check# Cash: <input style="width: 95%;" type="text"/>

GRAY AREAS FOR OFFICIAL USE ONLY !!

Association: _____ Division: _____ Team: _____

Jersey Number Assigned: _____ Equipment / Uniform Issued Returned

**INITIAL
HERE**

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 Initial: _____

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.

HELMET WAIVER (for football participants) Initial: _____

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 Parent/Guardian Initial: _____ Player Initial: _____

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.

CODE OF CONDUCT Initial: _____

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.



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: _____

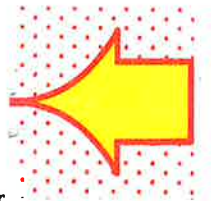
Parent/Guardian Signature: _____ Date Signed: _____

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.

2019 - AYF Code of Conduct Form

FRANKFORD CHARGERS/AYF(C) 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, **FRANKFORD CHARGERS/AYF(C)** 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: emphasis 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.

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



Child's Name (PRINT)

Date

Parent's Name (PRINT)

Date



AMERICAN YOUTH FOOTBALL

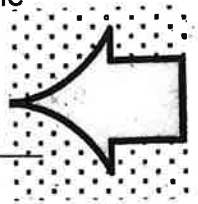


Image Release – MINOR

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: _____



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

I, FRANKFORD CHARGERS (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:

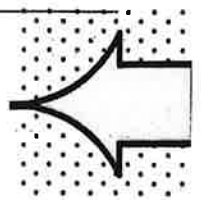
Print Name: _____ Signature: _____

Date: _____

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

Print Name: _____ Signature: _____

Date: _____





TRANSPORTATION WAIVER AND RELEASE OF LIABILITY

Name of Participant: _____ Date: _____

Transportation to football, cheer, basketball, baseball scrimmages, games and/or practices

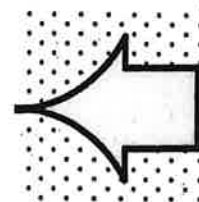
I, the undersigned, hereby request transportation coordinated by The Frankford Chargers ("FC") to football, cheer, basketball, baseball scrimmages, games and/or practices. I understand that FC does not own or operate the buses or private vehicles that will be used to transport the undersigned to the Activity.

I recognize and acknowledge that I am voluntarily traveling as a passenger on a bus or privately owned vehicle to and from the above activity. I assume all risks associated with the travel and agree to absolve, exonerate, and hold harmless the Frankford Chargers, administration, volunteers, coaches, owner or driver of private vehicle, and private owner insurance from liability for any harm or injury resulting from this travel.

I recognized and acknowledge that I voluntarily authorize my child to travel to and from the activity on the bus or private vehicle. I assume all risks associated with this travel. These risks include, but are not limited to any and all injuries to my child and all property damage associated with this travel.

Passenger Signature _____ Date _____

Parent Signature _____ Date _____





This form is only needed for players ages 9yrs and older

Football Uniform Order Form

Parents, once items are ordered we cannot change size. Please make sure the spelling is legible and correct.

Child's Name: _____ Age as of July 31: _____

Name on back of Jersey: _____

Jersey number choices: _____
Choice 1 Choice 2 Choice 3

Jersey Size: _____

Is this jersey size adult or youth?

Pant Size: _____

Is this pant size adult or youth?

Parent's Name: _____
Please print

Contact Number: _____

Date: _____