

ATHLETES NAME



ATHLETE REGISTRATION PACKET

# NFMS OPS



## WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCL. COVID-19

### SECTION I: PLAYER INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	AGE AS OF JULY 31	DOB
ADDRESS		CITY	ZIP CODE	
EMERGENCY CONTACT	PRIMARY CONTACT NUMBER	SECONDARY CONTACT NUMBER	EMAIL ADDRESS	

### SECTION II: ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of NFMS OPS, SCEYFL-AAU Football, & Cheer Conference and its associated member athletic programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, Influenza, and Covid-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. 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 participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, i observe and any unusual or significant hazard during my presence or participation, i will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless (insert name of sports organization) their officers, officials, agents, and/or employees, 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 illness, disability, death, or loss or damage to person or property, whether arising from the negligence of releasees or otherwise, to the fullest extent permitted by law.

### SECTION III: DISCLOSURE AND CONSENT

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releases for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

PARENT/GUARDIAN	PARENT/GUARDIAN SIGNATURE	DATE
Printed Name	Signature	Date

# NFMS OPS



## PHYSICAL FORM

### SECTION I: CHAPTER INFORMATION | TO BE COMPLETED BY CHAPTER OFFICIALS

CHAPTER \_\_\_\_\_ TEAM CITY \_\_\_\_\_

DIVISION	6U	8U	10U	12U	13U	14U	CHEERLEADING
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### SECTION II: PLAYER INFORMATION | TO BE COMPLETED BY CANDIDATE PLAYER & PARENTS

FIRST NAME	MIDDLE NAME	LAST NAME	AGE OF JULY 31
NAME ON POLICY		PRIMARY MEDICAL INSURANCE COMPANY	POLICY NUMBER

### SECTION III: PARTICIPANT MEDICAL HISTORY | TO BE COMPLETED BY CANDIDATE PLAYER & PARENTS

1. Are there any injuries requiring medical attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Is the participant diabetic/require medication for diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are there any past surgeries or scheduled surgeries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Does the participant currently require medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the participant currently under medical care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Does/has the participant have/had seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the participant currently taking any medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Does the participant wear glasses or contact lenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the participant have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Does the participant wear a brace or medical device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the participant have asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Does the participant have physical limitations/conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space:

I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that is my responsibility to obtain written permission from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

PARENT/GUARDIAN	PARENT/GUARDIAN SIGNATURE	DATE
Printed Name	Signature	Date
RELATIONSHIP TO MINOR:	FATHER	MOTHER
		LEGAL GUARDIAN

### SECTION IV: MEDICAL EXAMINATION | TO BE COMPLETED ONLY BY A STATE LICENSED MEDICAL PROFESSIONAL

HEIGHT:	WEIGHT:	BLOOD PRESSURE:
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**DO NOT SIGN OR STAMP DOCUMENT IF CHILD DOES NOT PHYSICALLY QUALIFIED TO PARTICIPATE WITHOUT RESTRICTIONS**

I certify that I have on this date examined this child and that, on the basis of the examination requested and the child's medical history as furnished to me, meet the requirement for participation in this youth football and cheer program.



Examining Dr. \_\_\_\_\_ Office Phone \_\_\_\_\_ Date \_\_\_\_\_

# NFMS OPS



## PARTICIPANT APPLICATION/CONTRACT

5-V-5

7-V-7 / FLAG

CHEER / DANCE

TACKLE

### SECTION I: PLAYER INFORMATION |

FIRST NAME	MIDDLE NAME	LAST NAME	AGE	DOB
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**DIVISION ASSIGNMET:** 6U 8U 10U 12U 14U JV

### SECTION II: DISCLOSURE AND CONSENT | *TO BE COMPLETED BY CANDIDATE PARENTS/GUARDIANS*

#### PARENT CONSENT

I/We the parents/guardians of the above-named candidate hereby give my/our approval to his participation in any and all NFMS OPS activities during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from such activities. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the NFMS OPS chapter, and the SCEYFL-AAU, including sponsors and other related participants, for any injury to my/our child. NFMS OPS has advertising, modeling and photo copyrights.

#### EQUIPMENT RESPONSIBILITY

I/We as parent/guardian of said candidate do hereby assume full and complete responsibility for the proper care and maintenance of all equipment loaned to candidate. I understand all equipment is to be used for NFMS OPS activities only and that all equipment remains the legal property of the chapter. I/We agree to reimburse the chapter for any and all equipment loaned to my child, which is lost, damaged or stolen; with the payment due when equipment is requested, or immediately upon the withdrawal of said candidate.

#### RULES AND REGULATIONS

I/We as parent/guardian of said candidate understand it is the responsibility of the parent/guardian, candidate, team and chapter to comply with any and all rules and regulations of NFMS OPS & SCEYFL-AAU. Any noncompliance with rules and regulations shall be cause for dismissal or suspension from all future SCEYFL-AAU sanctioned events.

PARENT/GUARDIAN

PARENT/GUARDIAN SIGNATURE

DATE

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Printed Name

Signature

Date