

## 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: 30%;" 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 style="width: 30%;" type="checkbox"/>	Cheer: <input style="width: 30%;" type="checkbox"/>	--CHECK ONE --	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** ☐ **Returned** ☐

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

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. "

Parent/Guardian Initial: \_\_\_\_\_ Player 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.

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 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):			
<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.			
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 - \_\_\_\_\_

**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>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>Office Address: _____</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 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  
Affidavit/Compliance Form (Concussion)  
CONFERENCE/ASSOCIATION



- All Coaches Flag/Tackle/Cheer must complete, at a minimum, the most recent version of Coaching Youth Football the AYF Way online course for Football or the most recent version of YCADA AYC 101 online course for Cheer.
- A copy of the certificate of completion of the most recent version of Coaching Youth Football the AYF Way course for Football or the most recent version of YCADA AYC 101 course for Cheer.
- Certificates must be kept in the team/squad book.
- If a coach completes another seminar or course on concussion (ie: NFHS), a certificate of completion and successful scoring on the test must be kept in the team/squad book.

As an officer of the below named organization, I hereby swear and attest that all of the coaches (including but not limited to, Tackle and Flag Football and Cheer) in organization have met all regulations and requirements established by the state in which our organization competes, in addition to the official rules and regulations including attending classes and passing the test provided by the online class or seminar and have successfully passed the exam that accompanied the concussion program as suggested by American Youth Football.

I understand that falsification of the above statement and/or failure to comply with these requirements could result in termination of our membership in American Youth Football. I affirm and attest that each football coach; has successfully completed a course, online or otherwise, that provides basic and current concussion awareness and symptoms' and safety practices and standards, which is at least equivalent in content to the CDC Heads Up Concussion Program which is covered in the above course.

The Organization acknowledges that American Youth Football, Inc. ("AYF") is not required to independently conduct online training/classes or seminars on concussion training of coaches associated with the Organization and that AYF is entitled to rely on the statements and affirmations as set forth herein. The Organization hereby indemnifies AYF against any misrepresentation, intentional or otherwise and any claims against AYF in connection with the Organization's failure to properly adopt and execute proper and acceptable concussion awareness training programs and verification protocols. The Organization further indemnifies and holds harmless AYF against any damages in connection with: a failure by the Organization to ensure that its coaches have completed a course which provides concussion awareness, safe coaching techniques and safety practices and standards and or the contents of such a course and the interpretation application and implementation of said contents by the coaches in connection with any warm-ups, practices or games.

Program Type: ☐ Flag ☐ Football ☐ Cheer ☐ Dance ☐ Step (check one)

Team Level/Division:

☐ National ☐ All-American ☐ Small ☐ Large / ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4

Association Name:

Authorized Representative Name:

Title:

Authorized Representative Signature:

Date:

Conference Name:

Authorized Representative Name:

Title:

Authorized Representative Signature:

Date:





PRESIDENT: KEVIN HESTER · FIRST VICE PRESIDENT: CHRIS PETRICH · SECOND VICE PRESIDENT: TINA DUFFY  
THIRD VICE PRESIDENT: KELLY BIALOBLOCKI · TREASURER: DANIEL VALLE · SECRETARY: KRISTY MACKOWN · SERGEANT AT ARMS: BOB COATES  
FOOTBALL COMMISSIONER: CHRIS MAYNARD · ASSISTANT FOOTBALL COMMISSIONER: MICHAEL LILOIA  
CHEER COMMISSIONER: MARY ELLEN EARP · ASSISTANT CHEER COMMISSIONER: ALICIA CROTZER

## 2025 NJAYF SOCIAL MEDIA POLICY

NJAYF - Jersey Shore Conference understands that social media networks are a way of life today. However, the League WILL NOT condone negative comments or actions aimed towards our organizations, our affiliates, players/coaches/officials/parents or volunteers on ANY social media network or site including, but not limited to, Facebook, Instagram, X, Snapchat, TikTok, etc).

NJAYF prides itself on providing a league that teaches young athletes the proper way of playing the games and being responsible young people and making their experience in NJAYF as memorable as possible.

The following rules will be implemented and enforced:

**1st offense:** Warning or 1-game suspension and further action if deemed necessary by the NJAYF Executive Board.

**2nd offense:** Minimum of a 1-game suspension with possible expulsion if deemed necessary by the NJAYF Executive Board.

**3rd offense:** Minimum of a 1-season suspension with possible expulsion if deemed necessary by the NJAYF Executive Board.

Despite what is seen on Youtube and other internet sites, the behavior demonstrated by players and coaches on the field, pre-game and post-game are subject to the same sportsmanship rules as during the game.

All teams are expected to act in accordance with our Rules and By Laws.

Program Type: ☐ Flag ☐ Football ☐ Cheer ☐ Dance (check one)

Team Level/Division:

Association Name:

Authorized Representative Name:

Title:

Authorized Representative Signature:

Date:

NJAYF Representative Name:

Title:

NJAYF Representative Signature:

Date:

*\*NJAYF reserves the right to skip disciplinary steps when a violation occurs.*



# 2025 Monmouth Falcons - AYF Code of Conduct Form

Monmouth Falcons 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, Monmouth Falcons Youth football and cheer 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 word 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.

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.

Child's Name (PRINT)

Team Name

Date

Parents Name (PRINT)

Parents Signature