



KAUAI YOUTH FOOTBALL
P.O. BOX 662236
LIHUE, HAWAII 96766
TELEPHONE: (808) 652-9962
www.kauaiyouthfootball.com

TACKLE REGISTRATION

Please turn in all items listed in the following checklist below:

1. A completed registration packet
2. Copy of birth certificate;
3. Copy of health insurance card;
4. Copy of report card (recent quarter);
5. Physical Exam; and
6. Photo of participant.

REGISTRATION FEE: \$140.00 (Jersey, pre-game attire, and insurance)

Please make check payable to Kauai Youth Football. Returned checks are subject to a \$25.00 return check fee.

Player's Shirt Size: _____ Player's Shorts Size: _____

VOLUNTARY/EQUIPMENT DEPOSIT FEE: \$250.00

A \$250.00 voluntary/equipment deposit per participant is required for all players. The deposit must be in a form of a check which will be held until the end of the season. The check **WILL NOT BE CASHED** if six (6) hours of voluntary time have been completed by the end of the season and all equipment have been returned. Please make check payable to **Kauai Youth Football** and **postmarked for 11/30/18**.

UNIFORMS/EQUIPMENT

Each player will be supplied with a helmet, mouthpiece, practice/game jerseys, shoulder pads, girdle with pads (if need), belt, and pre-game attire.

For more information contact Brad Hiranaka at 652-9962



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CONTACT INFORMATION

PLAYER'S NAME: _____

PLAYER'S CELL: _____

HOME NO.: _____

FATHER'S NAME: _____

WORK NO.: _____

CELL NO.: _____

MOTHER'S NAME: _____

WORK NO.: _____

CELL NO.: _____

EMAIL ADDRESS*: _____

*Please list an email address that is checked daily for communication purposes.



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EQUIPMENT LIABILITY AGREEMENT

This document certifies that I, _____, parent/guardian of _____ agree and understand that I am solely responsible for all equipment and/or supplies issued to or borrowed by my child (as listed below), which is the sole property of Kauai Youth Football. In the event the equipment and/or supplies is stolen, lost, or damaged, I _____, parent/guardian of _____ agree to replace such at my own expenses at present value. Failure to follow this Agreement shall be deemed for necessary collection action.

 Signature of Participant

 Date

 Signature of Parent/Guardian

 Date

<u>Qty</u>	<u>Equipment</u>	<u>Cost</u>
____	Helmet	\$150.00
____	Shoulder Pad	\$100.00
____	7-PC Pad Set	\$ 30.00
____	Thigh Pad (Only)	\$ 12.00
____	Knee Pad (Only)	\$ 8.00
____	Hip Pad (Only)	\$ 7.50
____	Tail Pad (Only)	\$ 5.00
____	Girdle	\$ 24.00
____	Belt	\$ 6.00
____	Game Jersey	\$ 85.00
____	Game Pants	\$ 55.00
____	Practice Jersey	\$ 40.00
____	Practice Pants	\$ 35.00
____	Second Mouth Piece	\$ 2.00

I HEREBY RELEASE FROM LIABILITY AND AGREE TO INDEMNIFY AND HOLD HARMLESS KAUAI YOUTH FOOTBALL, AND ANY OF ITS OFFICERS OR VOLUNTEERS REPRESENTING OR RELATED TO KAUAI YOUTH FOOTBALL, FOR ANY LIABILITY IN CONNECTION WITH THE USE OR POSSESSION OF THE EQUIPMENT AND/OR SUPPLIES. THIS RELEASE IS FOR ANY AND ALL LIABILITY FOR PERSONAL INJURIES (INCLUDING DEATH) AND PROPERTY LOSSES OR DAMAGE OCCASSIONED BY, OR IN CONNECTION WITH THE POSSESSION OR USE OF THE EQUIPMENT AND/OR SUPPLIES.

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 hereby my signature grant permission for my child/ward to participate in any and all, _____ (Association name) and, American Youth Football, Inc / American Youth Cheer dba, program(s) sanctioned event(s), be they official or un official, including but not limited to, athletic, social and/or fundraising activities. I further hereby consent to any and all health care providers, authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and/or any medical professional to provide treatment, order injections, hospitalize, give anesthesia or perform surgery. I understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me.

*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, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: (Childs 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.

<p>Signature: _____</p> <p>Date: / / </p> <p><i>(Must be dated after January 1st, of the Current Season)</i></p>	<p align="center">Please Print - or - Use Office Stamp Here:</p> <p align="center">_____</p> <p align="center">Print Name Clearly:</p> <p align="center">_____</p> <p align="center">Office Address:</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 physician 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

Participation, Tracking and ID Card - All-American Division



ASSOCIATION NAME - _____

ASSOCIATION

ASSOCIATION NAME	PLACE PHOTO / DMV / MILITARY ID CARD HERE			
DIVISION OF PLAY - TEAM NAME				
PARTICIPANT NAME				
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;">JERSEY #</td> <td style="border: none; width: 33%;">Grade</td> <td style="border: none; width: 33%;">AGE (12/31)</td> </tr> </table>		JERSEY #	Grade	AGE (12/31)
JERSEY #		Grade	AGE (12/31)	
PARTICIPANT PARENT/GUARDIAN NAME				
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;">HOME PHONE</td> <td style="border: none; width: 33%;">WORK PHONE</td> <td style="border: none; width: 33%;">CELL PHONE</td> </tr> </table>	HOME PHONE	WORK PHONE	CELL PHONE	
HOME PHONE	WORK PHONE	CELL PHONE		

I, Heraby, 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 Manual, Current Version.

CONFERENCE VERIFICATION SIGNATURE/STAMP
OFFICIAL PLAYER CERTIFICATION
LEAGUE USE ONLY
ASSOCIATION VERIFICATION SIGNATURE/STAMP

DATE OF BIRTH:	Age As of 12 / 31	GRADE / AGE CERTIFICATION	PARTICIPANT CONTRACT	MEDICAL CLEARANCE	WAIVER/ RELEASE	EMERGENCY MEDICAL / CONSENT	SCHOLASTICS
Month / Day / Year							

REGULAR SEASON

	GAME DATE	PLAYER CHECK	CODE		GAME DATE	PLAYER CHECK	CODE
JAMBOREE				Week 11			
Week 1				Week 12			
Week 2				Week 13			
Week 3				Week 14			
Week 4				Week 15			
Week 5				Week 16			
Week 6				Week 17			
Week 7				Week 18			
Week 8				Week 19			
Week 9				Week 20			
Week 10				Week 21			

POST SEASON

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 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 12/31	Parent/Guardian First Name	Parent/Guardian Last 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"/>
Grade in Fall	School in Fall	School Phone	Home Email Address
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Medical Insurance (circle one)	Name Of Insurance Carrier	Policy #	
<input style="width: 95%;" type="text"/> YES / 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: 50px;" type="text"/>
			Check# Cash: <input style="width: 50px;" type="text"/>

GRAY AREAS FOR OFFICIAL USE ONLY !!			
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." 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. Page 2 of 2

KYF Code of Conduct for Participants and Parents/Guardian

As a participant of Kauai Youth Football, _____, understand that he/she must follow these rules to stay in good standing:

1. Respect the game, play fairly and follow its rules and regulations.
2. Show respect for authority to the officials of the game and of the league.
3. Demonstrate good sportsmanship before, during and after practices and games.
4. Help parents and fans understand the leagues philosophy so they can watch and enjoy the practices and games.
5. Be courteous to opposing teams and treat all players and coaches with respect.
6. Be modest when successful and be gracious in defeat.
7. Respect the privilege of the use of public facilities.
8. Refrain from use the use of drugs, alcohol, tobacco, and abusive language.

Signature: _____ Date: _____

As a parent/guardian of Kauai Youth Football (hereinafter referred to as "KYF"), _____, recognize that parents/guardians are the most important role models for their children, and that sports help to develop a sense of teamwork, self-worth and sportsmanship. As such, I agree to abide by the following:

1. Encourage good sportsmanship by demonstrating positive support for all players, coaches, league members, fans, and officials at practices, games, and other KYF events.
2. Place the well being of my child before a personal desire to win.
3. Advocate a sports environment for my child that is free of drugs, alcohol, tobacco, and abusive language, and refrain from their use during any KYF events.
4. Encourage each child to play by the rules and respect the right of other players, coaches, league members, fans, and officials.

Signature: _____ Date: _____



**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 any way in American Youth Football, Inc.(AYF) or American Youth Cheer dba, Regional/National Championships, _____ my Local AYF Affiliation(s), athletic sports program, related events and activities, the undersigned acknowledges, appreciates, 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), American Youth Cheer dba, my Local AYF Affiliation, their 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 and exclusive 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: