



MIRA MESA YOUTH FOOTBALL AND CHEER ASSOCIATION

PLEASE MAKE NOTE OF ANY MISSING ITEMS BELOW. IF ANY OF THE ITEMS ARE MISSING, YOUR CHILD WILL NOT BE ELIGIBLE TO BEING CONDITIONING/PRACTICE.

	SDYFC APPLICATION / CONTRACT
	UPDATED PHYSICAL FORM (ORIGINAL WITH STAMP + 2 COPIES)
	REPORT CARD – FINAL (3 COPIES)
	PROOF OF RESIDENCY (2 COPIES)
	2 COPIES OF BIRTH CERTIFICATE
	MMYFC AGREEMENT AND UNDERSTANDING CONTRACT
	MMYFC POLICY AND PROCEDURES
	PARENT – PLAYER CODE OF CONDUCT
	AYF IMAGE & SOCIAL MEDIA RELEASE – MINOR
	AYF WAIVER & RELEASE OF LIABILITY – MINOR
	JERSEY & SPIRIT PACK SIZING SHEET
	MMYFC REGISTRATION & FINANCIAL FORM

MIRA MESA YOUTH FOOTBALL AND CHEER ASSOCIATION

PO BOX 261156 – SAN DIEGO – CALIFORNIA – 92196

MMYFCPRESIDENT@GMAIL.COM / 858.762.2295



FOR OFFICIAL USE ONLY

San Diego Youth Football & Cheer Conference
 Members of American Youth Football, Inc. an NFL Youth Partner

2020 Season Contract Football Cheer Color: _____

Division: F 8U 9U 10U 11U 12U 14U

Association: Mira Mesa Youth Football and Cheer

Picture Here (1.5" X 1.5")

Executive Director

SECTION I: NO CANDIDATE WILL BE PERMITTED TO PARTICIPATE IN ANY ACTIVITY UNTIL ALL PAPERWORK IS COMPLETED IN FULL

LEGAL NAME DATE OF BIRTH AGE
Last (Print as on Birth Certificate), First (As of 7/31)

ADDRESS CITY ZIP Phone

School Fall Grade Emergency Contact Phone

Medical Insurance Company Parent Email

SECTION II: PARENTAL CONSENT

I/WE THE REGISTERING PARENTS/LEGAL GUARDIANS OF THE ABOVE NAMED CANDIDATE FOR A POSITION ON A SDYFCC TEAM/SQUAD HEREBY GIVE MY/OUR APPROVAL TO PARTICIPATE IN ANY AND ALL SDYFCC ACTIVITIES DURING THE CURRENT SEASON. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES AND WE DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE LOCAL TEAM, THE RESPECTIVE ASSOCIATION AND THE CONFERENCE, NATIONAL AFFILIATE, THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS, AND PERSONS TRANSPORTING MY/OUR CHILD. I/WE HEREBY AUTHORIZE AND DIRECT THE TEACHERS AND OR ADMINISTRATORS OF ANY SCHOOL EVER ATTENDED BY MY/OUR CHILD TO RELEASE ANY AND ALL INFORMATION CONTAINED IN SAID SCHOOLS RECORDS IF REQUESTED BY THE ASSOCIATION PRESIDENT OR ELIGIBILITY DIRECTOR OF THIS CONFERENCE. IN CONSIDERATION OF MY/OUR MINOR CHILD TO PARTICIPATE IN THE SDYFCC PROGRAM, RELATED EVENTS AND ACTIVITIES, I GIVE MY PERMISSION THAT MY CHILDS LIKENESS MAY BE PHOTOGRAPHED OR VIDEOTAPED AND THAT SUCH IMAGE MAY BE PUBLISHED IN ANY OUTLET USED TO PROMOTE OR PUBLICIZE THE ASSOCIATION OR CONFERENCE FLAG, TACKLE OR CHEER PROGRAMS. I/WE WILL BE FINANCIALLY RESPONSIBLE TO THE RESPECTIVE ASSOCIATION FOR EQUIPMENT/UNIFORM ISSUED TO MY/OUR CHILD FOR LOSS OF SAID EQUIPMENT AND I/WE WILL REIMBURSE THE ASSOCIATION. I/WE AGREE TO ABIDE BY THE ABOVE NAMED ASSOCIATION AND SDYFC CONFERENCE (FOUND AT SDYFC.ORG) CODE OF CONDUCTS AND UNDERSTAND FAILURE TO DO SO MAY RESULT IN MY REMOVAL, THAT OF ANY MEMBER ASSOCIATED WITH THE REGISTRANT AND/OR THE ABOVE NAMED CANDIDATE. I/WE AGREE TO ABIDE AND SUPPORT THE ABOVE NAMED ASSOCIATION AND SDYFC CONFERENCE POLICY REGARDING A 2.0 GPA IN ORDER FOR THE REGISTRANT TO BE ALLOWED TO PARTICIPATE IN POST-SEASON PLAY AND/OR COMPETITION.

SECTION III: INSURANCE STATEMENT

I/WE UNDERSTAND THAT MY/OUR INSURANCE IS PRIMARY AND ANY SDYFCC INSURANCE BECOMES SECONDARY. (IF YOU HAVE NO INSURANCE, SDYFCC INSURANCE IS THE PRIMARY CARRIER, A DEDUCTIBLE MAY APPLY PLUS YOUR PORTION OF THE CHARGES)

SECTION IV: PARENT MEDICAL TREATMENT AUTHORIZATION

IN THE EVENT OF INJURY OR ILLNESS TO MY/OUR CHILD (LEGAL NAME ABOVE IN SECTION I) I/WE HEREBY GRANT AUTHORITY TO A QUALIFIED PHYSICIAN TO RENDER SUCH MEDICAL TREATMENT AS SAID PHYSICIAN DEEMS NECESSARY UNDER THE CIRCUMSTANCES.

SECTION V: HELMET WAIVER (FOR FOOTBALL PARTICIPANTS)

WE ACKNOWLEDGE AND WE UNDERSTAND THE RISKS INVOLVED IN OUR CHILD PLAYING FOOTBALL, WHICH IS A COLLISION SPORT: THE NOCSAE COMMITTEE HAS ADOPTED THE FOLLOWING WARNING TO BE READ BY AND SIGNED BY THE PARENT/GUARDIAN. "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(S)/GUARDIAN MUST INITIAL HERE X _____ PARTICIPANT MUST INITIAL HERE X _____

SECTION VI: REGISTERING PARENT/LEGAL GUARDIAN ONLY (PROOF OF LEGAL GUARDIANSHIP REQUIRED)

I/WE AS REGISTERING PARENTS (OR LEGAL GUARDIAN) AGREE TO/AND UNDERSTAND SECTIONS I, II, III, IV, AND V OF THIS LEGAL DOCUMENT

PRINT NAME _____ SIGNATURE _____ DATE _____

SECTION VII: FOR OFFICIAL USE ONLY

A. Mother's Maiden Name from BC: _____ Original Birth Certificate Verified 2 Proof of Residency

I certify that all required paperwork was completed in full prior to this applicant's participation in any of the teams activities.

President/Eligibility Dir. or Cheer Dir. Signature: _____ Date: _____



SAN DIEGO YOUTH FOOTBALL AND CHEER CONFERENCE, INC.

PHYSICAL EXAMINATION FORM

ORIGINAL AND TWO COPIES ARE REQUIRED TO COMPLETE YOUR REGISTRATION

ASSOCIATION NAME: Mira Mesa Youth Football and Cheer DIVISION: F 8U 9U 10U 11U 12U 14U CHEER
(CIRCLE ONE)

Athlete's Name: _____ Birthdate: _____ Phone: _____
(Last Name, First Name, MI)

Address: _____, CA _____
(city) (zip)

Physician Name: _____ Physician Phone: _____

The above named athlete has my permission to participate in San Diego Youth Football and Cheer Conference, Inc. activities and has permission to travel with a representative of San Diego Youth Football and Cheer Conference, Inc. and the local Association on any trips. In case of injury a San Diego Youth Football and Cheer Conference, Inc. representative is authorized to have him/her treated and/or hospitalized by any one of the doctors cooperating with San Diego Youth Football and Cheer Conference, Inc., and will not hold San Diego Youth Football and Cheer Conference, Inc., the local Association or its representatives responsible for payment as the result of any accident or injury.

Medical History (to be completed by parent/guardian)

R or L Handed _____ Allergies to medications _____

Has athlete had the following:

1. Injuries to head, neck, bones or joints
2. Any other injuries requiring medical attention
3. Seizures, blackouts or any episode of unconsciousness
4. Heart trouble, heart murmur, high blood pressure
5. Any serious infectious disease
6. Hospitalization or operations in the past
7. Stomach, intestinal, or urinary tract problems
8. Is athlete under care of a doctor now
9. Is athlete taking any medication on a regular basis
10. Any dental problems

(ALL boxes must be checked)

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Explain "Yes" Answers

Parent or Legal Guardian Signature _____ Date _____

Physical Examination (to be completed by physician)

DATE OF PHYSICAL: _____

Physical Exam			
HEIGHT:		WEIGHT:	
BLOOD PRESSURE:		HEART:	
PULSE:		LUNGS:	
GENERAL APPEARANCE:		CHEST (including Breasts):	
DERM:		ABDOMEN:	
HEAD		GENETALIA:	
NECK		BACKD & EXTREMETIES:	
		NEUROLOGICAL:	

From the above information and the screening physical exam, in my opinion the above mentioned Athlete is physically able to participate in San Diego Youth Football and Cheer Conference, Inc. activities.

YES NO

Is further consultation necessary?

YES NO Specialty _____

Dr. Office Seal or Stamp Here. If "NONE" Then Attach the Doctor's Business Card Here. (Required)

Physician's Signature: _____ M.D. Date _____



MIRA MESA YOUTH FOOTBALL AND CHEER ASSOCIATION
AGREEMENT AND UNDERSTANDING CONTRACT

WE, _____ (PARTICIPATING CHILDS NAME) AND
_____ (PARENT/GUARDIAN NAME) DO HEREBY CERTIFY
AND ACKNOWLEDGE WE HAVE BEEN PROVIDED WITH, HAVE READ, UNDERSTAND AND
AGREE WITH THE FOLLOWING POLICIES AND/OR AGREEMENTS:

- _____ PARENT & ATHLETE CODE OF CONDUCT
- _____ GAME DAY VOLUNTEER AGREEMENT
- _____ EQUIPMENT RENTAL DEPOSIT POLICY
- _____ REFUND AND CANCELATION POLICY

FAILURE TO AGREE WITH THE CONTENTS OF THE ABOVE MENTIONED "POLICY AND PROCEDURES" AND
"CODE OF CONDUCT" SHALL PRECLUDE YOUR CHILD FROM PARTICIPATING IN ACTIVITES ASSOCIATED WITH
THE MIRA MESA YOUTH FOOTBALL AND CHEER ASSOCIATION.

DATE: _____

DIVISION: _____

PARTICIPANT NAME (PRINT): _____

PARTICIPANT SIGNATURE: _____

PARENT/LEGAL GUARDIAN NAME (PRINT): _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____



CHARGERS FOOTBALL AND LADY CHARGERS CHEER

MIRA MESA YOUTH FOOTBALL AND CHEER ASSOCIATION

MMYFC POLICY AND PROCEDURES



GAME DAY VOLUNTEER AGREEMENT

Game Day Field Duty for the Mira Mesa Youth Football and Cheer Association is MANDATORY for ALL participants. Your Field Duties will be assigned by your Team Parent and/or Coaching Staff.

Field duties consist of:

- MPR (Minimum Plays Required) Home Side & Away Side (2 People)
- Chain Gang Team (3 People)

You will be trained before the start of your shift, and anyone 18+ can volunteer or perform these duties. All changes or scheduling issues in regard to your assigned duties should be discussed with your Team General Manager, Head Coach, or Team Parent. If you are late or do not show to your assigned shift, your child will not be allowed to participate in that game. Please be proactive, it is your responsibility to know of your volunteer assignments prior to "Game Day". General Managers, Head Coaches, and Team Parents will utilize face-to-face, text, email, Shutterfly, and other means to communicate these assignments to you.

In addition, GM's and Team Parent's from each individual team will have a game day "Snack Rotation" where your family will be responsible to prepare a "snack bag" to distribute to the players during half-time and after each game. Some teams may opt for a "Slush Fund" where they pay \$20 to the GM/Team Parent and the GM/Team Parent would prepare all the snacks on that family's behalf (Team Decision).

PLEASE INITIAL: _____

EQUIPMENT RENTAL DEPOSIT POLICY (FOOTBALL ONLY)

For 7u Flag Players – Helmet Rental (\$75.00 Deposit)

For Tackle Players – Helmet, 7-Pads, Pants, and Practice Jersey Rental (\$200 Deposit)

We take the deposit in a form a Check Only and collect the deposit on Equipment Distribution Day. We will not cash/process the check – instead, we will hold it until Equipment Return Days in December are completed. We will deposit the Check in December 31st if the equipment doesn't get turned in after the season.

PLEASE INITIAL: _____

REFUND POLICY

It is important that there is a mutual understanding between parents and MMYFC regarding the **NO REFUND POLICY**. In order to operate, MMYFC must prepay for insurance, field usage, refurbishment of the football gear, and other required administrative items. We prepay for most things prior to the season starting and cannot recoup them in the event your child decides he/she does not want to continue participating. MMYFC does not issue refunds for any Cheer Uniforms and/or Cheer accessories purchased. It is for these reasons that MMYFC has a **NO REFUND POLICY**.

REFUNDS WILL BE ISSUED IN THE FOLLOWING CIRCUMSTANCES:

If the MMYFC District is unable to field a football team in a division, a full refund will be given to each participant signed up for that division. Cheer squad participants will be issued a full refund if MMYFC is unable to field a cheer squad to which your cheerleader is eligible to participate.

PRINTED NAME OF PARENT/GUARDIAN: _____ **DATE:** _____

SIGNATURE OF PARENT/GUARDIAN: _____



CHARGERS FOOTBALL AND LADY CHARGERS CHEER
MIRA MESA YOUTH FOOTBALL AND CHEER ASSOCIATION
FEAR THE MECCA!



PARENT-ATHLETE CODE OF CONDUCT

All parents/guardians who have children participating within the Mira Mesa Youth Football and Cheer Association must abide by a Code of Conduct, which includes the provisions that follow.

This code is being published to protect the children and volunteers of the Association. Any violation of these rules or any Conference Rules may result in immediate expulsion from Mira Mesa Youth Football and Cheer. In addition, you may forfeit your membership for the current season and be subject for review for any other subsequent year.

ALL PARENTS/GUARDIANS AGREE TO:

1. I/We agree to furnish proof of Birth – i.e. Birth Certificate, Passport, or Military ID of applicant to the Association/League/Conference upon request.
2. I/We agree to furnish a copy of the most recent school years Report Card to the Association/League/Conference upon request.
3. I/We agree that my child will participate in the “Scholars Program” setup by the Association/League/Conference (Kindergartners and Flag Programs Exempt).
4. I/We agree to be financially responsible for Association Equipment/Uniform issued to applicant other than the normal wear and tear during games and practice. Further, I/We will reimburse the Association/League/Conference for the loss and/or damage to said equipment.
5. I/We agree to not smoke on the practice or playing field, or in the presence of a gathering of the team/squad (i.e. after a game/practice or meetings).
6. I/We agree to abstain from the possession and drinking of alcoholic beverages and the possession or use of any illegal substance at any Association/League/Conference function (i.e. at games/practices, after games/practice, team/squad practice or meetings).
7. I/We agree not to deliberately incite and/or participate in “unsportsmanlike” conduct at ANY Association/League/Conference Function.
8. I/We agree to never protest a game official, judge, or Commissioner’s decision in an aggressive demonstrative manner, which might incite violent or aggressive fan involvement.
9. I/We agree not to use abusive or profane language or actions at any time at any Association/League/Conference function.
10. I/We agree not to criticize, belittle, antagonize, berate, or otherwise incite the opposing team, its players, coaches, cheerleaders, fans, official/judges or Commissioners by word of mouth or gesture.
11. I/We agree to accept all decisions of the game officials, judges, or Conference Officials as being fair and called to the best of their ability.
12. I/We agree to treat all children and adults while at any Association/League/Conference function with respect.
13. I/We agree to follow the proper Chain of Command when filing a complaint or voicing my opinion regarding any possible rule infraction or concern within my association of the League/Conference organization.
14. I/We agree that any form of verbal and/or physical abuse towards any MMYFC Board Member, Coach, or other badged volunteer will not be tolerated.

15. The Parent Code of Conduct applies to all social media outlets, including Facebook, Twitter, , etc.
16. I/We agree not to criticize the players/cheerleader or coach in front of other spectators in the stands, but reserve constructive criticism for later, in private.
17. I/We agree to accept the decisions of the game officials on the field as being fair and called to the best ability of said officials.
18. I/We agree that parents/spectators are not allowed on the sidelines during any game.
19. I/We agree not to interfere and/or interrupt the coaching staff before or during games and practices when with the team.
20. I/We agree not to express complaints about coaches or volunteers in front or around the athletes at any time.
21. I/We agree that if there is a violation of the Code of Conduct or I/We or spectator becomes a nuisance, I/We will be asked to leave by a member of the Board of Directors or by a Head Coach. If I/We or spectators fails to leave upon request, the child may be suspended from further participation of team activities.

PARENTS PLEASE NOTE:

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.

ATHLETES CODE:

- I WILL emphasize the ideals of sportsmanship, ethical conduct and fair play.
- I WILL show courtesy to my opponents and officials.
- I WILL recognize athletic contests are serious educational endeavors.
- I WILL give complete allegiance to my coaches who are the instruction authority for my team.
- I WILL NOT 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.
- I WILL NOT use drugs, alcohol, or tobacco.
- I WILL NOT criticize my teammates or act in any way that may incite spectators.

PARENTS CODE:

- I WILL support my child's team/squad and teach the value of commitment to the team/squad.
- I WILL emphasize the ideals of sportsmanship, ethical conduct and fair play.
- I WILL help my child and MMYFC make athletic contests a positive educational experience.
- I WILL show courtesy to opponents and officials.
- I WILL direct constructive criticism of my child's athletic program to the athletic director or association officials and work towards a positive result for all concerned.
- I WILL NOT criticize officials, directly abuse or use profane language towards them, or otherwise subvert their authority.
- I WILL NOT undermine, in work or deed, the authority of the coach or administration.
- I WILL NOT intrude onto the field, stand on the sideline, or yell from the bleachers at/or to the coaches, referees, or administration.

PRINTED NAME OF PARENT/GUARDIAN: _____ **DATE:** _____

SIGNATURE OF PARENT/GUARDIAN: _____



AMERICAN YOUTH FOOTBALL



Image Release – MINOR

ASSOCIATION NAME - Mira Mesa Youth Football & Cheer

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: _____



AMERICAN YOUTH FOOTBALL Waiver and Release of Liability - Minor



ASSOCIATION NAME - Mira Mesa Youth Football and Cheer

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.

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.



CHARGERS FOOTBALL AND LADY CHARGERS CHEER
MIRA MESA YOUTH FOOTBALL AND CHEER ASSOCIATION



FEAR THE MECCA!

JERSEY & SPIRIT PACK SIZING SHEET

DATE: _____

TIME: _____

ATHLETE NAME: _____

TEAM: _____

FOOTBALL & CHEER SPIRIT PACK

SPIRIT PACK SHORTS	YXS	YS	YM	YL	YXL	AS	AM	AL	AXL	A2XL	A3XL
SPIRIT PACK SHIRTS	YXS	YS	YM	YL	YXL	AS	AM	AL	AXL	A2XL	A3XL

FOOTBALL GAME JERSEY, PRACTICE JERSEY, PANTS

FLAG JERSEY	YXS	YS	YM	YL	YXL	AS	AM	AL	AXL	A2XL	A3XL
GAME JERSEY	YXS	YS	YM	YL	YXL	AS	AM	AL	AXL	A2XL	A3XL
PRACTICE JERSEY	YXS	YS	YM	YL	YXL	AS	AM	AL	AXL	A2XL	A3XL
FOOTBALL PANTS	YXS	YS	YM	YL	YXL	AS	AM	AL	AXL	A2XL	A3XL

LAST NAME ON JERSEY

(ONE LETTER PER BOX – PLEASE PRINT CLEARLY)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

JERSEY NUMBER CHOICE

(PLEASE NOTE THAT NUMBER CHOICES ARE NOT GUARANTEED AS THEY ARE ISSUED ON A FIRST COME - FIRST SERVED BASIS. PLEASE BE SURE TO FILL IN DATE AND TIME BLANK FIELDS ABOVE AS THOSE ARE WHAT WE USE TO DETERMINE WHO WAS FIRST)

FIRST CHOICE

SECOND CHOICE

THIRD CHOICE