



SAN DIEGO YOUTH FOOTBALL AND CHEER CONFERENCE, INC.

PHYSICAL EXAMINATION FORM

ORIGINAL AND TWO COPIES ARE REQUIRED TO COMPLETE YOUR REGISTRATION

ASSOCIATION NAME: _____ 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 _____



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

2018 Season Contract Football Cheer Color: _____
 Division: F 8U 9U 10U 11U 12U 14U
 Association: _____

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: _____

This original form, with a COLOR photo and two (2) copies are required to roster certify the player
 "APPROVED" SPECIAL WAIVER REQUESTS MUST BE ATTACHED FOR WAIVERED PLAYER(S)