



# XTREME YOUTH FOOTBALL CONFERENCE



## SECTION VI:

This form satisfies Section V of the Player Season Contract. This form **MUST BE COMPLETED BY** a Medical Doctor (M.D.), Doctor of Osteopathy (D.O.), Nurse Practitioner or Physician's Assistant as described in Rules, Article III, Section C, Certification #3.

XYFC CHAPTER \_\_\_\_\_ DIVISION: 6U 7U 8U 9U 10U 11U 12U 13U 14U

ACTIVITY: CHEER FOOTBALL

CANDIDATE'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
(LAST, FIRST, MI) (BEST CONTACT)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_, CA ZIP CODE: \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_ PHYSICIAN'S TELEPHONE: \_\_\_\_\_

The candidate mentioned above has my/our permission to participate in XYFC activities and has permission to travel with the XYFC and Local Chapter Associations. In case of any injury, a XYFC or Local Chapter Official is authorized to have him/her treated and/or hospitalized by any doctor or facilities cooperating with XYFC or Local Chapter, and will not hold XYFC or Local Chapter and Associations responsible for payment as a result of any accident or injury.

### MEDICAL HISTORY: (TO BE COMPLETED BY PARENT/GUARDIAN)

RIGHT HANDED  LEFT HANDED?

ALLERGIES TO MEDICATION: \_\_\_\_\_

### HAS THE CANDIDATE HAD ANY OF THE FOLLOWING:

(PLEASE CHECK ALL BOXES)

IF "YES" PLEASE EXPLAIN

- |   |                              |                             |       |
|---|------------------------------|-----------------------------|-------|
| 1. Injuries to HEAD, NECK, SPINE, or BONES/JOINTS? -----        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| 2. Any other injuries requiring medical attention? -----        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| 3. Seizures, blackouts, or dizziness? -----                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| 4. Heart issues, heart murmur, high blood pressure? -----       | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| 5. Any serious infectious diseases? -----                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| 6. Hospitalizations or any surgeries? -----                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| 7. Stomach, intestinal, or urinary tract issues? -----          | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| 8. Is the candidate under the care of a doctor currently? ----- | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| 9. Are there any medications prescribed for daily use? -----    | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |
| 10. Any dental issues? -----                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### PHYSICAL EXAMINATION (TO BE COMPLETED BY PHYSICIAN)

DATE OF PHYSICAL: \_\_\_\_\_

HEIGHT:		HEART:	
WEIGHT:		LUNGS:	
PULSE:		CHEST:	
BLOOD PRESSEURE:		ABDOMEN:	
GENERAL APPERANCE:		BACK & EXTREMITIES:	
HEAD & NECK:		DERMIS:	
NEUROLOGY:		ANY OTHER CONCERNS:	

From the above evaluation and physical exam, in my opinion, the mentioned candidate is physically able to participate in XYFC or Local Chapter

Is further consultation necessary? YES NO EXPLANATION: \_\_\_\_\_

DOCTOR'S OFFICE STAMP OR SEAL

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

CHAPTER AD OFFICIAL

DATE

# XTREME CONFERENCE CHECKLIST

Circle one: 6u 7u 8u 9u 10u 11u 12u 13u 14u

Welcome to a new Season with Xtreme Conference - the information and paperwork requested in this packet is crucial to certifying your child through XYFL.

XYFL PARTICIPATION CONTRACT \_\_\_\_\_  
MEDICAL CLEARANCE FORM (PHYSICAL) \_\_\_\_\_

PLAYER CARD (PAGE 1 AND 2) \_\_\_\_\_

PROOF OF IDENTIFICATION (GOVERNMENT ISSUED ID ONLY) \_\_\_\_\_

**\*\*MAKE SURE ALL SIGNATURES AND INITIALS ARE COMPLETED\*\***

To be completed by parent/guardian:      Date: \_\_\_\_\_

Participants Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

Participants Birthdate: \_\_\_\_\_

Age on July 31<sup>st</sup> 2023: \_\_\_\_\_

Returning Player? YES \_\_\_\_\_ NO \_\_\_\_\_ Last Team: \_\_\_\_\_

**Participation contract**

**ATHLETIC WAIVER & RELEASE**

In consideration of \_\_\_\_\_, my child/ward, or myself (please circle one), being allowed to participate in any way in the Xtreme Youth Football and Cheer, Inc. (XYFL) and/or my Local YFL Affiliate(s), athletic sports program(s), Full Contact Tackle Football, Cheerleading, Dance, Step, Local, Regional, or National related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 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,
- I, FOR MYSELF, SPOUSE, AND CHILD/WARD, BY MY SIGNATURE BELOW DO, 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 myself, my child/wards', participation; and,
- 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', my own, readiness or, hazard during my presence or participation, and/or in the program itself, I will remove myself, child/ward, from participation and bring such to the attention of the nearest official immediately; and,
- I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assignee(s), personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Xtreme Youth Football and Cheer, Inc. (XYFL), my Local XYFL Affiliate(s), their officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, tournament host, sponsors, advertisers, partners, and if applicable, owners and lessors of premises used to conduct the event ("RELEASES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my child/wards', my own involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- 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 Releases 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 WAIVER AND 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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**(Parent/Guardian/Adult participant) Print Name      (Parent/Guardian/Adult participant) Signature      Date**

**UNDERSTANDING OF RISK -** (Minor Childs Acknowledgment/Understanding of the 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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**(Minor Participant) Print Name      (Minor Participant) Signature      Date**

**CONSENT TO TREAT**

I hereby my signature grant permission for myself or my child/ward to participate in any and all, Xtreme Youth Football and Cheer, Inc. (XYFL) and/or my Local XYFL Affiliate(s), program(s) sanctioned event(s), be they official or unofficial, 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 which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon. 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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**(Parent/Guardian/Adult participant) Print Name      (Parent/Guardian/Adult participant) Signature      Date**

**Special circumstances, medical conditions, allergies to medications-** Please list all medical and medication information below, **INITIALS (\_\_\_\_)**

\_\_\_\_\_  
\_\_\_\_\_

**Image Release**

In consideration of (insert name) \_\_\_\_\_, myself or minor child/ward being allowed to participate in any way in/with the organizations named above, related events and activities, I being legally authorized, do hereby my signature below agree that the organization(s) named above have the unrestricted and exclusive right and permission, free from approval or review, to copyright and use in all media now or hereafter known, including but not limited to, pictures and videos of myself, or my child/ward which he/she may be included intact or in part for promotion or other commercial use.

I have read and fully understand and agree, **INITIALS (\_\_\_\_)**

# Xtreme Youth Football Conference

## Participation, Tracking and ID Card

ASSOCIATION NAME - \_\_\_\_\_

ASSOCIATION

ASSOCIATION NAME	
DIVISION OF PLAY	
PARTICIPANT NAME	
JERSEY # _____ AGE (7/31) _____	
PARTICIPANT PARENT/ GUARDIAN NAME	
CELL PHONE _____ HOME/ WORK PHONE _____	

I, Hereby, Certify (with My Signature) that the information below has been collected & verified as Instructed in the XYFC Rulebook.

### OFFICIAL PLAYER CERTIFICATION LEAGUE USE ONLY

Conference Verification Signature/Stamp (Player Card will not be valid if not completed)

DATE OF BIRTH:	Age as of 7/31	PARTICIPANT CONTRACT	MEDICAL CLEARANCE	WAIVER RELEASE	PLAYER CONTRACT
Month / Day / Year					

REGULAR SEASON

	GAME DATE	Signature	CODE		GAME DATE	Signature	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: Each Participant, Initial Each Participant Card,  
 CODE: OK = Everything Verified, = Sick/Injured, a = Absent / Dropped  
**ALL MUST BE CHECKED IN / VERIFIED PLAYING - CODE**



## Xtreme Conference 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	Home Phone
<input style="width: 95%;" type="text"/>	<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 7/31	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"/>	<i>--CHECK ONE --</i>	Registration Fee: \$ <input style="width: 50%;" type="text"/>	Check# Cash: <input style="width: 50%;" type="text"/>

### GRAY AREAS FOR OFFICIAL USE ONLY !!

<b>Association:</b> _____	<b>Division:</b> _____	<b>Team:</b> _____
<b>Jersey Number Assigned:</b> _____	<b>Equipment / Uniform Issued</b> <input type="checkbox"/>	<b>Returned</b> <input type="checkbox"/>

Parent/Guardian Initial: \_\_\_\_\_

**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.

**HELMET WAIVER (for football participants)** Parent/Guardian Initial: \_\_\_\_\_

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.

**EQUIPMENT UNIFORM RESPONSIBILITY** Parent/Guardian Initial: \_\_\_\_\_ Player Initial: \_\_\_\_\_

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.

**CODE OF CONDUCT** Parent/Guardian Initial: \_\_\_\_\_ Player Initial: \_\_\_\_\_

PRINT Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_