

# BREWSTER CHEERLEADING 2019

Sponsored by the Town of Southeast Recreation Department

GRADES: 2\_\_\_\_ 3\_\_\_\_ 4\_\_\_\_ 5\_\_\_\_ 6\_\_\_\_ 7\_\_\_\_ 8\_\_\_\_

Competition Team and Game Cheer Squad

**If you are interested in coaching please contact the Recreation Office.**

If we do not have enough enrollment to form a team we will refund your registration fee.

NAME: \_\_\_\_\_ Grade: (Fall 2019) \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent: Home No: \_\_\_\_\_ Work No: \_\_\_\_\_ Cell No: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

\$175.00 Non-Refundable (will be refunded if we do not get enough enrollment)

Check payable to: Town of Southeast

Registration Fee: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Uniform Deposit: \$100.00 \_\_\_\_\_ If not returned within 14 days after the year end dinner your check will be cashed.

MANDATORY FUNDRAISER: 2 Boxes Candy \$120.00 or \$50.00 opt out

Date Received \_\_\_\_\_ Date Returned \_\_\_\_\_

For certification purposes, all players must submit a copy of a valid birth certificate (last years' have been shredded). Medical form must be signed by your Doctor and dated 2019, our form must be used. Copies of physicals will not be accepted. Also needed is the release form, emergency form and a copy of the final report card for 2019 when available in June.

Practice schedule will be given out as soon as we have numbers and a new coach.

2/3 one night per week; 4/5 and 6/7/8 twice per week.

## LAST DAY TO REGISTER IS JUNE 3, 2019

We will meet after registration for sizing of uniforms and clothing orders.

\_\_\_\_\_ has my permission to participate in the Southeast Cheerleading program. I assume all risks and hazards incidental to such participation including transportation to and from activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the sponsors and coaches for any claim arising out of an injury to my child. I also understand that it is my responsibility to notify the instructor of any MEDICAL/PHYSICAL condition that could limit my child's participation or that requires special attention.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Send to: Town of Southeast Recreation, One Main Street, Brewster, New York 10509  
279-3915 website: southeast-ny.gov

## Participation Contract, Tracking and ID Card - Page 2

Last Name		First Name		Initial	Preferred (nick) Name	
Street Address		City / Town		State	Zip Code	Home Phone
Date Of Birth (M/D/YR)	Age as of 7/31		Parent/Guardian First Name		Parent/Guardian Last Name	
Grade In Fall	School In Fall	School Phone		Home Email Address		
Medical Insurance (circle one) YES / NO		Name Of Insurance Carrier			Policy #	
Cheer: <input type="checkbox"/>		Registration Fee: \$		Check/ Cash: <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.**

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.

Parent/Guardian Initial: NA      Player Initial: NA

**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.



**AMERICAN YOUTH FOOTBALL AND CHEER  
Waiver and Release of Liability - Minor  
Brewster Youth Cheer**

**READ BEFORE SIGNING**

IN CONSIDERATION of my child/ward, being allowed to participate in any way in the American Youth Football, Inc. (AYF) or American Youth Cheer, Regional/National Championships, Brewster Youth Cheer, 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 AN 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 that 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, 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 IDENMIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child/wards' 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	Signature Parent/Guardian	Date Signed
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**UNDERSTANDING OF RISK**

I understand the seriousness of the risks involved in participating in this program, my person responsibilities for adhering to rules and regulation and accept them as a participant.

Print Name of Parent/Guardian	Signature of Parent/Guardian	Date Signed
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# AMERICAN YOUTH 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.

**MUST PLEASE USE**

*Please Print - - Use Office Stamp Here:*

<p><b>Doctors!</b> Signature: _____</p> <p>Date:        /        /</p> <p><i>( Must be dated after January 1st, of the Current Season )</i></p> <p>_____</p>	<p>Print Name Clearly: _____</p> <p>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 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 stationery 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.

## 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 INFORMATION					
Mother's Name:					
Address:		City:		State:	Zip:
Hm Phone: ( )		Daytime Phone: ( )		Email:	
Employer:					
GUARDIAN INFORMATION					
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>			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, Brewster Cheerleading as evidenced below hereby grant permission for my child/ward to participate in any and all, 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 AND CHEER

Image Release - Minor

BREWSTER YOUTH CHEERLEADING

In consideration of \_\_\_\_\_ 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 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

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

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

# 2019 Brewster Youth Football and AYF CODE of CONDUCT FORM

## **Brewster Youth Football will not tolerate verbal abuse of its volunteer coaches from any Fan, Parent or Spectator.**

This is American Youth Football, not the pros. Fans, 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%.

### **FAN and PARENT CODE OF CONDUCT**

Fans will abide by a Code of Conduct which includes the provisions which follow. If any of these rules are broken, **Brewster Youth Football (and the Town of Southeast)** shall have the authority to impose a penalty deemed appropriate:

#### **Fan or Parent shall:**

1. Not criticize the players/cheerleaders or coaches in the vicinity of the other spectators in or near the stands, but reserve constructive criticism for later, in private. A 24 hour cooling off period should be observed before any private conversations.
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 or restricted areas during practice.
7. Not interfere/ interrupt the coaching staff before, during or after games or at practice.
8. Not express complaints about coaches or to coaches in front of or around the children (i.e. right after a game/ practice).

### **VIOLATION**

Any parent or fan (i.e. family member or guest) who violates the code of conduct risks the further participation of the child in the program. The procedure is as follows:

1. Any fan or parent 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 parent or 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 the AYF designated minimum 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 or practice. Use drugs, alcohol, or tobacco. Criticize my teammates. Act in any way that may incite spectators.

***I acknowledge that:*** My behavior and actions both on and off the field have a direct impact on my team and my community. Such actions (on or off the field) may result in punishment deemed appropriate by my Head Coach and the Executive Board.

### **Parent's/Fan 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 experience. 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.

***I will not:*** Force my child to play if he/she does not want to participate, (as this is a safety issue for your child and the welfare of his/her teammates relying on his/her full participation).

I have read the ***CODE of CONDUCT FORM*** and understand what is expected and the consequences of my actions.

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Child's Name (PRINT)

Team Name

Date