

Piedmont Tigers Football & Cheer

Check list of requirements to participate:

FOOTBALL:

Registration Form
Participation Contract
YMCA Release Form
Physical
COPY Birth Certificate
DMV issued Photo I.D. card
Registration Fee

CHEER:

Registration Form
Participation Contract
YMCA Release Form
Physical
COPY Birth Certificate
Registration Fee

***All forms, documents, and payments are due 3 weeks prior to the 1st game of the season.**

Piedmont Tigers Registration Fees

FOOTBALL

Early Registration (*Now through July 1st, 2019*)

Fall 2019 \$100

Normal Registration (*July 2nd through September 1st*)

Fall 2019 \$125

Registration Fee Covers & Goes Towards:

- Rental of equipment: *helmet, shoulder pads, 1-mouth piece*
- Rental Uniforms: *game day jersey, integrated (padded) pants, 1-pair of socks, practice jersey*
- Insurance for participants during workouts, practices, and games
- Official Fees for home and away games
- Field Fee (practice and game days)

CHEER

Early Registration (*Now through July 1st, 2019*)

\$75

Normal Registration (*July 2nd through September 1st*)

\$100

Cheer Registration Covers:

- Rental of Uniforms (top and skirt)
- Accessories (poms, sock, hair bow)
- Insurance for participants during workouts, practices, and games
- Official Fees for home and away games
- Field Fee (practice and game days)

***Discounts are available for multiple player/cheer families.**



UNITED YOUTH FOOTBALL AND CHEER



call: 1-727-433-UYFL

(PLEASE READ CAREFULLY)

SECTION I _____ **Legal guardian of** _____ *WILL complete all SECTIONS of Athlete contract)*

(parent/legal guardian name)

(participant name)

I paid \$ _____ registration fee for _____ to participate with the PMT (UYFL) (participant name) _____

SECTION II TO BE COMPLETED BY ATHLETE'S & LEGAL GUARDIAN

NO Athlete will be permitted to participate in any UYFL activity until SECTIONS I, II, III, and IV of this Contract has been completed in full. The Athlete agrees that he will faithfully abide by the Rules of the UYFL to the very best of their ability.

Athlete's Last Name (print) _____ Athlete's First and Middle (print) _____ Birth date (print) _____ Age _____ School & Grade (print) _____

Address (print) _____ City (print) _____ Zip _____

Home phone number _____ Cell number Parent/Guardian _____ Email address of Parent/Guardian (print) _____

SECTION III PARENTAL CONSENT

I/We the parents/guardians of the above named Athlete hereby give my/our approval to his/her participation in UYFL and activities during 2019 football season. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless UYFL/ PMT their officers and the associated coaches, sponsors, site location, equipment, fields and other related participants, for any injury to my/our child. I/We do understand that PMT has provided all insurance for fields used and each athlete. I/We do approve UYFL/PMT to use any and all media photo, video, etc. during the UYFL season to be used in further advertisement.

ATHLETE'S EQUIPMENT RESPONSIBILITY

I/We as parent/guardian of said athlete do hereby assume full and complete responsibility to supply our athlete with proper Football Helmet, Game/Practice Pants, Game/Practice Jersey, Shoulder Pads, Chin Strap, Mouth piece, Cleats and proper attire according to current weather conditions. I/we understand that player equipment is provided to the player on "loan" from PMT and will remain the property of PMT. I/we agree to return all issued equipment listed below to PMT at the end of the last game of the season and if not I/we agree to pay the replacement cost of \$500 to PMT

EQUIPMENT USE/PASS-OUT (To be completed by PMP official)

Helmet: _____ Pants: _____ Game Jersey: _____ Practice Jersey: _____ Shoulder Pads: _____

Shell Top _____ Skirt _____ Optional Spirit Pack: _____

RULES AND REGULATION

I/We as parent/guardian of said Athlete in section II understand it is the responsibility of the parent/guardian, Athlete to comply with any and all rules and regulations of each UYFL conference and their staff. Any noncompliance with rules and regulations shall be cause for removal from the PMT/CCYAL /UYFL. I/We have read all sections and understand and except all terms of UYFL contract.

Signature _____ **Print Name** _____ **Date** _____

RELATIONSHIP TO MINOR (circle one): FATHER or MOTHER or LEGAL GUARDIAN

SECTION IV MEDICAL EXAMINATION (BY QUALIFIED DOCTOR OF MEDICINE)

I/we the parents/guardians of the above named athlete agree to provide PMT a current North Carolina athletic participation physical performed by a qualified doctor of medicine. The athletic physical must be good through December 31st of the current year according to UYFL regulations.

Signature _____ **Print Name** _____ **Date** _____

RELATIONSHIP TO MINOR (circle one): FATHER or MOTHER or LEGAL GUARDIAN



SECTION V league Use Only

Player ID# _____ Data Base: Y N Sponsored Y N ADMIN _____

NC ID _____ Physical _____ Birth Cert _____

UYFL REGISTRTRION DOC.

Registration Fee Paid on _____ Cash or Check# _____ Admin Initials: _____



UNITED YOUTH FOOTBALL AND CHEER



call: 1-727-433-UYFL

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 United Youth Football and Cheer, Inc. (UYFL) 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 United Youth Football and Cheer, Inc. (UYFL), my Local UYFL 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 ("RELEASEES"), 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, United Youth Football and Cheer, Inc. (UYFL) and/or my Local UYFL Affiliate(s), 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 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 on back of form, INITIAL (____)
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, INITIAL (____)



YMCA APPLICATION FOR SPORTS/ACTIVITIES

CARL CHAVIS YMCA

Name _____

(Last)

(First)

(M.I.)

Address _____ City _____ State _____ Zip _____

Phone _____ Birth date ____ / ____ / ____ Race (for United Way) _____

Male _____ Female _____ School _____

Parent's Name _____

Parent's Address _____ City _____ State _____ Zip _____

Parent's Phone _____ Parent's Birth Date ____ / ____ / ____

Parent's Email _____

CONTACT PERSON IN CASE OF EMERGENCY:

Name _____ Relationship _____

(Last)

(First)

Address _____ City _____ State _____ Zip _____

Emergency Phone _____ Doctor _____ Phone _____

Health Conditions/Allergies _____

*NOTE: The YMCA does not provide accidental medical injury insurance for members or program participants. It is expected that everyone carries their own medical insurance. The information given above is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. I hereby give permission to the medical personnel selected by YMCA staff to order X-rays, routine tests and treatment for my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the YMCA staff to hospitalize, secure proper treatment for and to order injections and/or anesthesia and/or surgery for my child as named above. I also release the YMCA for any liability resulting in an unavoidable accident. The completed forms may be photocopied for trips away from the YMCA facilities. (THIS SECTION **MUST BE COMPLETED FOR ATTENDANCE.**)*

I grant to the Carl Chavis Memorial Branch YMCA, its representatives and employees the right to take photographs, video and audio of me and my property in connection with the Carl Chavis Memorial Branch YMCA programs and activities and I authorize the Carl Chavis Memorial Branch YMCA, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Carl Chavis Memorial Branch YMCA may use such photographs, video and audio of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.

Signature of parent or guardian: _____ Date _____ (If for religious reasons you cannot sign this, then the YMCA must be contacted for a legal waiver, which must be signed for attendance).

FOR OFFICE USE ONLY:

Amount Paid _____

Secured By _____

Date _____

NORTH CAROLINA HIGH SCHOOL ATHLETIC ASSOCIATION

SPORT PREPARTICIPATION EXAMINATION FORM

Patient's Name: _____

Age: _____

This is a screening examination for participation in sports. This does not substitute for a comprehensive examination with your child's regular physician where important preventive health information can be covered.

Athlete's Directions: Please review all questions with your parent or legal custodian and answer them to the best of your knowledge.

Parent's Directions: Please assure that all questions are answered to the best of your knowledge. Not disclosing accurate information may put your child at risk during sports activity.

Physician's Directions: We recommend carefully reviewing these questions and clarifying any positive answers.

Explain "Yes" answers below	Yes	No	Don't know
1. Has the athlete ever been hospitalized or had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the athlete presently taking any medications or pills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the athlete have any allergies (medicine, bees or other stinging insects, latex)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the athlete ever passed out or nearly passed out DURING exercise, emotion or startle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the athlete ever fainted or passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the athlete had extreme fatigue associated with exercise (different from other children)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the athlete ever had trouble breathing during exercise, or a cough with exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the athlete ever been diagnosed with exercise-induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told the athlete that they have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever told the athlete that they have a heart infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has a doctor ever ordered an EKG or other test for the athlete's heart, or has the athlete ever been told they have a murmur?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Has the athlete ever had discomfort, pain, or pressure in his chest during or after exercise or complained of their heart "racing" or "skipping beats"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Has the athlete ever had a head injury, been knocked out, or had a concussion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has the athlete ever had a seizure or been diagnosed with an unexplained seizure problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has the athlete ever had a stinger, burner or pinched nerve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Has the athlete ever had a heat injury (heat stroke) or severe muscle cramps with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the athlete ever had any problems with their eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Has the athlete ever sprained/strained, dislocated, fractured, broken or had repeated swelling or other injury of any bones or joints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Thigh <input type="checkbox"/> Neck <input type="checkbox"/> Elbow <input type="checkbox"/> Knee <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Forearm <input type="checkbox"/> Shin/calf <input type="checkbox"/> Back <input type="checkbox"/> Wrist <input type="checkbox"/> Ankle <input type="checkbox"/> Hand <input type="checkbox"/> Foot			
19. Has the athlete ever had an eating disorder, or do you have any concerns about your eating habits or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Does the athlete have any chronic medical illnesses (diabetes, asthma, kidney problems, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has the athlete had a medical problem or injury since their last evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Does the athlete have the sickle cell trait?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY HISTORY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Has any family member had a sudden, unexpected death before age 50 (including from sudden infant death syndrome [SIDS], car accident, drowning)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Has any family member had unexplained heart attacks, fainting or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Does the athlete have a father, mother or brother with sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Elaborate on any positive (yes) answers: _____

I have reviewed and answered each question above, and assure that all are accurate responses. Furthermore, I give permission for my child to participate in sports.

Signature of parent/legal custodian: _____ Date: _____

Signature of Athlete: _____ Date: _____ Phone #: _____

Physical Examination (Must be Completed by a Licensed Physician, Nurse Practitioner or Physician's Assistant)

Athlete's Name _____ Age _____ Date of Birth _____

Height _____ Weight _____ BP _____ (_____ % ile) / _____ (_____ % ile) Pulse _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N

These are required elements for all examinations

	NORMAL	ABNORMAL	ABNORMAL FINDINGS
PULSES			
HEART			
LUNGS			
SKIN			
NECK/BACK			
SHOULDER			
KNEE			
ANKLE/FOOT			
Other Orthopedic Problems			

Optional Examination Elements – Should be done if history indicates

HEENT			
ABDOMINAL			
GENITALIA (MALES)			
HERNIA (MALES)			

Clearance:**

☐ A. Cleared

☐ B. Cleared after completing evaluation/rehabilitation for : _____

☐ C. Not cleared for: ☐ Collision ☐ Contact

☐ Non-contact _____ Strenuous _____ Moderately strenuous _____ Non-strenuous

Due to: _____

Additional Recommendations/Rehab Instructions: _____

Name of Physician/Extender: _____

Signature of Physician/Extender _____ MD DO PA NP

(Signature and circle of designated degree required)

Date of exam: _____

Address: _____

Phone _____

Physician Office Stamp:

(** The following are considered disqualifying until appropriate medical and parental releases are obtained: post-operative clearance, acute infections, obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, a chronic musculoskeletal condition that limits ability for safe exercise/sport (i.e. Klippel-Feil anomaly, Sprengel's deformity), history of convulsions or concussions, absence of/ or one kidney, eye, testicle or ovary, etc.)

This form approved by the North Carolina High School Athletic Association Sports Medicine Advisory Committee December 2009, and the NCHSAA Board of Directors reviewed annually.