

Xtreme Youth Football Conference

Participation, Tracking and ID Card

ASSOCIATION NAME - _____

ASSOCIATION

<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <div style="border-bottom: 1px solid black; width: 45%;"></div> <div style="border-bottom: 1px solid black; width: 45%;"></div> </div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 45%;"></div> <div style="border-bottom: 1px solid black; width: 45%;"></div> </div>	
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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: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> Month / Day / Year	Age as of 7/31 <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	PARTICIPANT CONTRACT <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	MEDICAL CLEARANCE <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	WAIVER RELEASE <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	PLAYER CONTRACT <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
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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

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

GRAY AREAS FOR OFFICIAL USE ONLY !!

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