

# BCAA 2021 Registration Form

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## Registration Information

Youth's Name: \_\_\_\_\_ Football \_\_\_\_\_ Cheer \_\_\_\_\_

Age : \_\_\_\_\_ ( as of July 31<sup>st</sup>, 2021) Date of Birth: \_\_\_\_\_

Parent's (or legal Guardian's) Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Medical Conditions: \_\_\_\_\_

School attending in the fall: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Participation Fee:** Cheer **\$100**

**Participation Fee:** Football **\$100**

Please add a \$2.00 administrative maintenance fee to your registration (online only!)

*No Refunds after June 1<sup>st</sup>.*

*To participate in the BCAA, All Fee's must be paid before July 1<sup>st</sup>.*

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BCAA Official Use Only

<i>Address Verified:</i>	<i>Yes</i>	<i>No</i>	<i>Player Age as of July 31<sup>st</sup> 2021:</i>
<i>Birth Certificate:</i>	<i>Yes</i>	<i>No</i>	<i>Division: MM MTYM PEEW</i>
<i>Physical Completed:</i>	<i>Yes</i>	<i>No</i>	<i>Participant Squad: Football Cheer</i>
<i>Packet Received:</i>	<i>Yes</i>	<i>No</i>	<i>Returning Participant: Yes No</i>

*BCAA Official Use Only - Treasure*

<b>Childs Name:</b>	<b>Phone Number:</b>
<b>Receipt Number:</b>	<b>Amount Due:</b>
<b>Date:</b>	<b>Amount Paid:</b>
<b>Team Assigned:</b>	<b>Balance Due:</b>

**Receipt:**

(Make Checks/Money Orders payable to the Bull City Athletic Association, PO Box 21312 Durham, NC 27703)

**Keep this as your receipt!**

READ BEFORE SIGNING

IN CONSIDERATION OF \_\_\_\_\_, my minor child/ward ("my child"), being allowed to participate in any way in the AYF League, Inc. and Bull City Athletic Association (collectively, the BCAA) tackle football program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability 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, AND CHILD, 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 my child's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
4. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE BCAA, THE American Youth Football League, other participants, sponsoring agencies, sponsors, advertisers, and the owners and lessors of premises used in the program ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's 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, 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 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.**

(PARENT/GUARDIAN SIGNATURE) \_\_\_\_\_ (PRINT NAME) \_\_\_\_\_

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

# Bull City Athletic Association

## Release & Waiver

I hereby give permission for the Bull City Athletic Association Youth Football & Cheerleading Program and its designated photographers to photograph & videotape the participant while participating in any Bull City Youth Football or Cheerleading event. I further give permission for such photographs and/or videotapes to be used for BCAA promotions. I agree that there are to be no fees paid to me, for the use of the photograph(s) and/or videotapes containing participant. I agree that the participants name may be used in promotional material and handouts.

I the undersigned parent/ guardian of the listed minor applicant/ participant, acknowledge and agree that I am the parent or legal guardian of the below named minor and therefore have the authority to grant these permissions.

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

**Team:** \_\_\_\_\_ **#** \_\_\_\_\_

**Parent/Guardians Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## BCAA Parent Code of Conduct

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**The essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these "six pillars of character."**

**I therefore agree:**

- 1. I will not force my child to participate in sports.**
- 2. I will remember that children participate to have fun and that the game is for youth, not adults.**
- 3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.**
- 4. I will learn the rules of the game and the policies of the league.**
- 5. I (and my guests) will be a positive role model for my child and encourage Sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.**
- 6. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting, refusing to shake hands, or using profane language or gestures.**
- 7. I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.**
- 8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.**

9. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
13. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
14. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

*I understand that I and possibly my child will be suspended without warning from BCAA & the AYF league for any violation of this Parent's Code of Conduct.*

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

Team: \_\_\_\_\_ Asst. Coach: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Date: \_\_\_\_\_

## 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			
<b>Athlete's Name:</b>	Nick Name:	Phone: (    )	
Address:	City:	State:	Zip:
PARENT OR GUARDIAN INFORMATION			
<b>Father's Name:</b>			
Address:	City:	State:	Zip:
Hm Phone: (    )	Daytime Phone: (    )	Email:	
Employer:			
<b>Mother's Name:</b>			
Address:	City:	State:	Zip:
Hm Phone: (    )	Daytime Phone: (    )	Email:	
Employer:			
<b>Guardian's Name:</b>			
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>		<b>Phone: (    )</b>	<b>Relationship:</b>
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 as evidenced below hereby grant permission for my child/ward to participate in any and all, \_\_\_\_\_ (Association name) and, American Youth Football, Inc. program(s) event(s), 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

## 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.

**Please Print - or - Use Office Stamp Here:**

<p>Signature: _____</p> <p>Date:            /            /  <i>(Must be dated after January 1st, of the Current Season)</i></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 stationary 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.