

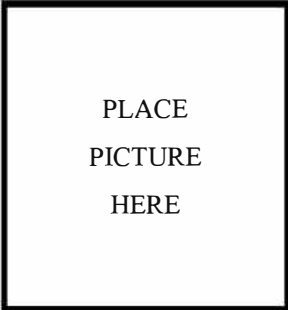
PARTICIPANT CONTRACT AND MEDICAL FORM FLAG FOOTBALL

CLEVELAND MUNY FOOTBALL LEAGUE



Age cutoff is as of July 31 of the current year (as per Youth NFL Flag Guidelines).

TERMITE **JUNIOR** **PEEWEE** **Jr BANTAM** **BANTAM**
 5-7yr 8-9yr 10-11yr 12yr 13-14yr



Team Name _____ **Year** _____ **Football** _____ **Cheerleader** _____
Child's Name _____ **Age (as of 7/31 this year)** _____ **Date of Birth** _____
Address _____ **City/Town** _____ **State** _____ **Zip** _____ **Ward** _____
Phone _____ **Emergency** _____ **Current School** _____
Grade in Spring _____ **e-mail address** _____ **Participated last year** Yes No

Medical Service Agreement and Liability Waiver

I hereby agree for my child to play with the team herein mentioned under the rules and regulations of the Cleveland Muny Football & Cheerleading League during the playing season of 20__ unless otherwise assigned by the Cleveland Muny Football League. I certify that my child is not a member of any other team in this or any other league and all information given on this contract is true and any contract falsification shall result in my child's automatic suspension from the Cleveland Muny Football League for one calendar year.

On behalf of my student athlete, cheerleader _____ I hereby release the Cleveland Muny Football League and the City of Cleveland of any and all medical, dental or hospital expenses incurred during all practices, on the field of play or during transporting of players and cheerleaders while participating in any scheduled Cleveland Muny League activities. Participant/parent fully and release, discharges Cleveland Football League, its subsidiaries, director, officers, employees, insurers, sponsors, facilities, and vehicles, and all organizations involved in league activities from any and all injuries including (death), losses, damages, claims, (negligence claims), lawsuits, and any other activities, including transportation related to the event.

Name of Medical Insurance Carrier _____ **Policy #** _____ However, the Cleveland Muny Football League carries secondary Health Insurance. Only the organization's staff members i.e. coaches and or parents of said organization shall transport their organization's players and cheerleaders with the proof of a valid driver's licenses and insurance to and from practices, fields of play and events related to Cleveland Muny League scheduled activities.

EMERGENCY MEDICAL RELEASE: I/We the parents of applicant give our permission for Any Emergency Treatment Necessary either on the practice field or on the game field. I/We authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any scheduled Cleveland Muny Football League functions.

"Children Grow Up To Become What They Learn"

This agreement is intended to establish and sustain a positive environment for the youth who participate in our program.

1. I will not force my child or any child to participate in Youth Football or Cheer.
2. I will assist the Association in teaching my child and others in this league that rules are important and will instill in the child that rules are important.
3. I understand that children learn best by example and that I will always attempt to set a good example for my child and any other children who participate or have any involvement with CMFL.
4. I will teach my child that victory is important and that honesty and hard work are equally rewarding.
5. I will teach my child that one individual cannot win a team competition.
6. I will teach and demonstrate by example the importance of good sportsmanship in victory and in defeat.
7. I will not publicly question the honesty, integrity or judgment of the volunteer coaches or other adult volunteers.
8. I understand that verbal and physical abuse is not to be tolerated against anyone in this league, verbal abuse includes profanity, and foul language.
9. I understand that racial epithets or negative innuendo related to a person's race, religion or ethnicity will not be tolerated.
10. I recognize that respect among adults is necessary for success in this league and that all adult volunteers are entitled to respect, as are the children.
11. As a Parent, Guardian or Spectator, I will responsibly handle disagreements. I agree not to engage in divisive activity such as verbal and physical confrontation. I will not create conflict by slander, malicious rumors, or threats. Nor will I entice another to do so. I agree to submit any complaints to my local organization first, and to the Director of CMFL as a last resort. Complaints to CMFL must be in writing (letter mail, or email).

By signing below, I understand that if I violate this agreement, I will be subject to disciplinary action, which could include probation, suspension, and expulsion from Cleveland Muny Football League activities or a monetary fine to my home association.

I have read and reviewed the above information and do hereby agree to allow my child to participate in the Cleveland Muny Football League Flag FB Program.

_____ * Coaches Signature _____ *Parent/Guardian Signature _____ Print Name _____ Date



Cleveland Muny Football League



COVID 19 ACKNOWLEDGEMENT AND WAIVER OF LIABILITY **PLAYER/PARENT**

I, as parent/guardian of _____ and personally, acknowledge that COVID-19 is a disease spread and transmitted from person to person. I understand that such disease may be spread without the knowledge of _____ (organization). I understand that _____ (organization) will follow state and federal (CDC) guidelines for sports leagues, contests, and events but such efforts may not prevent the potential spread of COVID-19. Recognizing the possibility of spread of COVID-19, I understand and accept the risks associated with COVID-19 to my child and my own person as part of my bringing my child to _____ (organization).

I, as parent/guardian of _____, and personally, hereby waive, release, discharge and/or otherwise indemnify the _____ (organization), its employees, coaches, staff and other members against any claims by or on behalf of my minor child or myself for any spread or care needed due to any COVID-19 infections arising from my child's participation with the _____ (organization).

Signed:

Parent's Name Printed:

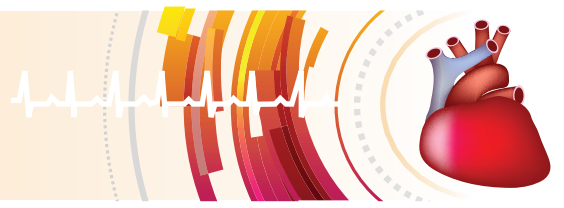
Signed:

Parent's Name Printed:

Parent(s) of

Date: _____

Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) a heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest, review the ODH SCA handout and then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date



Cleveland Muny Football League

Youth Football & Cheerleading

17325 Euclid Ave., Suite 2086 * Cleveland, Ohio 44123

Tel: 216-322-6689 * Email: info@cmfleague.org

www.cmfleague.org

Sports Physical at Practice/Location Parent Consent Form

I, _____, parent or legal guardian of
(parent/guardian name)

_____, born ____/____/____, do
(student athlete name) (student athlete's date of birth)

hereby authorize a sports/school physical on ____/____/____ at
(date of sports physical exam)

_____ in the City of Cleveland,
(location of sports physical exam)

Cuyahoga County, for my child, an athlete at _____.
(student athlete's team name)

I understand this is a pre-season sports physical screening exam. It is not a comprehensive exam and it is not intended to provide treatment nor to create a physician/patient relationship. I understand that athletic participation comes with the risk of injury. This screening exam cannot detect all problems or prevent injury from athletic participation. I understand that if follow-up evaluation is recommended, it is my responsibility to seek care from an appropriate provider.

I certify I am the parent/legal guardian for this athlete/minor. I understand the information above.

Signature of Parent/Guardian

____/____/____
Date

(____)____-____
Parent/Guardian Day Contact Number

Mission Statement

The Cleveland Muny Football League was established to bring member organizations together to develop *local* football programs that *teach the great sport of football*. As a developmental organization our focus is directed toward the following goals: Teach the fundamentals of the game; Encourage teamwork and sportsmanship at all times; Learn the value of athletic competition and create a fun environment for all players. The success of our member organizations will not be measured by wins or loses, but on how they meet these goals.



CLEVELAND MUNY FOOTBALL

Medical Clearance Form / Pre-participation Physical Exam (to be completed by Physician)



ASSOCIATION NAME - _____

Medical Clearance Form - Must be dated after January 1st of the Current Season / **Date of Exam** _____

Legal Name: Last _____ First _____ MI _____

Date of Birth: _____ **Phone:** _____

Gender: _____ **Sport:** _____

Parent Name: _____ **Phone:** _____

Height _____ **Weight** _____ **BP** _____ **Pulse** _____

Vision R 20/ _____ **L20/** _____ **Corrected** ____ **Yes** ____ **No**

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, or athletic activities.

Should there be any limitations placed on athletic participation in tackle football, flag football or cheer?

Yes No

I am therefore clearing this individual for athletic participation. Yes No (if no specify reason on back)

Please Print - or - Use Office Stamp Here:

<p><i>Signature:</i></p> <p>_____</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>_____</p> <p>Office Address:</p> <p>_____</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.