



www.allmetysa.org

Fall 2025 Registration Information

Below you will find information needed for the Fall 2025 football season. Please take a moment to review the information and let us know if you have any questions.

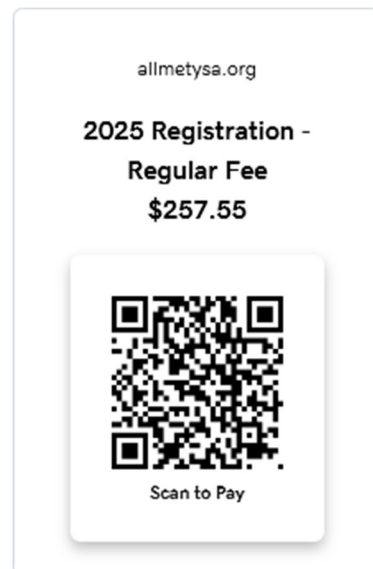
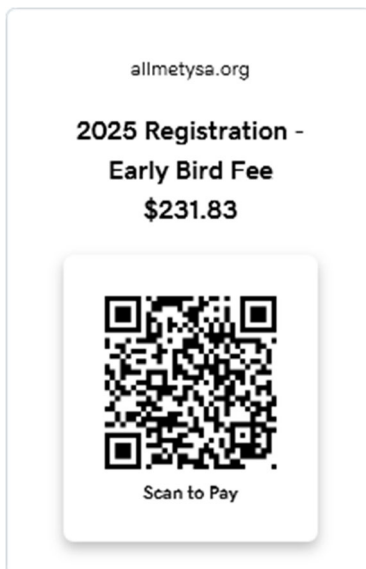
Registration Fees

Be sure to include your child(ren)'s name(s) and age(s), as of July 31.

Paid by cash, cashier's check or money order (Make payable to All Met Youth Sports Association, Inc.)

5U Flag	\$175.00
Early Registration (ends August 15)	\$225.00
Regular Registration (starts August 16)	\$250.00

Paid by credit card



Multiple Sibling Discount – A \$25 discount will be applied to each child paying the Regular Registration fee (**ONLY**) after the first child Regular registration fee has been paid. For example, Child 1 pays \$250, Child 2 pays \$225, and (if applicable) Child 3 pays \$225. The registration fee(s) must be paid in full by the respective, abovementioned deadline(s). There is no discount off of the Early Bird registration fee.

General Information

- The attached registration packet must be fully completed, signed in all appropriate places, and returned to the Team Administrator by August 15. Please be sure to review the packet in its entirety.
- All players must have a CYAC league ID card to be eligible to play. No other forms of ID will be accepted.

Social Media Contact



@allmetysa



@allmetysa



All Met Youth Sports Association, Inc.
2025 Fall Football

Registration Form

PLAYER'S INFORMATION:

Full Name:			
Date of Birth:		Age:	
Address:			
City, State, Zip:			
School Name:		Grade:	
Doctor:		Phone:	
Insurance Carrier:			
Group #:		ID #:	
Allergies:			

PARENT/GUARDIAN INFORMATION:

Full Name:			
Address:			
City, State, Zip:			
Home Phone:		Cell:	
Email:			

Full Name:			
Address:			
City, State, Zip:			
Home Phone:		Cell:	
Email:			

EMERGENCY CONTACT INFORMATION:

Full Name:			
Home Phone:		Cell:	
Email:			

Medical Authorization

I hereby approve my child's participation with the AMYSA, Inc. (aka All Met Cowboys) and consent to emergency medical treatment for my child on my behalf. To the best of my knowledge, there are no physical or other conditions that will interfere with my child's participation. I know the participation in sports activities is potentially harmful and can cause bodily injury or death. I clearly understand that, by agreeing to this statement and/or my child's participation in this sport activity, I assume all risk for any injury resulting therefore.

Parent's Signature

Parent's Name (Print)

Date

Waiver and Release of Liability

I/We, the Parent(s) of the above named Participant, hereby give my/our approval for his/her participation in any and all AMYSA, Inc., or other affiliated, events/activities to the following:

1. The risk of injury to the Participant or myself from the activities involved in this program 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 is serious injury does exist.
2. For myself, spouse, and 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 the full responsibility for the Participant's participation.
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern the Participant's readiness or, hazard during my presence or participation, and/or in the program itself, I will remove the Participant from participation and bring such to the attention of the nearest official immediately.
4. I, for myself, my spouse, the Participant, and on behalf of my/our heirs, assigns, personal representatives and next-of-kin, hereby release, indemnify, and hold harmless the AMYSA, Inc., the local organization, their respective officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, tournament hosts, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct events (Releasees), with respect to any and all injury, disability, death, or loss or damage to person or property, incident to the Participant's involvement or participation in the program, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.
5. I, for myself, my spouse, the Participant, and on behalf of my/our heirs, assigns, personal representatives and next-of-kin, hereby indemnify and hold harmless all the above Releasees from any and all liabilities incident to the Participant's involvement or participation in the program, even if arising from their negligence, to the fullest extent permitted by law.
6. Separate waiver(s) for communicable diseases (e.g., Methicillin-resistant Staphylococcus Aureus (MRSA), Influenza, and Coronavirus Disease 2019 (COVID-19)) have been included in the registration package for signature.

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's Signature

Parent's Name (Print)

Date

Rules and Regulations

I/We willing agree to the terms and conditions for participation. I/We will furnish a certified birth certificate for the above named Participant. I/We agree to be financially responsible for all registration fees, travel expenses, or other fees associated with equipment issued to the Participant, other than normal wear and breakage during practices and games. I will reimburse AMYSA, Inc. for the loss and/or damage to equipment and/or uniforms. I/We, the Parent(s) of the above named Participant, understand it is the responsibility of the parents to comply with any rules and regulations of the organization.

Parent's Signature

Parent's Name (Print)

Date

Parent's Acknowledgement

I/We certify, to the best of my/our knowledge, that all of the above information is true and accurate, and that any false information may be a cause for disqualification of the Participant. I have read over the statements above, fully understand the terms, and understand that I/We have given up substantial rights by signing, but sign it freely and voluntarily, without any inducement.

Parent's Signature

Parent's Name (Print)

Date



Fundraising Opt-Out Form

Fundraising is a necessary part of any youth competitive sports organization. In order for All Met Youth Sports Association, Inc. to remain vital and offer financial support to the football program, fundraiser participation is a necessity for each child. All funds collected via fundraisers and season fees are used for many purposes (those that are seen, as well as those that are unseen) over the course of the football/cheer season.

All Met Youth Sports Association, Inc. is working hard to keep season fees low by offsetting those fees with fundraising efforts. Please keep in mind, all of the often "unseen/behind the scenes" expenses when considering your level of commitment to fundraising. Your assistance is a necessity to continue this outstanding program. **Each child is REQUIRED to participate in a minimum of two (2) fundraisers or pay an "opt-out" fee.** The "opt-out" option is for those parents who may be too busy or overburdened with several organizations (i.e., school, club) for whom they have to fundraise. This option allows the child to still support All Met Youth Sports Association, Inc., allowing the organization to meet its financial obligations.

If the "opt-out" option is the right choice for you, All Met Youth Sports Association, Inc. is offering a season "opt-out" fee of \$150 per child. This fee takes the place of your child participating in fundraising for the organization. However, the "opt-out" option does not preclude participation in fundraising for your child(ren)'s team(s).

Please carefully review the two options below and check the appropriate box below.

- ☐ I/my child will participate in the fundraising activities during the football/cheer season.
- ☐ I/my child will "opt-out" of all fundraising activities during the football/cheer season and pay the season "opt-out" fee in the amount of \$150. Please make cashier's checks or money orders payable to **All Met Youth Sports Association, Inc.**

Parent's Signature

Parent's Name (Print)

Date



WAIVER/RELEASE FOR COMMUNICABLE DISEASES

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

READ BEFORE SIGNING

In consideration of being allowed to participate on behalf of **All Met Youth Sports Association, Inc.** athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including, but not limited to, Methicillin-resistant Staphylococcus Aureus (MRSA), Influenza, Coronavirus Disease 2019 (COVID-19), Kawasaki Disease, and Multi-System Inflammatory Disease (MISD). While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. 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 my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **All Met Youth Sports Association, Inc.** their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, 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 IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Name

Participant Signature

Date Signed

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Parent/Guardian Name

Parent/Guardian Signature

Date Signed

Emergency Phone Number: ()



All Met Youth Sports Association, Inc.

Participant's Code of Ethics/Conduct

I, _____, hereby pledge to have a positive attitude about my youth sports experience and accept responsibility for my participation by adhering to the following Participant's Code of Ethics/Conduct.

- I will maintain a minimum of a 2.0 GPA during the American Youth Football and Cheer (AYF/C) and/or All Met Youth Sports Association (AMYSA), Inc. football/cheerleading season.
- I will encourage respect and good sportsmanship from fellow participants, coaches, officials, and parents at every game and practice by demonstrating those qualities.
- I will attend every practice and game that I can, and I will notify my coach if I am not able to attend.
- I will do my very best to listen and learn from my coaches.
- I will treat my coaches, other participants, officials, and fans with respect regardless of race, sex, creed, or abilities and I will expect to be treated accordingly.
- I deserve to have fun during my sports experience and will alert my Parent(s) or coaches if it stops being fun.
- I deserve to play in an environment that is free of abuse, bullying, violent and/or domestic acts or assault, weapons of any kind, foul language, drugs, tobacco, and alcohol and expect adults to refrain from their use at all AYF/C (i.e., National, Regional, State, or Conference level) and/or AMYSA, Inc. events.
- I will encourage my parents to be involved with my team and/or AMYSA, Inc., in some capacity, because it is important to me.
- I will remember that youth sports are an opportunity to learn and have fun.
- I will participate in fundraising and/or sponsorship activities to raise funds for the AMYSA, Inc.

DISCIPLINARY ACTION: Any individual in violation of this Code of Ethics/Conduct, or that of AYF/C, may be removed from participation without receiving a refund of any paid fees.

Disciplinary actions for Participant(s) and/or Parent(s) who violate any Code(s) of Ethics/Conduct will be as follows:

First Offense – The Participant or Parent will be given a warning and/or ejected from a game/location.

Second Offense – The Participant or Parent is subject to one (1), or more, game/location suspension.

Third Offense – The Participant is subject to season suspension.

The visibility and/or use of weapons of any kind at an AYF/C (i.e., National, Regional, State or Conference level) and/or AMYSA, Inc. event is grounds for automatic suspension upon the first offense. This disciplinary action cannot be appealed to the AMYSA, Inc. Executive Board.

The AMYSA, Inc. Executive Board may determine that a violation of the Code(s) of Ethics/Conduct may warrant additional or harsher penalties.

If a Participant or Parent deems it necessary to appeal a disciplinary action ruling, the following procedure must be followed:

- A. Submit a Letter of Appeal to the Executive Board.
- B. The Executive Board will review the Letter of Appeal.
- C. Should the Executive Board feel the appeal is warranted, a date will be scheduled for a meeting.
- D. All Parties will be informed of the date and time of the meeting.
- E. The meeting will be held.
- F. A Decision Letter will be sent to Participant and Parent regarding the outcome of the meeting.

I, _____, have read the above and do agree to accept and abide by the above statements. I understand that if I fail to follow the above guidelines, I will be subject to suspension/dismissal from participation with the AMYSA, Inc.

Signature of Participant**Printed Name****Date**

Signature of Parent**Printed Name****Date**



All Met Youth Sports Association, Inc.

Parent's Code of Ethics/Conduct

I hereby pledge to provide positive support and encouragement for my child, _____, as he/she participates in the activities of the American Youth Football and Cheer (AYF/C) and/or All Met Youth Sports Association (AMYSA), Inc. by adhering to the following Code of Ethics/Conduct.

- I will encourage good sportsmanship by demonstrating positive support for all participants, coaches and officials at every game, practice or other AYF/C and/or AMYSA, Inc. events.
- I will place the emotional and physical well-being of my child ahead of any personal desire to win.
- I will ensure that my child has the benefit of participating in a safe, healthy, fun, and learning environment, including, but not limited to, practices, competitions, and banquets.
- I will provide support for all AYF/C (i.e., National, Regional, State, or Conference level) and/or AMYSA, Inc. and/or coaches working with my child to provide a positive and enjoyable experience for all.
- I promise to stay in designated areas, as defined by the AYF/C (i.e., National, Regional, State, or Conference level) and/or AMYSA, Inc. I will not disturb the coaching staff or team when they are busy working and/or coaching, but will speak to them only at a scheduled time.
- I will conduct myself in a calm, civilized manner at all times. I will direct any comments or criticisms, away from the children, that I may wish to express to parents, coaches, or officials.
- I will demand a weapon-free and drug, alcohol, and tobacco-free sports environment for my child and agree to assist by refraining from their use at all AYF/C and/or AMYSA, Inc.-related events.
- I will refrain from any vulgar, lewd, or obscene language or gestures, or other activity (e.g., abuse, bullying, violent and/or domestic acts or assault) that would warrant the summoning of law enforcement officials, while participating in or watching any AYF/C (i.e., National, Regional, State, or Conference level) and/or AMYSA, Inc.-related events.
- I will remember that the game is for the children and not for the adults.
- I will do my very best to make AYF/C (i.e., National, Regional, State, or Conference level) and/or AMYSA, Inc. fun for my child, coaches, and league officials.
- I will ask my child to treat other participants, coaches, spectators, referees, and officials with respect, regardless of race, sex, creed or ability.

- I promise to help my child enjoy the AYF/C and/or AMYSA, Inc. sports experience within my personal constraints by assisting with coaching, field operations, and/or administrative support and by being a respectful spectator, providing transportation, or volunteering in whatever way I can.
- I will require that my child's coaches be trained in the responsibilities of being an AYF/C and/or AMYSA, Inc. sports coach and that the coach agrees to the AYF/C and/or AMYSA, Inc. Code(s) of Conduct.
- I will participate in fundraising and/or sponsorship activities to raise funds for the AMYSA, Inc.
- I will attend the AMYSA, Inc. parent meetings and any other workshops that will assist me in being a responsible and dedicated Parent in the AYF/C and/or AMYSA, Inc. family.

DISCIPLINARY ACTION: Any individual in violation of this Code of Ethics/Conduct, or that of AYF/C, may be removed from participation without receiving a refund of any paid fees.

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- The Executive Board will review the Letter of Appeal.
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- All Parties will be informed of the date and time of the meeting.
- The meeting will be held.
- A Decision Letter will be sent to Participant and Parent regarding the outcome of the meeting.

READ, UNDERSTOOD, ACCEPTED, AND AGREED TO:

Signature of Parent or Legal Guardian

Printed Name

Date

Concussion

INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no “concussion-proof” helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not “feeling right,” or “feeling down”

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



cdc.gov/HEADSUP

CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

➤ **Children and teens** who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to cdc.gov/HEADSUP



Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

- ☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: _____ Date: _____

Athlete's Signature: _____

- ☐ I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: _____ Date: _____

Parent or Legal Guardian's Signature: _____



AMERICAN YOUTH FOOTBALL

Participation, Tracking and ID Card - All-American Division



ASSOCIATION NAME - All Met Youth Sports Association, Inc.

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All Met Youth Sports Association, Inc.			PLACE PHOTO / DMV / MILITARY ID CARD HERE
ASSOCIATION NAME			
DIVISION OF PLAY - TEAM NAME			
PARTICIPANT NAME			
JERSEY # Grade AGE (7/31)			
PARTICIPANT PARENT/GUARDIAN NAME			
HOME PHONE WORK PHONE CELL PHONE			

I, Hereby, With My Signature, Do Certify That The Information Below Has Been Collected And Verified By The Means, As A Minimum, As Instructed In The AYF National Rulebook And/Or Operations Manual, Current Version.

Conference Verification Signature/STAMP		OFFICIAL PLAYER CERTIFICATION LEAGUE USE ONLY		Association Verification Signature/STAMP			
DATE OF BIRTH: Month / Day / Year	Age As of 7/31	GRADE / AGE CERTIFICATION	PARTICIPANT CONTRACT	MEDICAL CLEARANCE	WAIVER/ RELEASE	EMERGENCY MEDICAL / CONSENT	SCHOLASTICS

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	GAME DATE	PLAYER CHECK	CODE
JAMBOREE			
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			

P
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	GAME DATE	PLAYER CHECK	CODE
Week 11			
Week 12			
Week 13			
Week 14			
Week 15			
Week 16			
Week 17			
Week 18			
Week 19			
Week 20			
Week 21			

INSTRUCTIONS: PLAYER CHECK Will Enter Date, Verify The Identity, Of Each Participant, Initial Each Participant Card,
CODE: OK = Everything Verified, I = Sick/Injured, A = Absent / Dropped

ALL MUST BE CHECKED IN / VERIFIED PLAYING OR NOT / ENTER DETAIL UNDER 'CODE '

Participation Contract, Tracking and ID Card - Page 2

Last Name	First Name	Initial	Preferred (nick) Name	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Street Address	City / Town	State	Zip Code	Home Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date Of Birth (M/D/YR)	Age as of 7/31	Parent/Guardian First Name		Parent/Guardian Last Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Grade in Fall	School in Fall	School Phone	Home Email Address	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Medical Insurance (circle one)	Name Of Insurance Carrier		Policy #	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
Football: <input type="checkbox"/> Cheer: <input type="checkbox"/> --CHECK ONE --		Registration Fee: \$ <input style="width: 95%;" type="text"/> Check# Cash: <input style="width: 95%;" type="text"/>		

GRAY AREAS FOR OFFICIAL USE ONLY !!

Association: All Met Youth Sports Association, Inc.	Division: _____	Team: _____
Jersey Number Assigned: _____		Equipment / Uniform Issued <input type="checkbox"/> Returned <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

Initial: _____

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.

HELMET WAIVER (for football participants)

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

Initial: _____

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: _____
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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.

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's Name:				
Address:		City:	State:	Zip:
Hm Phone: ()	Daytime Phone: ()	Email:		
Employer:				
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):				
EMERGENCY CONTACT:		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 as evidenced below hereby grant permission for my child/ward to participate in any and all, All Met Youth Sports Association, Inc. (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**

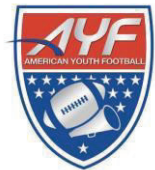
***Date**

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 - All Met Youth Sports Association, Inc.

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

Birth Certificate Copy

Association: All Met Youth Sports Association, Inc.

Anti-Bullying Contract

Bullying is an unwanted, aggressive behavior that involves a real or perceived power imbalance between individuals with the intent to cause harm. In situations involving children, both those who are bullied and who bully others, many suffer serious, lasting problems.

Verbal bullying is saying or writing mean things. Examples include: Teasing, name calling, taunting, and threatening to cause harm.

Social bullying, sometimes referred to as relational bullying, involves hurting someone's reputation or relationships. Examples include: Leaving someone out of the activity on purpose, telling others not to be friends with someone, spreading rumors about someone, embarrassing someone in public, posting embarrassing pictures, videos, rumors sent by email, text or social media sites.

Physical bullying involves hurting a person's body or possessions. Examples include: hitting, kicking, pinching, spitting, tripping, pushing, taking or breaking someone's things, making mean or rude hand gestures.

Athletes, Parents, Coaches and Board members agree to the following:

- I will NOT Bully teammates, parents, coaches, board members, or game officials.
- I will stand up for myself, walk away, or ask a teammate, parent, coach, or board member for help if a teammate, parent, coach or board member bothers me.
- Report bullying to a coach, a parent, or All Met Youth Sports Association, Inc. board member when you see it.
- Work together and treat others with respect so bullying does not happen.
- Report any cyberbullying to your parents, coach, or All Met Youth Sports Association, Inc. board member immediately.

Policy & Consequences:

(Applies to athletes, parents, coaches, and board members)

The All Met Youth Sports Association, Inc. board of directors will review all issues and make findings.

- Every attempt will be made to adequately investigate and fairly assess the severity of an alleged bullying incident. All parties involved will be kept informed and required to cooperate fully with All Met Youth Sports Association, Inc. to remedy the situation.
- Disciplinary actions for those individuals found to have violated the Anti-Bullying Contract
 - a. First offense verbal and written warning (athletes, parents, coaches, and board members)
 - b. Second offense game and practice suspension for 1 week
 - c. Third offense Banned from participating in All Met Youth Sports Association, Inc.

Athlete Signature _____ DATE _____

Parent Signature _____ DATE _____

2025 - AYF Code of Conduct Form

All Met Youth Sports Association, Inc. will not tolerate verbal abuse of its volunteer coaches from any Fan, Parent or Spectator.

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

FANS' CODE OF CONDUCT

Fans will abide by a Code of Conduct which includes the provisions which follow. If any of these rules are broken, All Met Youth Sports Association, Inc. shall have the authority to impose a penalty.

Fans shall:

1. Not criticize the players/cheerleaders or coaches in front of the other spectators in the stands, but reserve constructive criticism for later, in private.
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 work 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.
7. Not interfere/interrupt the coaching staff before, during or after games or at practice.
8. Not express complaints about coaches in stands or to coaches in front of or around the children (i.e. right after a game or practice).

VIOLATION

Any parent or fan who violates the code of conduct risks the further participation of the child in the program. The procedure is as follows:

1. Any fan 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 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 6 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: emphasize 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. Use drugs, alcohol, or tobacco. Criticize my teammates. Act in any way that may incite spectators.

Parent's 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 experiences. 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.

Please cut along this line, sign and return to the head coach

I have read the **FAN'S CODE OF CONDUCT** and understand what is expected.

All Met Cowboys

Child's Name (PRINT)

Team Name

Date

Parents Name (PRINT)

Parents Signature



AMERICAN YOUTH FOOTBALL

Mild Traumatic Brain Injury (MTBI) / Concussion Statement and Acknowledgement Form



I, _____ (athlete), have chosen to participate in an a sport where injuries may occur and I do understand that it is my responsibility to report all of my injuries and illnesses or suspected injuries and illnesses to the organization's staff, including but not limited to: coaches, team physicians, and athletic training staff. I further understand and recognize that my health and safety is the most important thing and without disclosing all injuries and or illnesses, it can not be properly determined if you are in the physical condition necessary to participate. I understand that I must provide a full and accurate medical history including any symptoms, health complaints and any prior injuries and/or disabilities I have experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My organization has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion>) on what a concussion is and has given me an opportunity to ask questions.
- I ACKNOWLEDGE THAT I HAVE READ THE FACT SHEET on the CDC website for Parents and Players.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician, athletic trainer, coach, parent volunteer, or official.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified healthcare professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC football and cheer, among other sports, have been identified as high risk for concussion.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and agree to be bound by this document.

Student Athlete's Name:

Student Athlete's Signature:

Date:

Parent/Legal Guardian Name:

Parent/Legal Guardian Signature:

Date:



AMERICAN YOUTH FOOTBALL

Waiver and Release of Liability - Minor



ASSOCIATION NAME - All Met Youth Sports Association, Inc.

READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to participate in the American Youth Football American Youth Cheer Regional/National Championships, and or the football and or cheer programs of All Met Youth Sports Association, Inc., the Local Organization, which is a legally distinct and organization not operated or controlled by American Youth Football, despite its membership with American Youth Football, Inc. the undersigned acknowledges and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, 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 my child's participation; and,
2. 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,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS American Youth Football, Inc.; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, 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.
4. 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 Releasees 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.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

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: _____

Parent/Guardian Signature: _____ Date Signed: _____

UNDERSTANDING OF 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.

Print Name of Participant: _____

Participant's 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, 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.



AMERICAN YOUTH FOOTBALL

Image Release - Minor

ASSOCIATION NAME - All Met Youth Sports Association, Inc.

READ BEFORE SIGNING



In consideration of (insert child's name) _____, 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 official AYF events and activities, the undersigned agrees that American Youth Football Inc., is hereby granted the unrestricted 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:

Parent/Guardian Signature:

Date: