

# NORTH BAY YOUTH FOOTBALL AND CHEER 2024 PLAYER/PARENT CONTRACT

TO BE COMPLETED, SIGNED AND SUBMITTED TO THE LOCAL ASSOCIATION

## PARTICIPANT INFORMATION (PRINT OR TYPE)

NBYFC Local Association: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ Age on 8/1/24\* \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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

Mailing Address (if different from above): \_\_\_\_\_

Parents/Guardian Names: \_\_\_\_\_

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

Emergency Contact (other than parent): \_\_\_\_\_  
Name Relationship Phone

\* For participants who are 14 years old, age on 12/31/24

Have you ever played for another association: ☐ Yes ☐ No When: \_\_\_\_\_ Who: \_\_\_\_\_

Please read before signing at the bottom

## FINANCIAL RESPONSIBILITY AND PARENTAL/PARTICIPANT CONSENT

1. The above information I have supplied is correct to my knowledge.
2. As parent/guardian of the child named above, I do hereby give my/our approval for participation in **North Bay Youth Football & Cheer (NBYFC)** activities for the current season. I/We understand that the training and supervision of football and cheerleading activities are provided by volunteers, some of whom will be without highly specialized training in gymnastics, physical education, blocking and tackling, stunts, or other contact activities. Head Coaches are expected to train and supervise their staff to reduce the incidence of injury, and to respond promptly to emergencies, but coaches in football and cheerleading will range in their abilities from beginner to highly experienced. Not only do I/we acknowledge this situation, I/We assume all risks and hazards to this participation for any claims arising out of injury to the above named child, including, but not limited to, transportation to and from such activities. I/We hereby waive, release, absolve, indemnify and agree to hold harmless, **NBYFC**, the league, local team, organizers, managers, coaches, supervisors, participants, person providing transportation and any organization this youth football/cheer program may be affiliated with.
3. There have been many improvements made in protective equipment and teaching techniques to reduce injuries. Even so, it is important for you to know that injuries can occur. In executing the foregoing release, I/We acknowledge that I/We understand that our personal medical/dental insurance will remain the primary carrier, and that insurance offered through this program is secondary in nature and is subject to an annual deductible by the carrier. It is understood that any claim for injury arising out of my/our child's participation must be reported to the designated association official within 30 days of the date of injury. It is also understood that the proof of loss must be completed in full and filed within 60 days of receipt by **NBYFC**. All monies I/We have paid to the team do not constitute payment of insurance coverage. I/We do indemnify **NBYFC**, the association and the insurance carrier should there be statement(s) by anyone that is in contradiction. I/We attest I/We have read and understand the terms of this contract and any disclosure information required.
4. I/WE understand that my player/cheerleader will not be allowed to participate in any **NBYFC** activities until our local Association has on file a physical dated and signed by a physician not earlier than March 1st, required proof of age, and signed **NBYFC** forms titled Parent/Player Contract and Adult Code of Ethics.
5. I/We hereby grant authority to a qualified physician to administer such medical treatment, as said physician deems necessary under emergency circumstances in my/our absence. This authorization shall remain effective until the end of the season unless sooner revoked in writing delivered to said Association.
6. **NBYFC football players and cheerleaders are precluded from participating in any other organized tackle/flag football or competitive cheerleading program concurrent with the NBYFC football season. This rule does not apply to intra-scholastic physical education activities.**
7. I/We have read and understand fully the provisions of this consent/release authorization, and I/We have voluntarily signed it.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**DOGS / PETS, ALCOHOLIC BEVERAGES, and TOBACCO PRODUCTS  
are NOT permitted on any public school property.**

**2024 NBYFC Player-Parent\_CoE**

# NORTH BAY YOUTH FOOTBALL AND CHEER

## 2024 ADULT CODE OF ETHICS

North Bay Youth Football and Cheerleading is an adult non profit volunteer organization, that has as its sole purpose the promotion of youth tackle football, competitive cheerleading and academic excellence. These goals could not be achieved without the participation and cooperation of parents, guardians, and other adult and youth volunteers. You play an important part in the league even if you do not coach or volunteer your time. If you do not volunteer, your lack of involvement will send a signal to your child. If you do volunteer you will send a different, positive signal to your child. Good sportsmanship is a concept that is understood by many and practiced by too few. Adult misbehavior at youth sporting events is something that has gained national attention, and has served to undermine youth sports in this country.

### *“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 NBYFC.
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 Commissioner of NBYFC as a last resort. Complaints to NBYFC 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 NBYFC league activities or a monetary fine to my home association.

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\*Parent/Guardian Signature

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Print Name

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Date

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\*Parent/Guardian Signature

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Print Name

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Date

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NBYFC Association

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Player/Cheerleader Name

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Division

**\*The signature by one parent or both parents, whether married or not, or guardians, will in effect hold the entire family structure to the above set of rules and regulations.**

# NORTH BAY YOUTH FOOTBALL AND CHEER

\_\_\_\_\_  
Association Name



## 2024 MEDICAL CLEARANCE EXAMINATION

\_\_\_\_\_  
Name of Player or Cheerleader

\_\_\_\_\_  
Age

\_\_\_\_\_  
Division

This examination does not constitute a complete medical examination; it does, on this date, based upon my observations, meet the requirements for the above named child to participate in tackle football and/or cheerleading: This medical clearance must be dated no earlier than March 1, 2024.

Please list any known allergies, limitations or medical problems, including those requiring maintenance medications (i.e., Diabetic, Asthma, Seizure Disorder, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL REMARKS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

( ) \_\_\_\_\_  
Phone #



**Doctor's office stamp needed in box above to complete this document.**

# 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.*

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

**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' health care 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.

Revised 5/2015

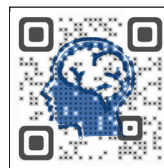
## What Should I Do If My Child or Teen Has a Possible Concussion?

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 health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care 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 health care 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 health care provider.



To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

You can also download the CDC **HEADS UP** app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

**Discuss the risks of concussion and other serious brain injury 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 injury.*

☐ 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 Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete 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 Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_