AMERICAN YOUTH FOOTBALL

WAIVER AND RELEASE OF LIABILITY – MINOR

ASSOCIATION NAME: GRAYLING JUNIOR VIKINGS

(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 **GRAYLING JUNIOR VIKINGS**, 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:

1) The risk of injury to my child/ward, myself, from the activities involved in these programs 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 of serious injury does exist; and,
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 full responsibility for child/ward, participation; and,
3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/wards', readiness or, hazard during my presence or participation, and/or in the program itself, I will remove my, child/ward, from participation and bring such to the attention of the nearest official immediately; and,
4) I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS** American Youth Football, Inc.(AYF), the local organization, their respective officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, tournament host, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (RELEASEES), **WITH RESPECT TO ANY AND ALL INJURY**, DISABILITY, DEATH, or loss or damage to person or property, incident to my child/wards', 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/ward, 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 child/ward's 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/LEGAL GUARDIAN PRINT NAME	PARENT/ LEGAL GUARDIAN SIGNATURE	DATE

<u>UNDERSTANDING OF RISK</u>

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.

_____	_____	_____
PARENT/LEGAL GUARDIAN PRINT NAME	PARENT/ LEGAL GUARDIAN SIGNATURE	DATE

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.

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. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participants coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way.

ATHLETE INFORMATION

ATHLETE NAME	NICKNAME	PHONE NUMBER ( )	
ADDRESS	CITY	STATE	ZIP

PARENT/GUARDIAN INFORMATION

PARENT NAME			
ADDRESS	CITY	STATE	ZIP
HOME/CELL PHONE ( )	DAYTIME PHONE ( )	EMAIL ADDRESS	
EMPLOYER			

PARENT NAME			
ADDRESS	CITY	STATE	ZIP
HOME/CELL PHONE ( )	DAYTIME PHONE ( )	EMAIL ADDRESS	
EMPLOYER			

GUARDIAN NAME			
ADDRESS	CITY	STATE	ZIP
HOME/CELL PHONE ( )	DAYTIME PHONE ( )	EMAIL ADDRESS	
EMPLOYER			

FAMILY MEDICAL INSURANCE

INSURANCE CARRIER		GROUP		
POLICY #		GROUP #		
POLICY HOLDER NAME				
FAMILY PHYSICIAN NAME				
PHYSICIAN ADDRESS		CITY	STATE	ZIP
PHYSICIAN PHONE	PHYSICIAN FAX	PHYSICIAN EMAIL		

EMERGENCY MEDICAL INFORMATION

PREFERRED HOSPITAL(S)		
EMERGENCY CONTACT NAME	**PHONE NUMBER**	**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.**		
MEDICATION ALLERGIES		
MEDICAL CONDITIONS		
MEDICATIONS TAKEN		
OTHER:		

I, as evidenced below, hereby grant permission for my child/ward to participate in any and all **GRAYLING JUNIOR VIKINGS**, 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 is 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.

_____	_____	_____
PARTICIPANT PRINT NAME	PARENT/ LEGAL GUARDIAN SIGNATURE	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.

Grayling Junior Vikings: Youth Football and Cheer Program
"Scholars – Athletes - Champions"

GJV Athlete Excerpts, Code of Conduct, and Procedures

from GJV Updated ByLaws

Article VIII- Player Participation/Player-Parent Conduct

1. Qualifications for GJV athletes will comply with the league/conference in which the Grayling Junior Vikings Youth Football and Cheer participates

2. Any GJV athlete not complying with the qualifications, rules, or guidelines will be susceptible to removal from the Grayling Junior Vikings Youth Football and Cheer organization

3. Any GJV athlete found to be in violation of the participant contract may be removed from the program upon a finding by the board

4. Any GJV athlete found to be a disciplinary problem (cursing, fighting, sexual harassment, sexual misconduct, drugs, bullying, or overall detriment to the team and/or program) will be banned from any further participation with the Grayling Junior Vikings program for the remainder of the season.

5. Missing scheduled practices for issues other than documented injury or documented illness, or school absence illness will result in missing playing time, including loss of current game week play time. If any player is going to miss a scheduled practice or game, the "Head Coach" only must be notified as soon as possible.

6. GJV athlete misconduct determined by school officials, Coaches, board members or parents will result in reduced playing time, suspension, or termination from participation in the Junior Vikings program. Misconduct is viewed but not limited to fighting, bullying, constant class disruption, stealing, use of tobacco products, alcohol, missing practice, sexual harassment or sexual misconduct, grades that do not meet the school or MHSAA handbook rules, and disrespect toward authority figures or any other misconduct as determined by the coach or the board.

7. Players and Parents Code of Conduct will be enforced by the Board.
   See attached in Appendix A.

8. A team's Head Coach maintains the ability to discipline, change play time, enforce practice schedules, etc as needed. This need for consequential action may pertain to attendance, attitude, effort, behavior, etc. Head Coach discretion will be monitored and supported by the Board. Any concern shall be brought to the Director of Operations (Football/Cheer) within 24 hours, to then be brought to the Board within 48 hours, if not able to be resolved.

9. A GJV athlete missing practice time for an un-approved absence, that athlete's game-play time will be subject to interruption, at the discretion of the Head Coach.

Article XV – Playing Time Requirements

Grayling Junior Viking Youth Football and Cheer program has determined the following requirements for each age group for playing time during a scheduled regular season or playoff game.

1. 3rd-4th grade and 5th-6th grade teams: All rostered GJV athletes will play a minimum of 5 plays on either offense, defense, special teams, or sideline cheer. GJV Athlete play time will be determined based on attendance, participation, and conduct on and off the field. Additional consideration will be given based on player attitude, effort, and behavior.
2. 7th-8th grade teams: All rostered GJV athlete play time for either offense, defense, special teams, or sideline cheer will be determined based on attendance, participation, and conduct on and off the field. Additional consideration will be given based on player attitude, effort, and behavior.

3. Grayling Junior Vikings may still have a league play requirement to fulfill, but in many cases Grayling Junior Vikings standards are higher.

Appendix C. Disciplinary and Grievance Procedures

DISCIPLINARY PROCEDURES:

All participants in Grayling Junior Vikings Youth Football and Cheer including players/cheerleaders, coaches, and parents are required to sign Code of Conduct documents. Each such document states that the program's Board, Disciplinary Committee, or designated Board Member has the right to take any disciplinary action that they feel is justified if the player/cheerleader, coach, or parent behaves in a disrespectful or unsportsmanlike manner, or in any manner that is contrary to the best interests of Grayling Junior Vikings Youth Football and Cheer. Such discipline may include suspension or removal from a team of players/cheerleaders or coaches. Discipline of parents may include the removal from a program event of a parent with the possibility of the barring of such parent from all future program events including, but not limited to, practices, games, other competitions and other program events. Depending upon the severity of the breach of conduct, notification of disciplinary actions may be verbal or written. Documentation of all disciplinary action shall be maintained in the program's records. Please note that Grayling Junior Vikings Youth Football and Cheer understands that other fans (family members, friends, etc.) may also attend program events. Grayling Junior Vikings Youth Football and Cheer reserves the right to ask any spectator that behaves in an unacceptable manner to leave an event and may ask that such spectator does not attend any future program events.

GRIEVANCE PROCEDURES:

During game time situations, ONLY the Head Coach will address any Referee's.
If a guest, parent, or assistant coach addresses a referee directly about a questionable call, they can be asked to leave the venue. If a parent or coach has an issue with another parent or coach, Grayling Junior Vikings Youth Football and Cheer expects the individuals to adhere to a 24-hour cool off period and once the period has elapsed, to attempt to resolve the situation with calm and respectful conversation. If an issue exists between players/cheerleaders, the parents of the players/cheerleaders and coaches should attempt to resolve the situation with calm and respectful conversation. In no case should a parent attempt to discuss an issue directly with a GJV athlete that is not their child. If the issue is still not resolved, the aggrieved individual may contact the Director of Football Operations (for football related grievances) or the Director of Cheerleading Operations (for cheerleading related grievances) to request assistance with resolution of the issue. Any such grievance shall be filed in writing and shall include a clear description of the issue or issues. The Director of Football or Cheer will contact the relevant parties and attempt to resolve the issue. The Grayling Junior Vikings Board expects grievances to be filed only in the most extreme circumstances. After meeting with all relevant parties, the Director of Football or Cheer shall render a decision within seven (7) days of the grievance. It will be at the Director of Football and Director of Cheer's discretion, along with the Board, whether the person in question is able to continue to participate or be present at the venue. Depending on the circumstances of the grievance, the Director of Football or Cheer may discuss the proposed decision with the Board. In all cases, the decision of the Board, or Director of Football and Cheer is final.

Athlete Signature:_____ **Date:**_____

Athlete Name (printed):_____

Parent Signature:_____ **Date:**_____

Parent Name (printed):_____

Appendix A. Players and Parents Code of Conduct

Participation in the Grayling Junior Vikings Youth Football and Cheer program is a privilege and not a right. Grayling Junior Vikings Youth Football and Cheer has an expectation of good sportsmanship and citizenship. All coaches, players, and parents/legal guardians are required to sign a contract regarding his/her conduct during the season. Please carefully read and sign the following:

Missing scheduled practices for issues other than documented injury or documented illness, or school absence illness may result in missing playing time, including loss of current game week play time. If any player is going to miss a scheduled practice or game, the "Head Coach" only must be notified as soon as possible.

Coaches will take special care to meet minimum play guidelines. However, play time will be determined based on attendance, participation, and conduct on and off the field. Additional consideration will be given based on player attitude, effort, and behavior.

3rd-4th grade and 5th-6th grade teams: All rostered GJV athletes will play a minimum of 5 plays on either offense, defense, special teams, or sideline cheer. GJV athlete play time will be determined based on attendance, participation, and conduct on and off the field. Additional consideration will be given based on player attitude, effort, and behavior.

7th-8th grade teams: All rostered GJV athlete play time for either offense, defense, special teams, or sideline cheer will be determined based on attendance, participation, and conduct on and off the field. Additional consideration will be given based on player attitude, effort, and behavior.

Player Contract:

I agree to cooperate with and follow the Grayling Junior Vikings Football and Cheer code of conduct as stated in Article VIII, section 1 thru 9. Finally, I agree not to use any tobacco, artificial tobacco products such as vaping, alcohol or drugs, including steroids. I understand that if I do not follow these rules or if I display disrespectful or unsportsmanlike behavior, I may be suspended from playing in the League. I have carefully read the above and agree.

Athlete Signature: _____ **Date:** _____

Athlete Name (printed): _____

Parent/Legal Guardian Contract:

I agree to support the Grayling Junior Vikings Youth Football and Cheer representatives with the overriding goal of teaching good sportsmanship, teamwork, and self-discipline to the children of the Grayling Junior Vikings Youth Football and Cheer program.
I agree to read and support the player's contract above.
I agree to attend games when possible and to act as a role model at those games.
I will refrain from engaging in any behavior that is not in the best interest of the Grayling Junior Vikings Youth Football and Cheer program. Such behavior includes, but is not limited to: criticizing players or coaches on or off the field; using loud, derogatory, obscene, foul or threatening language; or acting in any threatening, intimidating, or abusive manner.
I will refrain from arguing with referees, program parents and fans, opposing players, opposing coaches, and opposing parents and fans.
I will refrain from using any alcohol or drugs at any Grayling Junior Vikings Youth Football and Cheer Program event.
I understand that not following these rules, or displaying disrespectful behavior, can result in my being asked to leave the practice, game, or event and/or not be allowed to attend future practices, games, or program events. Such disciplinary actions may be taken by the Board of Directors, a Disciplinary Committee or a designated board member.
I understand that by signing this contract, it is understood that this code of conduct applies to all parents/legal guardians in my household or who represent my child from another household as a parent or legal guardian and that we have all carefully read the above and agree.

Parent Signature: _____ **Date:** _____

Parent Name (printed): _____

CONCUSSION Information Sheet

HEADS UP CONCUSSION

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

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.

HEADS UP CONCUSSION

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 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

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.

Revised 5/2015

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: _____