

# Supreme Youth Football Conference Participation, Tracking and ID Card -

ASSOCIATION NAME - \_\_\_\_\_

ASSOCIATION

ASSOCIATION NAME	PLACE PHOTO / DMV / MILITARY ID CARD HERE			
DIVISION OF PLAY - TEAM NAME				
PARTICIPANT NAME				
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;">JERSEY #</td> <td style="border: none; width: 33%;">AGE (7/31)</td> <td style="border: none; width: 33%;">O/L WEIGHT</td> </tr> </table>		JERSEY #	AGE (7/31)	O/L WEIGHT
JERSEY #		AGE (7/31)	O/L WEIGHT	
PARTICIPANT PARENT/GUARDIAN NAME				
<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;">HOME PHONE</td> <td style="border: none; width: 33%;">WORK PHONE</td> <td style="border: none; width: 33%;">CELL PHONE</td> </tr> </table>	HOME PHONE	WORK PHONE	CELL PHONE	
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 SYFC Rulebook and/or Operations Manuel, Current Version.

### OFFICIAL PLAYER CERTIFICATION

Conference Verification Signature/STAMP

LEAGUE USE ONLY

Association Verification Signature/STAMP

DATE OF BIRTH:	Age as of 7/31	CERTIFICATION WEIGHT	PARTICIPANT CONTRACT	MEDICAL CLEARANCE	WAIVER/ RELEASE	Player Contract	SCHOLASTICS
Month / Day / Year	Older/Lighter:						

REGULAR SEASON

	GAME DATE	WEIGH MASTER	CODE		GAME DATE	WEIGH MASTER	CODE
JAMBOREE				Week 11			
Week 1				Week 12			
Week 2				Week 13			
Week 3				Week 14			
Week 4				Week 15			
Week 5				Week 16			
Week 6				Week 17			
Week 7				Week 18			
Week 8				Week 19			
Week 9				Week 20			
Week 10				Week 21			

POST SEASON

**INSTRUCTIONS:** Weigh Master Will Enter Date, Verify The Identity, Weight, Of Each Participant, Initial Each Participant Card,  
**CODE:** OK = Everything Verified, ENTER WEIGHT = Over Weight, I = Sick/Injured, a = Absent / Dropped

**ALL MUST BE CHECKED IN / VERIFIED PLAYING OR NOT - IF OVERWEIGHT ENTER THE WEIGHT UNDER "CODE"**

## Supreme Conference 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	Weight	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"/>	<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 !!

<b>Association:</b> _____	<b>Division:</b> _____	<b>Team:</b> _____
<b>Jersey Number Assigned:</b> _____	<b>Equipment / Uniform Issued</b> <input type="checkbox"/> <b>Returned</b> <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, PERMANANT 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: \_\_\_\_\_

**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**

Initi

PRINT Parents/Guardian Name: \_\_\_\_\_

Parents/Guardian Signature: \_\_\_\_\_

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