

2020 REGISTRATION PACKET



RAW ATHLETICS JAX SPORTS ASSOCIATION INC.
We Train for Life

HOME OF THE CARDINALS

All players must register online at www.fcyac.com

www.rawathleticsjax.com

rawathleticsjax@yahoo.com

904-672-5978



**REGISTRATION PACKET
2020 INSTRUCTIONS/CHECKLIST
PARENT COPY**

Dear Parents and Participants,

Thank you for your interest in RAW Athletics Jax Cardinals football program. RAW provides Tackle Football and Cheerleading for boys and girls in Kindergarten through Eighth grade. The following chart depicts five different football divisions that RAW offers.

All players must register online at www.fcyac.com

Please complete the enclosed forms and return them with the required documents and fees to one of our registration events.

Parents will provide: practice pants and jerseys, mouth piece and cleats. Please check with the Head Coach of your team before purchasing any cleats as each team will have their own team cleat.

All registered participants must turn in an AYF physical by July 20, 2018

If you have any questions, concerns or need general assistance, please call 904-672-5978 or email rawathleticsjax@yahoo.com.

Thank you

Board of Directors

Team Name	Age Range	Protected Age
6U	6 under	Cannot turn 7 on or before 8/1/20
8U	8 under	Cannot turn 9 on or before 8/1/20
10u	10 under	Cannot turn 11 on or before 8/1/20
12u	12 under	Cannot turn 13 on or before 8/1/20
14u	14 under	Cannot turn 15 on or before 8/1/20



**REGISTRATION PACKET
2020 INSTRUCTIONS/CHECKLIST
PARENT COPY**

DEAR PARENT AND PARTICIPANT,

Thank you for your interest in RAW ATHLETICS JAX CARDINALS football program. Enclosed are all the documents that you MUST COMPLETE and/or PROVIDE in order to participate in RAW programs. If documents are not submitted, forms are incomplete or unsigned, your registration process will be delayed, and RAW will not be able to place the participant on a team. Once you have completed and compiled these documents please return them to one of our Registration Events. If you have any questions call for information at 904-672-5978/Email rawathleticsjax@yahoo.com

REGISTRATION: REQUIRED DOCUMENTS

- Registration Form – Signed Original
- Participant Code of Conduct – Signed Original
- Parent Code of Conduct – Signed Original
- Birth Certificate – Original if you have not played for us before
- AYF Physical Form – Original – We do not accept doctor office physical forms
- AYF Emergency Medical Consent Form – Signed Original
- AYF Waiver Release – Signed Original
- AYF/RAW Image Release – Signed Original
- REPORT CARD: **MUST HAVE ALL 4 NINE WEEKS**

Please write your email address clearly and ensure it is correct. We communicate through email, our website and Facebook. Once your child is registered with RAW you will receive a confirmation email please confirm receipt of the email. Please also like our Facebook page for immediate updates, and bookmark our website www.rawathleticsjax.com

REGISTRATION FEES:

FOOTBALL

Returning Players \$125.00 until 5/2/20

New Players \$150 until 5/2/20

Returning Players \$150 from 5/3/20 until end of season

New Players \$180 from 5/3/20 until end of season

CHEERLEADING

Participants \$150 until end of season

SIBLING DISCOUNT AVAILABLE 2nd and Subsequent Registrants receive a \$10 discount

ALL REGISTERED PARTICIPANTS MUST TURN IN AYF PHYSICAL BY JULY 20, 2020

SEASON START: THESE DOCUMENTS ARE DUE **PRIOR** TO THE BEGINNING OF THE FIRST PRACTICE (July 20, 2020)

- AYF Physical Form – Original – We cannot accept doctor office or Duval County School Board physical forms
- REPORT CARD – COPY: MUST HAVE ALL 4 NINE WEEKS

For a free sport physical contact Argyle Chiropractic Center. Call early to get an appointment as they fill up quickly.

Argyle Chiropractic Center
6251 Argyle Forest Blvd. Unit 101
Jacksonville, FL 32244
904-778-0968

Orange Park Chiropractic Center
868 Blanding Blvd, Suite 128
Orange Park, FL 32065
904-272-4555

All players must register online at www.fcyac.com

REQUIRED DOCUMENTS LEAGUE CHECKLIST

- Registration Fee
- Birth Certificate
- Recent Report Card (all 4 nine weeks)
- AYF Physical
- Participant Code of Conduct
- Parent Code of Conduct
- AYF Emergency Medical Consent
- AYF Waiver Release
- AYF/AFYSA Image Release
- RAW Equipment Liability Form

RAW ATHLETICS JAX CARDINALS

We Train for Life

REGISTRATION FEES

Received Date Stamp _____, 2020

Received By: _____

Amount Paid: _____

Receipt Book #: _____

Balance: _____

Paid in Full: _____

Football \$150 \$185 \$180

Cheerleading \$225 \$250

2020 RAW REGISTRATION FORM

Questions: 904-672-5978

- Tackle Football 6u 8u 10u 12u
- Football Returning Players \$125 (before 5/2/20) \$150 (after 5/3/20)
- New Football Players \$150 (before 5/2/20) \$180 (after 5/3/20)
- Cheerleading \$150

Sibling Player: _____ (2nd and Subsequent Registrants receive a \$10 discount)

Pre-registration balances and required documents must be completed by **July 1, 2020**.

All other registrations must be paid in full with required documents at registration.

Registration fees must be paid in full and all required documents submitted in order to be placed on the official roster.

AYF Medical Clearance and final report cards must be submitted before practice begins or **THE PLAYER CANNOT TAKE THE FIELD**.

PLEASE PRINT (Name must match birth certificate exactly)

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

Name participant wishes to be called: _____ T-Shirt Size: _____ Short Size: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: (_____) _____ BIRTH DATE: _____ AGE AS OF 8/1/19: _____ GRADE AS OF 8/2020: _____

EMERGENCY CONTACT: _____ PHONE: (_____) _____

PARENT/GUARDIAN Primary

NAME: _____

ADDRESS (if different) _____

CITY, ZIP _____

CELL PHONE: (Mandatory) (_____) _____

BUS PH: (_____) _____

EMAIL (Mandatory) _____

PARENT/GUARDIAN Primary

NAME: _____

ADDRESS (if different) _____

CITY, ZIP _____

CELL PHONE: (Mandatory) (_____) _____

BUS PH: (_____) _____

EMAIL (Mandatory) _____

FUNDRAISING: Each participant is required to participate in all scheduled fundraising events, arranged by the association, their assigned team and the conference. Each participant is required to raise a minimum of \$50 for Association fundraising. This amount DOES NOT include their assigned team fundraising. Team fundraising will be discussed at team meetings. Parents can choose to opt out of participating in Association fundraising by paying \$50 to the Association. This amount will be added to the participant's registration fees. OPT OUT SIGN HERE _____ (keep in mind this amount will be added to your child registration fees).

PARENTAL CONSENT: PLEASE READ AND SIGN: APPLICATION MUST HAVE AT LEAST ONE PARENT/GUARDIAN SIGNATURE

I/WE, the Parents/Guardians of the above named candidate for a position on any of the RAW Youth Football teams, hereby give MY/OUR approval to his/her participation in any and all RAW Youth Football activities during the current season. I/WE assume all risk and hazards incidental to such participation including transportation to and from such activities, and I/WE do hereby waive release, absolve, indemnify and agree to hold harmless the RAW Football League and its Association, the sponsors, supervisors, participants, volunteers and persons transporting MY/OUR child to and from activities for any claim arising out of injury to MY/OUR child. I/WE and participant agree to abide by the RAW Rules of Conduct. I/WE give the RAW President or his/her designee permission to verify our child's age if needed by the use of our child's school records. The Association reserves the right to refuse to accept ANYONE or to remove ANYONE from the program at any time as the Association sees fit so as to preserve the safety, integrity and character of RAW Athletics and its participants. All involved with RAW Athletics in any capacity must obey the Code of Conduct as set forth by the Association whether they have received and or signed said Code of Conduct or not.

PARENTAL MEDICAL TREATMENT AUTHORIZATION: In the event of injury to MY/OUR child, I/WE hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances. ANY MEDICAL CONDITION? IF YES PLEASE EXPLAIN

PARENT/PARTICIPANT RULES OF CONDUCT: I/WE and MY/OUR child agree to abide by the Rules of Conduct and understand the possible consequences of violating the Rules of Conduct. It IS possible my child may NOT be able to play this season, due to lack of registration in his/her age division. (All paid monies will be refunded if a team is not available for registered child)

EQUIPMENT LIABILITY: Parent/Guardians are responsible for return of all equipment and uniforms, clean and in good condition. You, the Parent/Guardian will be responsible for reimbursement to the league any cost of lost or excessively damaged equipment or uniforms. Helmet, shoulder pad and game pants. *Failure to return all issued equipment could result in criminal prosecution for Failure to Return Rental property.

ASSOCIATION COMMUNICATION

Association Communication is primarily via email and Facebook. Please write your email address clearly and ensure it is correct. **PLEASE UPDATE YOUR TEAM MOM WITH YOUR CONTACT INFORMATION IF CHANGES OCCUR DURING THE SEASON.**

VOLUNTEER HOURS: Each parent is required to participate at least 2 hours per participant during the 2018 conference events, pre-season or football season. Parents can select not to perform volunteer hours and donate \$20 (donation is non-refundable) for hours not worked on behalf of their child that will go toward the association and not any individual balances. This fee is separate from any registration, conference sponsored events, travel, expenses, Cardinal Apparel or any tournament play. If you choose to opt out your \$20 fee is required to be paid at the time of registration if not paid this fee will be assessed to the participant's account. \$20 fee is to be paid prior to the distribution of awards, trophies and any token. If you choose to opt out please fill out the information below and \$20 will be assessed to your child's account. If you did not opt out you will be contacted to perform your volunteer hours. Volunteers hours will consist of but not limited to: Gate collectors, Concession Stand workers, Chain Crew, Clean Up Crew. It will be at the discretion of the association to determine where assistance is required. A volunteer signup sheet will be provided for each team. Keep in mind if you commit to volunteer you are required to fulfill the commitment or a \$20 fee will be assessed to your child's account.

Opt Out Information: (Please PRINT)	
Child Name _____	Parent Name _____
Parent/Guardian Signature _____	Relationship _____
Paid () Yes () No Date _____	

WEB SITE PICTURES: I/WE give permission to have my child's picture on RAW web site, JAX AYF website, YouTube , any association ID card and on any association and conference advertising material associated with promotional, retention etc., regarding RAW or Jacksonville AYF conference.

TRAVEL: RAW actively participates in sanctioned AYF, JAX AYF tournaments and bowls, and season play that may require travel accommodations to be provided. Due to safety, liability and insurance purposes ALL PARTICIPANTS that will participate in any said events listed above or requires association and/or team travel outside of Duval county boundaries will be REQUIRED to travel and ride on the same mode of transportation supplied by the Association. If the child does not ride the Association supplied transportation that the entire team (s) /association travels, they will not be eligible to participate /play in that game/tournament and/or Championship if applicable. There will be certain travel games where the parents will be allowed to ride the same mode of transportation with the association, however, all active participants, coaches, and staff will receive first priority to seating arrangements. Any fees associated with the travel expenses will be applicable to any adult or sibling also riding the same mode of transportation. Once the participants have played the assigned game, guardians can sign a waiver releasing the child back into the parent's care immediately following the game(s).

MADATORY PARENT MEETINGS: There will be periodically scheduled parent meetings. I agree to make every effort to attend requested meetings and will attend a minimum of one meeting where I will be required to sign the attendance log. This is a requirement that must be satisfied prior to the first official day of practice. If this requirement is not met the participant will not be allowed to participate until this requirement is fulfilled.

REGISTRATION FEES COVER:

Football

AYF fees, Jax AYF association fees, field fees, referee fees, league insurance and all other fees necessary to operate our league
Football Game Jersey T-Shirt One (1) Mouthpiece
Equipment/practice gear rental (Game pant, helmet and shoulder pads are property of the Association and must be returned at the last game of the season. Remember to take a change of clothes to change into after the game.
Parents will provide: practice pants (pads), practice jersey, additional mouth pieces and cleats

Cheer

AYF fees, Jax AYF association fees, field fees, referee fees, league insurance and all other fees necessary to operate our league
Cheer uniform (skirt, crop top, shell) Sneakers Socks Hair bow T-Shirt

Note: If you have any questions, please contact us at 904-672-5978 OR rawathleticsjax@yahoo.com

I/WE have read the above and agree and understand the policies set forth above. ALL REGISTRATION FEES ARE NON-REFUNDABLE

X _____ X _____
(Parent/Guardian Signature) (Date) (Parent/Guardian Signature) (Date)



AMERICAN YOUTH FOOTBALL

Waiver and Release of Liability - Minor



RAW ATHLETICS JAX SPORTS ASSOCIATION

IN CONSIDERATION OF _____, my child/ward, being allowed to participate in any way in American Youth Football, Inc. (AYF) or American Youth Cheer dba, Regional/National Championships and all activities of RAW ATHLETICS JAX SPORTS ASSOCAITION my Local AYF Affiliation(s), athletic sports program, related events and activities, the undersigned acknowledges, appreciates, 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 HARMLES American Youth Football, Inc.(AYF), American Youth Cheer, my Local AYF Affiliation, their 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 Releases 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.

Print Name of Parent/Guardian

Parent/Guardian Signature:

Date Signed:

Phone #:

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 Parent/Guardian

Parent/Guardian Signature:

Date Signed:

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'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 Hereby my signature grant permission for my child/ward to participate in any and all, Raw Athletics Jax Sports Association and, American Youth Football, Inc / American Youth Cheer dba, program(s) sanctioned event(s), be they official or un official, including but not limited to, athletic, social and/or fundraising activities. I further hereby consent to any and all health care providers, authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and/or any medical professional to provide treatment, order injections, hospitalize, give anesthesia or perform surgery. I understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me.

*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



Image Release – MINOR

ASSOCIATION NAME – RAW ATHLETICS JAX SPORTS ASSOCIATION

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 all activities of RAW ATHLETICS JAX SPORTS ASSOCAITION my Local AYF Affiliation(s), athletic sports program, related events and activities and any other official AYF events and activities, the undersigned agrees that American Youth Football Inc. and Raw Athletics Jax Sports Association, 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 Signed

(2020) – AYF Code of Conduct Form

RAW ATHLETICS JAX SPORTS ASSOCIATION 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, **RAW ATHLETICS JAX SPORTS ASSOCIATION** 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:

9. 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.
10. If the fan fails to leave upon request, the child may be suspended from further participation in team activities by the head coach.
11. 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.
12. 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: emphasis 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 experience. 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.

Child's Name (PRINT)

Team Name

Date

Parents Name (PRINT)

Parents Signature

This part of the form must be returned to the head coach before the second game to the season.

PARTICIPANT CODE OF CONDUCT

I hereby pledge to demonstrate good sportsmanship and show encouragement to my teammates participating in the RAW organization by following this participant's code of conduct pledge:

- I will support and be respectful to all coaches, board members, adult volunteers, teammates, parents, opponents, and officials.
- I will be a team player and i will work hard to improve my skills. I will learn the rules and play by them.
- I will be a good sport and set a positive example for others. I will learn to lose with dignity and to win with grace.
- I will refrain from any vulgar, lewd, or obscene language or gestures while participating in, or watching any league sponsored event whether at home or away.
- I will not smoke, drink alcohol or use any other illegal substance; failure to abide by this policy will result in immediate dismissal from the team.
- I will maintain 2.0 grade point average; failure to do so will result in dismissal from the team.
- Any behavior that reflects poorly on the team during any official league function will result in immediate disciplinary action as decided by the coaches and league officials.
- I will be on time for practice and inform my coach in advance when i will be unable to make practice unless an emergency arises. Failure to abide by this code of conduct will automatically render the child unable to participate or attend an organizational sponsored event either home or away.
- The RAW Executive Board Members have the sole right to enforce violations.

PARTICIPANT SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

PARENT SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

PARENT CODE OF CONDUCT

I/We hereby pledge to provide positive support, care and encouragement for my child participating in the RAW Football league by following this parent's code of conduct pledge:

- I/We will encourage good sportsmanship by demonstrating positive support for all participants, coaches, officials, and board members at any RAW event. I/We will demand an environment for my child that is drug free and alcohol free at all league sponsored events.
- I/We will not use the RAW as a babysitting service and I/We will supervise my child in the program and any other children I/We bring to the field. This includes practice, games, and other events.
- I/We will do my best to make this organization fun for my child.
- I/We will ask my child to treat other participants, coaches, board members, parents, and spectators with respect regardless of race, sex, creed, or ability.
- I/We will, along with any guest of mine, refrain from any vulgar, lewd or obscene language or gestures while participating in or watching any league sponsored event.
- I/We will strive to be a good role model for my child and the other children in the program. I/We will encourage my child to learn to lose with dignity and win with grace.
- I/We will direct all my comments and criticisms to parents, participants, coaches, officials and board members away from the children participating in the league, and conduct myself in a calm, civilized manner when doing so. I/We will not disturb them when they are busy working and/or coaching, but will speak to them privately at an appropriate time.
- I/We will respect my child's coach and do my best to have my child at all practices on time.
- I/We will recognize the importance of volunteer coaches. I/We realize they are important to the development of my child and the sport. I/We will communicate with them and support them. I/We will not interrupt them during games or practices.
- I/We will never loudly reprimand or physically harm my child during or after the game.
- Failure to abide by this code of conduct will automatically render the parent unable to participate or attend an organizational sponsored event.
- Parents must stay off the field at all times unless approved and authorized to be a field volunteer i.e. Water runner or chain crew.
- No badgering, players, other parents, officials, questioning calls, badgering coaches, coaches are the only one to communicate with the referees. This applies to actions before, during and after the game.
- The RAW executive board members have the sole right to enforce violations.
- I/We understand I/We may be removed from any event of the RAW if I/We violate any of these provisions.

SIGNATURE: _____

PRINTED NAME: _____ DATE: _____

PARTICIPANT NAME: _____



AMERICAN YOUTH FOOTBALL



Medical Clearance Form

ASSOCIATION NAME – RAW ATHLETICS JAX SPORTS ASSOCIATION

Medical Clearance Form - Must be dated after January 1st of the Current Season

I, hereby my signature below, do certify that I am licensed by the state and am qualified in determining that: (Childs 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.

<p>_____</p> <p style="text-align: center;">Signature</p> <p>Date: _____ / _____ /2020</p> <p>(Must be dated after January 1st of the Current Season)</p>	<p style="text-align: center;">Please Print or Use Office Stamp Here</p> <p>_____</p> <p style="text-align: center;">Print Name Clearly</p> <p>_____</p> <p style="text-align: center;">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 physician to resume participation. A "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationary and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.

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.