

**Items to Submit (Show Original & Have A Copy):**  
**NYC/NYS:** COLORED COPY of Participant's Valid NYS ID or Passport (Gov't Issued ID); Expired Passport acceptable **along with** Progress Report or Report Card from **School Yr 2023-2024\***; **MEDICAL CLEARANCE!!!**  
**NJ-** Passport; If no passport, you must have: **1.** Birth Certificate **2.** Parent's ID (must match BC) **3.** Report card or Progress Report from **School Yr 2023-2024\*\***;  
**4.** Colored copy of **original** SS card (Black Out Numbers); **MEDICAL CLEARANCE!!!**

**Certification Status: \*\*\*FOR BAYFL OFFICIAL USE ONLY\*\*\***  
 Documents Reviewed On- \_\_\_\_\_  
 Date Verified & Fully Certified- \_\_\_\_\_

**CERTIFICATION**

**PACKET**

**2024 SPRING FALL SEASON**



**BIG APPLE YOUTH FOOTBALL AND CHEER**  
 Participation, Tracking and ID Card – Unlimited Weight Divisions



ASSOCIATION'S NAME: \_\_\_\_\_

ASSOCIATION NAME		
DIVISION OF PLAY - TEAM NAME		
PARTICIPANT NAME		
JERSEY #	AGE (7/31)	
PARTICIPANT PARENT/GUARDIAN NAME		
HOME PHONE	WORK PHONE	CELL PHONE

**PLEASE PLACE CURRENT PASSPORT-SIZED PHOTO HERE**  
**(Must be ACTUAL HEADSHOT PHOTO taken to reflect how participant looks on the day of certification)**

**\*\*DO NOT USE PHOTO THAT'S ALREADY ON THE PASSPORT BOOK OR NYS ID\*\***

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 BAYFC National Rulebook And/Or Operations Manuel, Current Version.

Conference Verification Signature/STAMP		<b>OFFICIAL PLAYER CERTIFICATION</b>		LEAGUE USE ONLY				Association Verification Signature/STAMP	
DATE OF BIRTH:	Age As of Age Cut off Date	Grade in Sept. 2024	PARTICIPANT CONTRACT	MEDICAL CLEARANCE	WAIVER/ RELEASE	EMERGENCY MEDICAL / SENT	SCHOLASTICS		
Month / Day / Year									

RISING STARS SEASON CHECK-IN:	
PLAYER'S NYS ID	
PLAYER'S PASSPORT	
PLAYER'S BIRTH CERT.	
PLAYER'S COPY OF SS CARD (NUMBERS BLACKENED OUT)	
PARENT'S GOV'T ID W/ PHOTO	
PLAYER'S 2023-2024 REPORT CARD OR PROGRESS REPORT	
NYC REGULAR SEASON CHECK-IN:	
PLAYER'S NYS ID	
PLAYER'S PASSPORT	

**PLEASE PRESENT ORIGINAL DOCUMENTS DURING CERTIFICATION (OR HAVE COLORED COPIES)**

**AND**

**HAVE COPIES OF ALL DOCUMENTS TO BE ADDED TO PLAYER'S SLEEVE IN BOOK**

NJ REGULAR SEASON CHECK-IN:	
PLAYER'S PASSPORT	
PLAYER'S BIRTH CERT.	
PLAYER'S COPY OF SS CARD (NUMBERS BLACKENED OUT)	
PARENT'S GOV'T ID W/ PHOTO	
PLAYER'S 2023-2024 REPORT CARD OR PROGRESS REPORT	
NOTES:	

**Items to Submit for Foster Children (Legal Guardianship) (Show Original & Have A Copy):**

- Letter from Fostering Agency's Social/Case Worker on their letterhead stating guardianship of participant, DOB & address. (Signature req'd)
- Court document that show's participant's DOB, address & states guardianship (to be reviewed). (Stamp/Seal & Signature req'd)
- Foster Parent's Gov't Issued ID card (Unexpired)
- Report card or School Certified Letter for **School Yr 2023-2024\*\***



# BIG APPLE YOUTH FOOTBALL AND CHEER

## Medical Clearance Form



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



**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.

<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <span style="font-size: 2em;">➤</span> _____  <i>Signature:</i> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <span style="font-size: 2em;">➤</span> _____ / ____ / ____  <i>Date:</i> </div> <p><i>( Must be dated after January 1st, of the Current Season)</i></p>	<p style="text-align: center;"><b><i>Please Print - or - Use Office Stamp Here:</i></b></p> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;">                 Print Name Clearly:             </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;">                 Office Address:             </div>
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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 thei 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.



**BIG APPLE YOUTH FOOTBALL AND CHEER  
Waiver and Release of Liability - Minor**



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

**READ BEFORE SIGNING**



IN CONSIDERATION OF \_\_\_\_\_ my child/ward, being allowed to participate in any way in Big Apple Youth Football and Cheer, Inc. (BAYFC) or Big Apple Youth Football and Cheer dba, Regional/National Championships, \_\_\_\_\_ my BAYF Local 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 atated 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,

other participants, sponsoring agencies, toumament 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/words', 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 nest of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releaseds 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 OR 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 Participant's Name:

\_\_\_\_\_  
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.

# BIG APPLE YOUTH FOOTBALL AND CHEER

## Image Release - MINOR

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

### READ BEFORE SIGNING

In consideration of (insert child's name) \_\_\_\_\_, my minor child/ward being allowed to participate in any way, in the Big Apple Youth Football and Cheer, Inc. ("BAYF")(dba Big Apple Youth Football and Cheer,) national championships and any other official BAYF events and activities, the undersigned agrees that Big Apple Youth Football and Cheer, Inc., is hereby granted the unrestricted and exclusive 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:

