



## **Brandon Broncos Youth Football and Cheerleading Informed Consent about Concussions and Head Injuries**

Effective July 1st, 2012 Florida Statute 943.0438 requires the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent that explains the nature and risk of concussion and head injury, each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

### **The Facts:**

- A concussion is a brain injury.
- All concussions are serious.
- Concussions can occur without the loss of consciousness.
- Concussions can occur in any sport.
- Recognition and proper management of concussions when they first occur can help prevent further injury or even death.

**What is a concussion?** A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body which causes the brain to move rapidly inside the skull. Even a "Ding", "Getting your bell rung", or what seems like a mild bump or blow to the head can be serious. Concussions can also result from a fall or players colliding with each other or obstacles, such as a goal post, even if they do not directly hit their head.

### **To help recognize a concussion, you should watch for the following signs in your athletes:**

1. A forceful blow to the head or body that results in rapid movement of the head. -and-
2. Any change in the athlete's behavior, thinking, or physical functioning.

### **Signs and symptoms of concussion that may be reported by a coach or other observer:**

- Appears dazed or stunned.
- Is confused about assignment or position.
- Forgets sports plays.
- Is unsure of game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly)
- Can't recall events prior to hit or fall.

### **Signs and symptoms that may be reported by the player:**

- Headache or pressure in the head.
- Nausea or vomiting.
- Balance problems or dizziness.
- Double or blurry vision.
- Sensitivity to light.
- Sensitivity to noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Concentration or memory problems.

- Confusion.
- Does not feel right.

Both parents/guardians and players are advised to take the Center for Disease Control's free online concussion training at <http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html>

Under Florida law the player who is suspected of having a concussion or head injury must be removed from play or practice. Before the player may return to practice or competition a written medical clearance to return stating the athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health care professional (AHCP) is defined as either licensed physician (MD as per Chapter 458, Florida Statutes) a licensed physicians assistant under the supervision of a MD/DO (as per Chapters 458.347 and 459.022, Florida statutes) or a health care professional trained in the management of concussions.

I have read and understand this consent form, and I volunteer to participate.

Player Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As parent or guardian, I have read and understand this consent form and give permission for my child named above to participate.

Parent/Legal Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# BRANDON BRONCOS YOUTH FOOTBALL



3104 s Kings Ave Brandon, FL 33511

## Equipment Rental Inventory and Agreement

Parent Initials	Equipment	Replacement Cost	Quantity
	Skirt	\$65.00	1
	Top	\$75.00	1
	Crop top	\$55.00	1

I understand that my child will be issued a uniform and equipment for use during the season. It is my responsibility to ensure the proper care and maintenance of this uniform and equipment during my Child's usage. If I'm uncertain of the proper method to maintain or clean the issued uniform or equipment, I will contact the appropriate sport equipment manager or coordinator for instruction. The organization is not responsible for repair or cost to repair issued items the organization determines as not properly maintained. All issued uniforms and equipment must be returned in the condition issued, excluding everyday wear no later than the end season ceremony. **Failure to return issued uniform or equipment will result in a theft complaint filed with the Hillsborough County Sheriff's office for recovery.**

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent License/ID number

\_\_\_\_\_  
Witness/ Witness Name



# BRANDON BRONCOS YOUTH FOOTBALL



3104 S Kings Ave Brandon, FL 33511

## Equipment Rental Inventory and Agreement

Parent Initials	Equipment	Replacement Cost	Quantity
	Helmet	\$120.00	1
	Shoulder Pads	\$55.00	1
	Chin Strap	\$10.00	1
	Game pants	\$40.00	1

I understand that my child will be issued a uniform and equipment for use during the season. It is my responsibility to ensure the proper care and maintenance of this uniform and equipment during my Child's usage. If I'm uncertain of the proper method to maintain or clean the issued uniform or equipment, I will contact the appropriate sport equipment manager or coordinator for instruction. The organization is not responsible for repair or cost to repair issued items the organization determines as not properly maintained. All issued uniforms and/or equipment **must be returned** in the condition issued, excluding everyday wear, no later than the end season ceremony. **If equipment is lost or unreturned I understand I am responsible for replacing the equipment at the costs listed above. \*\*\*Failure to return issued uniform or equipment will result in a theft complaint filed with the Hillsborough County Sheriff's office for recovery.\*\*\***

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent Driver's license number

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_/\_\_\_\_\_  
Witness/ Name of witness



# Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

**This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.**

## Part 1. Student Information (to be completed by student or parent)

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

## Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	_____	_____	26. Have you ever become ill from exercising in the heat?	_____	_____
2. Do you have an ongoing chronic illness?	_____	_____	27. Do you cough, wheeze or have trouble breathing during or after activity?	_____	_____
3. Have you ever been hospitalized overnight?	_____	_____	28. Do you have asthma?	_____	_____
4. Have you ever had surgery?	_____	_____	29. Do you have seasonal allergies that require medical treatment?	_____	_____
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	_____	_____	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	_____	_____
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	_____	_____	31. Have you had any problems with your eyes or vision?	_____	_____
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	_____	_____	32. Do you wear glasses, contacts or protective eyewear?	_____	_____
8. Have you ever had a rash or hives develop during or after exercise?	_____	_____	33. Have you ever had a sprain, strain or swelling after injury?	_____	_____
9. Have you ever passed out during or after exercise?	_____	_____	34. Have you broken or fractured any bones or dislocated any joints?	_____	_____
10. Have you ever been dizzy during or after exercise?	_____	_____	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	_____	_____
11. Have you ever had chest pain during or after exercise?	_____	_____	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	_____	_____	_____ Head	_____ Elbow	_____ Hip Thigh
13. Have you ever had racing of your heart or skipped heartbeats?	_____	_____	_____ Neck	_____ Forearm	_____ Knee
14. Have you had high blood pressure or high cholesterol?	_____	_____	_____ Back	_____ Wrist	_____ Shin/Calf
15. Have you ever been told you have a heart murmur?	_____	_____	_____ Chest	_____ Hand	_____ Ankle
16. Has any family member or relative died of heart problems or sudden death before age 50?	_____	_____	_____ Shoulder	_____ Finger	_____
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	_____	_____	_____ Upper Arm	_____ Foot	_____
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	_____	_____	36. Do you want to weigh more or less than you do now?	_____	_____
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	_____	_____	37. Do you lose weight regularly to meet weight requirements for your sport?	_____	_____
20. Have you ever had a head injury or concussion?	_____	_____	38. Do you feel stressed out?	_____	_____
21. Have you ever been knocked out, become unconscious or lost your memory?	_____	_____	39. Have you ever been diagnosed with sickle cell anemia?	_____	_____
22. Have you ever had a seizure?	_____	_____	40. Have you ever been diagnosed with having the sickle cell trait?	_____	_____
23. Do you have frequent or severe headaches?	_____	_____	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	_____	_____	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	_____	_____	Hepatitis B: _____ Chickenpox: _____		

### FEMALES ONLY (optional)

42. When was your first menstrual period? \_\_\_\_\_  
 43. When was your most recent menstrual period? \_\_\_\_\_  
 44. How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
 45. How many periods have you had in the last year? \_\_\_\_\_  
 46. What was the longest time between periods in the last year? \_\_\_\_\_

Explain "Yes" answers here: \_\_\_\_\_

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20, Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

## Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_/\_\_\_\_(\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)

Temperature: \_\_\_\_\_ Hearing: right: P \_\_\_\_ F \_\_\_\_ left: P \_\_\_\_ F \_\_\_\_

Visual Acuity: Right 20/\_\_\_\_ Left 20/\_\_\_\_ Corrected: Yes No Pupils: Equal \_\_\_\_ Unequal \_\_\_\_

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
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### MEDICAL

- |                           |       |       |       |
|---------------------------|-------|-------|-------|
| 1. Appearance             | _____ | _____ | _____ |
| 2. Eyes/Ears/Nose/Throat  | _____ | _____ | _____ |
| 3. Lymph Nodes            | _____ | _____ | _____ |
| 4. Heart                  | _____ | _____ | _____ |
| 5. Pulses                 | _____ | _____ | _____ |
| 6. Lungs                  | _____ | _____ | _____ |
| 7. Abdomen                | _____ | _____ | _____ |
| 8. Genitalia (males only) | _____ | _____ | _____ |
| 9. Skin                   | _____ | _____ | _____ |
| 10. Neurological          | _____ | _____ | _____ |
| 11. Psychiatric           | _____ | _____ | _____ |

### MUSCULOSKELETAL

- |                   |       |       |       |
|-------------------|-------|-------|-------|
| 12. Neck          | _____ | _____ | _____ |
| 13. Back          | _____ | _____ | _____ |
| 14. Shoulder/Arm  | _____ | _____ | _____ |
| 15. Elbow/Forearm | _____ | _____ | _____ |
| 16. Wrist/Hand    | _____ | _____ | _____ |
| 17. Hip/Thigh     | _____ | _____ | _____ |
| 18. Knee          | _____ | _____ | _____ |
| 19. Leg/Ankle     | _____ | _____ | _____ |
| 20. Foot          | _____ | _____ | _____ |

\* – station-based examination only

### ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_\_ Cleared without limitation

\_\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\_\_\_\_ Precautions: \_\_\_\_\_

\_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_\_ Referred to \_\_\_\_\_ For: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_



Florida High School Athletic Association

## Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

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Student's Name: \_\_\_\_\_

**ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)**

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_\_ Cleared without limitation

\_\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\_\_\_\_ Precautions: \_\_\_\_\_

\_\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Signature of Physician: \_\_\_\_\_

*Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.*



## Tri-County and Bronco Policies



Please read the below policies. The policies are enforced by our league (TCYFCC) and Hillsborough County.

- **Badges-** **only those with badges may enter the field or be involved in a practice.** All of our coaches and board members have been background checked, CPR certified and taken the necessary courses required by Hillsborough County to interact with the kids. Please during all practices and games do not come onto the field unless you have a badge saying you may do so. This is not a Bronco rule, it is the rule of Hillsborough County. They have county employees that make surprise field checks. If anyone that has not taken the proper classes is caught on the field it results in many fines for the organization.
  - If your child goes down with an injury please don't come flying over the fence onto the field. The coaches and staff will attend to the injured player/cheerleader. If the injury is serious enough, we will come and get you and bring you on to the field. We understand when your baby goes down, you naturally want to be at their side. Please let the staff evaluate the situation. More times than not we are able to aid the child.
- **Weather-** for those who have lived in the area for more than a year, you know these rainy summers can be unpredictable. If it is raining at 8:00 in the morning please don't start texting your coaches asking if there is practice. We will continue to monitor the weather throughout the day. Rain can come and go in the matter of 15 minutes around here. If we do decide there is no chance of the weather clearing **we will inform you** via email, text and Facebook. If you have not heard from us, please come to the field for practice as normal. We will practice in the rain if there is no lightning, we will practice in the mud after the rain. We will wait out the rain if it shows it will clear. We are only allowed so many practice hours a week, we want to make the most of those. We will not practice with lightning. If there is lightning in the area, we will get the kids off the field. We are not allowed to resume practice until 30 minutes after the last lightning strike.
- **Tri-County Attendance Policy-** The Broncos are a part of TCYFCC. In this league there is an attendance policy of at least 70% of games. Pre-season does count for attendance. If your child is not present for at least 70% of the games your child will not be allowed to participate in Play Offs/Superbowl or Cheer Off. Why does this rule exist? As sad and hard to believe as it is, cheating does and has happened in youth sports. In the past, teams have withheld players from games and only used them in Playoffs to gain the advantage. Same with cheer, girls were not present during games but then showing up at competitions. To avoid this, the rule was made. If you know you will not be at a game, please let your coach know as soon as you can. Injury can be an exception with the proper steps followed.
- **Gate Fees-** All the teams in our league from top to bottom are run off **volunteers**. The only people receiving a pay check are the Refs on game days. Every home team is responsible for these Refs fees. The Refs each Saturday cost around \$1,100. The gate fees go directly towards this cost. The fees are \$5 per adult, \$3 per child under 18. Players and Cheerleaders are free. Although these fees are considered a donation we strongly encourage our whole organization support this at all fields. If those funds aren't raised off the gate then it cuts into funds for other things such as equipment, uniforms etc.
- **All balances are due the first week of practice. If you have a balance on your account your child will NOT receive their equipment/uniforms until the balance is paid in full. No exceptions.**

### BRONCO CONTACTS

**President- Jerilynn Beamon 813-767-2922**

**Cheer Trustee- Charlene Linscott 813-716-8753**

**Athletic Director- Josh Beamon 813-767-8712**

**Broncos Email address- [broncoscheer@brandonbroncos.org](mailto:broncoscheer@brandonbroncos.org)**



## REFUND POLICY

**There will be no refunds given after the first day of practice, July 1<sup>ST</sup> 2021.** The only exception to this policy is if the athlete moves out of the area or has an injury. If a move or injury occurs you must provide proof of the move with the new address or a doctor's note. If you are requesting a refund and these above does not apply to you, you must come into the next board meeting and present your reasons for the request. The board will then vote on the refund. Failure to show up at the next available meeting will automatically result in the voting of no refund. I understand this policy \_\_\_\_\_ initial

## EQUIPMENT RETURN POLICY

I understand the football and cheer equipment provided to my child is a RENTAL and must be returned to the Brandon Broncos. I understand that my child will be issued a uniform and equipment for use during the season. It is my responsibility to ensure the proper care and maintenance of this uniform and equipment during my Child's usage. If I'm uncertain of the proper method to maintain or clean the issued uniform or equipment, I will contact the appropriate sport equipment manager or coordinator for instruction. The organization is not responsible for repair or cost to repair issued items the organization determines as not properly maintained. All issued uniforms and equipment **must be returned in the condition issued**, excluding everyday wear no later than the end season ceremony. **Failure to return issued uniform or equipment will result in a theft complaint filed with the Hillsborough County Sheriff's office for recovery.** I understand this policy \_\_\_\_\_ initial

## VOLUNTEER HOURS

I hereby commit myself or immediate family member to complete the required **minimum 10 volunteer** hours to the Brandon Broncos Football and Cheerleading Organization: I understand that if Volunteer Hours are not met my children will be sat and may lose their returning player status OR I will be obligated to compensate the Brandon Broncos Football and Cheerleading Organization by "buying out" at a rate of \$10.00 per hour. I understand this policy. **If I do not complete my volunteer hours I understand my card will be charged at the rate of \$10 per non completed hour** \_\_\_\_\_ initial

## PHOTOGRAPHY

I hereby consent and authorize the Brandon Broncos to release, distribute, reproduce, or publish any or all photographs/videos of organizational games, activities, or functions to bring recognition, publicity or advertisement to the organization without compensation to any person or outside organization. Photographs, Videos can be used for any of the following but not limited to Website, Yearbook, Videos, Newspapers and Sponsorships. \_\_\_\_\_ Initial

## COMPLAINTS

Complaints, concerns or misunderstandings regarding your child's team are to be addressed in the following manner:

1. Address the HEAD COACH in accordance with his/her established team policy
2. If not resolved, request a meeting with the Football/Cheer Director be scheduled.
3. If not resolved, submit a summary letter to the President via email or hand delivered. The President will contact all parties to determine a course of action.

Organizational complaints, concerns or suggestions, NOT TEAMRELATED, can be addressed in the following ways:

1. A letter addressed to the Board of Directors may be Hand Delivered to any Board Member or via email to both the President and/or Athletic Director listed on the website [www.brandonbroncos.org](http://www.brandonbroncos.org).
2. To be addressed, you must include your contact information. Letter will be presented at next scheduled board meeting.

3. A letter to the President and/or Athletic Director, requesting to present a spokesman to address the concerns in the open forum of the next scheduled Board meeting. This letter must include a subject and summary of the issue to include your recommended solution(s).

## Brandon Broncos Code of Ethics

Youth sports programs play an important role in promoting the physical, social and emotional development of children. It is therefore essential for parents, coaches and officials to encourage youth athletes to embrace the values of good sportsmanship. Moreover, adults involved in youth sports events should be models of good sportsmanship and should lead by example by demonstrating fairness, respect and self-control. The Brandon Broncos require all parents, athletes, coaches and officials to abide to the following code of conduct:

1. I will not engage or encourage my child(ren) to engage in unsportsmanlike conduct with any coach, parent, player, participant, official or any other attendee.
2. I will not engage or encourage my child(ren) engage in any behavior which would endanger the health, safety or well-being of any coach, parent, player, participant, official or any other attendee.
3. I understand that games and practices are held at County facilities. The use drugs or alcohol while at a youth sports event is NOT PERMITTED and will not attend, coach, officiate or participate in a youth sports event while under the influence of drugs or alcohol.
4. I will not engage or encourage my child(ren) in the use of profanity.
5. I will treat and encourage my child(ren) to treat every coach, parent, player, participant, official or any other attendee with respect regardless of race, creed, color, national origin, sex, sexual orientation or ability.
6. I will not engage or encourage my child(ren) to engage in verbal or physical threats or abuse aimed at any coach, parent, player, participant, official or any other attendee.
7. I will not initiate or encourage my child(ren) to initiate a fight or scuffle with any coach, parent, player, participant, official or any other attendee.
8. I understand that the Code of Ethics applies to social media platforms (such as Facebook, Twitter, Instagram, SnapChat Etc). Negative comments or post towards other teams/players/coaches/ board members and/or the Broncos may result in disciplinary action and/or dismissal.

**FAILURE TO ADHERE TO THE CODE OF ETHICS CAN RESULT IN ACTION UP TO AND INCLUDING DISMISSAL FROM THE ORGANIZATION.**

\_\_\_\_\_  
Date \_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Participant Name Signature of Parent/Guard

STATE OF FLORIDA; COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_, who is either personally known to me or provided \_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
Notary Public

**TRI-COUNTY YOUTH FOOTBALL AND CHEERLEADING CONFERENCE  
(TCYFCC)  
WAIVER AND RELEASE OF LIABILITY**

In consideration of being permitted to utilize the facilities, services and programs of the TCYFCC (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the TCYFCC, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the TCYFCC for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

In further consideration of being permitted to enter the TCYFCC for any purpose including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the TCYFCC, the undersigned hereby agrees to the following:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENTS NOT TO SUE TCYFCC and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with TCYFCC.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon, or about TCYFCC premises or in any way observing or using any facilities or equipment of TCYFCC or participating in any program affiliated with TCYFCC whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE to the undersigned or such children due to the negligence of releasees or otherwise while in, about or upon the premises of TCYFCC and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with TCYFCC.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Signature of Parent/Guard

STATE OF FLORIDA; COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is either personally known to me or provided \_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
Notary Public

# **BRANDON BRONCOS YOUTH FOOTBALL AND CHEER**

## **WAIVER AND RELEASE OF LIABILITY**

In consideration of being permitted to utilize the facilities, services and programs of the Brandon Broncos (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the Brandon Broncos, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Brandon Broncos for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children. In further consideration of being permitted to enter the Brandon Broncos for any purpose including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the Brandon Broncos, the undersigned hereby agrees to the following:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENTS NOT TO SUE BRANDON BRONCOS and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with Brandon Broncos.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon, or about Brandon Broncos premises or in any way observing or using any facilities or equipment of Brandon Broncos or participating in any program affiliated with Brandon Broncos whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE to the undersigned or such children due to the negligence of releasees or otherwise while in, about or upon the premises of Brandon Broncos and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with Brandon Broncos.

Dated: \_\_\_\_\_

Printed Name of Parent/Guardian

Participant Name Signature of Parent/Guard \_\_\_\_\_

STATE OF FLORIDA; COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me on this the day of \_\_\_\_\_ 20\_\_\_\_, by

\_\_\_\_\_, who is either personally known to me or provided

\_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_



## WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

### ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of **Brandon Broncos Youth Football and Cheer** athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. 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 my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Brandon Broncos Youth Football and Cheer their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, 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 IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

### FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

The forgoing document was acknowledged  
before me \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Your Name Here, Notary Public

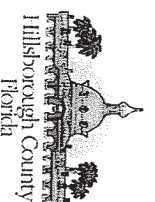
My Commission Expires: \_\_\_\_\_





# Tri County Youth Football & Cheerleading Conference

Established 2013



## PARTICIPANT REGISTRATION/INFORMATION FORM

Child's Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Name of Person \_\_\_\_\_ Phone Number \_\_\_\_\_

School attending during season \_\_\_\_\_

\*Previous season affiliation \_\_\_\_\_ Organization Child Played for last year \_\_\_\_\_

\*Waiver may be required if child participated with an organization other than the one participant is registering for

**PARTICIPATION RELEASE:** I/We the parent(s)/legal guardian(s) of the above named child, hereby give my/our permission and approval for his/her participation in any and all Tri County Youth Football & Cheerleading Conference's activities during the current year. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities, including on premises supervision of all times. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless and blameless the organizers, sponsors, supervisors, officers, Board of Trustees, coaches, trainers, and other volunteer persons, for any claim arising out of an injury to my/our child, including transportation to and from activities, except to the extent and in the amount covered by organization or association provided accident or liability insurance, if any.

**MEDICAL TREATMENT PERMISSION:** I/We, the parent(s)/guardian(s) of the above named child, authorize a physician of an licensed and certified hospital or emergency facility, the nurses and assistants, and/or other medical personnel to perform all treatment and procedures as ordered and deemed necessary as a result of any injury sustained by any child.

**EQUIPMENT RETURN AGREEMENT:** I/We, the parent(s)/guardian(s) of the above named child, agree that all equipment and uniforms issued to my/our child will be properly cared for and returned to the organization in the same condition as when issued, normal wear and tear excepted, upon the conclusion of the current season or at the time my/our child ceases participation during the current season, or at such time that the organization shall request it return. If such equipment is not returned as stated above, I/We agree to pay to the organization total replacement cost of all equipment and uniforms issued to my/our child.

I/We understand each organization within the Tri County Youth Football & Cheerleading Conference determines its own registration fees and these fees may be non-refundable. This fee is payable before my/our child is allowed to start practice. It is also required that all participants complete a sports physical by a certified physician after May 1<sup>st</sup> of the season of participation. I/We attest to the fact that I/We have furnished the organization a certified copy of my/our child's birth certificate or other certifiable proof of date of birth. I/We declare all documentation to be forthright and without misrepresentation.

I/We have read this form, certify the information provided is accurate, and agree with all the above conditions.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Notary \_\_\_\_\_ Date \_\_\_\_\_

Seal of Notary Public

Attach  
Current photo  
here

For Organization Use Only

Simple Physician's Sports Physical Statement Here

Age \_\_\_\_\_ Weight \_\_\_\_\_ Team \_\_\_\_\_  
As of July 31<sup>st</sup>

Emergency Contact \_\_\_\_\_

Phone Number other than home \_\_\_\_\_

Allergies/Medical Problems \_\_\_\_\_

Fees Paid \_\_\_\_\_  
Amount \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

Amount \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

Amount \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_

Miscellaneous \_\_\_\_\_

\*\*\*\*\*Organization Use Only\*\*\*\*\*  
I CERTIFY THE INFORMATION CONTAINED HEREIN TO BE  
TRUE AND EXACT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF ORGANIZATION OFFICIAL \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

The Tri County Youth Football & Cheerleading Conference and its member Organizations assumes no responsibility for typographical error or other situations beyond their control.