



# EAGLES



**YOUTH SPORTS PROGRAMS**  
Empowering At-Risk Youth Through Sports Development

## Student Athlete Personal Contact Information Form 2023

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ **D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_

Student ID#: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ work#: \_\_\_\_\_

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

\* I give permission for pictures to be taken and/or published of my child for football purposes only

Please Note if child has any medical conditions:

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone#: \_\_\_\_\_

Please be advised that we will also need a COPY of your child's birth certificate and report card

**\* DO NOT WRITE BELOW HERE \***  
**FOR COACH'S USE ONLY**

Birth certificate

Report card or Progress Report

Over 30 Years Of Youth Sports Development In North Lawndale  
Contact information: (email) [nlsportsleague@yahoo.com](mailto:nlsportsleague@yahoo.com) or (773) 661-7958 or (773) 440-0962



# AMERICAN YOUTH FOOTBALL

## Image Release - Minor

ASSOCIATION NAME - **NORTH LAWNSDALE EAGLES**

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 any other official AYF events and activities, the undersigned agrees that American Youth Football Inc., 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:**



**AMERICAN YOUTH FOOTBALL  
Waiver and Release of Liability - Minor**



ASSOCIATION NAME - NORTH LAWNSDALE EAGLES

**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 NORTH LAWNSDALE EAGLES, 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:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, 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 child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS American Youth Football, Inc.; its directors, officers, officials, agents, employees, volunteers, 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 INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, 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 involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

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: \_\_\_\_\_

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

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.

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

ATHLETE INFORMATION			
<b>Athlete's Name:</b>	Nick Name:	Phone: (    )	
Address:	City:	State:	Zip:
PARENT OR GUARDIAN INFORMATION			
<b>Father's Name:</b>			
Address:	City:	State:	Zip:
Hm Phone: (    )	Daytime Phone: (    )	Email:	
Employer:			
<b>Mother's Name:</b>			
Address:	City:	State:	Zip:
Hm Phone: (    )	Daytime Phone: (    )	Email:	
Employer:			
<b>Guardian's Name:</b>			
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):			
<b>EMERGENCY CONTACT:</b>		<b>Phone: (    )</b>	<b>Relationship:</b>
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 as evidenced below hereby grant permission for my child/ward to participate in any and all, \_\_\_\_\_ (Association name) 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 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.

**\*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

## Medical Clearance Form



ASSOCIATION NAME - NORTH LAWNSDALE EAGLES

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

I, as evidenced by my name and signature below, do certify that I am a State Licensed Medical Examiner in the state of \_\_\_\_\_ and am qualified in determining that:

(Childs Name: ) \_\_\_\_\_ is physically fit and I have found no medical or observable conditions which would contra-indicate his/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities.

I am therefore clearing this individual for athletic participation.

**Please Print - or - Use Office Stamp Here:**

<p>Signature: _____</p> <p>Date:        /        /</p> <p>( Must be dated after January 1st, of the Current Season )</p> <p>_____</p>	<p>Print Name Clearly: _____</p> <p>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 State Licensed Medical Examiner 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 stationery 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.



# Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name \_\_\_\_\_ School Year \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone No. \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_ Student ID No. \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

## HISTORY FORM

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.  
 Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



# Pre-participation Examination



PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_  
Last First Middle

EXAMINATION		Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
BP	/	/		Pulse	Vision R 20/	L 20/	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL		NORMAL		ABNORMAL FINDINGS			
Appearance							
<ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul>							
Eyes/ears/nose/throat							
<ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>							
Lymph nodes							
Heart <sup>a</sup>							
<ul style="list-style-type: none"> <li>Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>Location of point of maximal impulse (PMI)</li> </ul>							
Pulses							
<ul style="list-style-type: none"> <li>Simultaneous femoral and radial pulses</li> </ul>							
Lungs							
Abdomen							
Genitourinary (males only) <sup>b</sup>							
Skin							
<ul style="list-style-type: none"> <li>HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>							
Neurologic <sup>c</sup>							
MUSCULOSKELETAL							
Neck							
Back							
Shoulder/arm							
Elbow/forearm							
Wrist/hand/fingers							
Hip/thigh							
Knee							
Leg/Ankle							
Foot/toes							
Functional							
<ul style="list-style-type: none"> <li>Duck-walk, single leg hop</li> </ul>							

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes \_\_\_\_\_ No \_\_\_\_\_ Limited \_\_\_\_\_ Examination Date \_\_\_\_\_

Additional Comments:

Physician's Signature \_\_\_\_\_ Physician's Name \_\_\_\_\_

Physician's Assistant Signature\* \_\_\_\_\_ PA's Name \_\_\_\_\_

Advanced Nurse Practitioner's Signature\* \_\_\_\_\_ ANP's Name \_\_\_\_\_

\*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.