Ponte Vedra JDL Football Code of Conduct and Medical History Form

Last Name: _____ First & Middle Name: _____

Address:_____

City: _____ State: _____ Zip Code: _____

I/We, the parents of the above named participant, hereby give my/our approval to participate in any and all PVAA football or cheerleading activities. I/We assume all risks and hazards incidental to such participation including but not limited to transportation to and from the activities. I/We hereby waive, absolve, indemnify and agree to hold harmless PVPV Athletic Association, Ponte Vedra Football, the organizers, sponsors, supervisors, coaches participants and persons transporting my/our child for any claim arising out of an injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

Code of Conduct

Every parent and coach is being asked to read and agree to a "Code of Conduct". No child will be permitted to play PVAA Football or Cheerleading unless this form is signed and turned in with all other registration materials.

1. I will encourage good sportsmanship by being a good positive role model.
2. I will try my best to make athletics a positive experience for everyone involved, i.e., participants, coaches, officials, and spectators.
3. I will insist that my players will treat other players, coaches, officials and fans with respect.
4. I will show appreciation for an outstanding play by either team.
5. I will be a "team fan" not a "my child" fan.
6. If I have a concern, I will talk to the coach at the appropriate time and place, i.e. never before, during or immediately after a contest.
7. At any PVAA Football or Cheerleading event, practice, or competition, any adult who:
    1. Verbally abuses; 2) attempts to intimidate; 3) is flagrantly rude, or 4) cannot control their language or actions with an official, coach or other volunteer will be asked to leave the event.
    2. Any adult that commits a second similar offense will be banned from PVAA Football and Cheerleading events for the remainder of the season.
    3. Any adult who physically assaults an official, coach or volunteer will be banned from PVAA Football & Cheerleading events for one year from the date of the offense. After one year, the parent may apply for re-instatement. If the adult commits a second offense, he or she will be permanently banned from such events.

I, being the parent of the above named participant, have read the above "Code of Conduct" and agree to the terms and conditions.

Signed: _____ Date: _____

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PARTICIPANT MEDICAL HISTORY

1. Are there any past surgeries or scheduled surgeries?	Yes	No
2. Has your player been removed from play due to a head related injury within the last three years?	Yes	No
1. Does the participant have any allergies (penicillin, bee stings, etc)?	Yes	No
2. Does the participant have asthma and/or require the use of an inhaler?	Yes	No
3. Is the participant diabetic and/or require medication for diabetes?	Yes	No
4. Does/has the participant have/had seizures?	Yes	No
5. Does the participant wear glasses or contact lenses?	Yes	No
6. Does the participant wear a brace or other medical support device?	Yes	No
7. Does the participant have any other physical limitations or medical conditions?	Yes	No

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space:

_____
_____
_____
_____
_____

I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness, or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach and the Ponte Vedra Junior Development League Commissioner if there is any change in the medical condition of my child. I also understand that it is my responsibility to obtain written permission from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness, or accident.

Signed _____

Print Name _____

Relationship to Participant _____

Dated _____