

**Akron Little League Football, Inc.**

**P.O. Box 44**

**Akron, NY 14001**

**This section filled out by the Registrant:**

Name of Player / Cheerleader: \_\_\_\_\_ Sex: M or F  
(First) (Last)

DOB: \_\_\_\_\_ Age as of November 1, 2019: \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Grade as of September 1, 2019: \_\_\_\_\_

With whom does the child reside: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact # - \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact # - \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name of Adults who can pick up the above child: \_\_\_\_\_

**Emergency Contact Information**

Physicians Name: \_\_\_\_\_ Phone # - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # - \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Is your child presently on medication: Y or N If yes, please list and explain: \_\_\_\_\_

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Allergies: \_\_\_\_\_ Other Medical Conditions: \_\_\_\_\_

**Please read the two statements below and sign under the one that you choose. Sign only one!**

1. If my child needs medical attention, it is my wish that I be contacted before any medical procedures are taken on my child, unless treatment is necessary to save my child's life or prevent permanent injury.

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

2. If my child needs medical attention, it is my wish that treatment be started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician/EMT believes are needed. I accept responsibility for all costs related to such treatment

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

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**This section to be filled out by ALLFI:**

Date: \_\_\_\_\_ Football or Cheerleading Level: B M JV V

Birth Certificate: Y or N Insurance Card: Y or N Physical: Y or N

Code of Conduct: Y or N Lice Release: Y or N Web Site Release: Y or N

Cheer Rules: Y or N

Registration Fee: \_\_\_\_\_ (Beginner \$95.00 each \ M, JV or V \$160.00 each)

Membership Paid: \$5.00 \ member X \_\_\_\_\_ members = \_\_\_\_\_

Paid Member Name (s): \_\_\_\_\_

Volunteer Fee - \$40.00: \_\_\_\_\_

Total Due: \_\_\_\_\_

Paid In Full: \_\_\_\_\_ Cash: \_\_\_\_\_ if check, Check # \_\_\_\_\_

Credit Card # \_\_\_\_\_

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**Football:**

Jersey Size: \_\_\_\_\_ Jersey Number: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

Helmet: \_\_\_\_\_ Shoulder Pads: \_\_\_\_\_ Game Pants: \_\_\_\_\_

**Cheerleaders:**

Shirt Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_ Vest: \_\_\_\_\_ Skirt: \_\_\_\_\_

Coat: \_\_\_\_\_ Raincoat: \_\_\_\_\_ Bodysuit: \_\_\_\_\_

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2019 ALLFI Season – Lice check parental consent form:

Attention all Cheerleading and Football Parents,

This document is to inform and give permission to ALLFI to perform periodic lice inspections as needed throughout our organization and to ensure any potential problems will be handled in a private manner. The ALLFI executive board has decided in the past and will be continuing to take a proactive approach to this matter on an as needed basis. These inspections have been done in the past and will again be done by a registered nurse. ALLFI would also ask parents to do random checks at home to ensure we have no problems with lice during the season. Again, this is just to be proactive due to having a large number of children interacting in close proximity and the fact that head lice is easily transferable. We, the ALLFI Executive Board, are requiring and doing this in order to protect your child as well as all children within the organization.

If your child is found to have head lice, you, the parent, will be contacted and required to come pick up your child and he or she may not return to the program until they are lice \ nit free and cleared by ALLFI to return upon the child being treated.

Thank you for your cooperation with this matter.

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I have been notified that ALLFI will perform random head checks to control and prevent lice issues from within our organization and give them permission to do so as needed throughout the season.

Cheerleader / Football Player's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

## **Parent / Family Code of Conduct:**

- 1) Give constructive criticism during a private moment, never in front of other parents, players, officials, spectators, etc.
- 2) Support your child and coaches and refrain from excessive “sideline coaching” from the stands.
- 3) Refrain from using profanity of any kind.
- 4) Abide by a doctor’s decision in all matters of players health and injuries and physical ability to play.
- 5) Accept the decisions of officials on the field as being fair and called to the best of the referees ability. Parents must stay off the field and remain under control in order to set a good example for the players and other spectators.
- 6) Do not criticize an opposing team, its players, fans, or coaches by using words or gestures of any kind.
- 7) Support all coaches, players, officials and help teach the value of commitment to the team, sportsmanship, ethical conduct and fair play.
- 8) Inappropriate behavior is cause for immediate ejection from the stands. Repeat offenses will result in being barred from future ALLFI \ NOFA games and events in the future.
- 9) Parents will not encourage their child or any other person to engage in bad sportsmanship conduct of any kind with a coach, parent, player, participant, official or any other attendee.
- 10) ALLFI \ NOFA has a zero tolerance policy for any and all forms of drugs and alcohol at all events unless these events are deemed for ages 21 and over events.

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Participant Code of Conduct:**

- 1) Have Fun!
- 2) Be a good sport (Win or Lose), be honest, fair and always show good sportsmanship to all coaches, players, officials, fans and parents.
- 3) Learn the value of commitment to the team and the sport.
- 4) Put personal goals aside for the betterment of the team.
- 5) Show courtesy and respect to teammates, opponents, coaches and parents.
- 6) Realize that athletic contest, including practice sessions are educational experiences and opportunities.
- 7) Participant will not engage in any unsportsmanlike conduct.
- 8) Participant will not engage in any rude or disrespectful behavior.
- 9) Participant will treat everyone, including coaches, parents, players, and officials with respect, regardless of race, creed, color, nationality or gender.
- 10) ALLFI \ NOFA has a zero tolerance policy regarding sexting, electronic bullying or physical or verbal bullying of any kind. This includes, but is not limited to, forwarding of text of this nature that you might not have started, you will still be held responsible.
- 11) ALLFI \ NOFA has a zero tolerance policy for any and all forms of drugs and alcohol and any participant found in violation in any drugs or alcohol will be removed from the program immediately.

Football Player \ Cheerleader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **AKRON LITTLE LEAGUE FOOTBALL INC. PARENT'S WEB PHOTO CONSENT AND RELEASE FORM**

## **Photo Use Policy**

Akron Little League Football incorporated requires a signed release form from the subject of any photograph or image used on its web site. This form must be completed by individuals or parents of individuals who wish to submit photographs for publication or who may be the subject of photographs to be published on this website. Akron Little League Football Incorporated will not publish any image of a minor unless his or her parent or legal guardian has signed a permission form.

## **Photo Release and Consent Form**

I hereby grant permission to Akron Little League Football Inc. to use my image on its World Wide Web site without further consideration. Permission is also granted to use images of my children listed below. I understand that no names will be used on the web site unless specific permission, in written form, is given to an appropriate staff member. I understand that once any image is posted to the Akron Little League Football Inc. web site, the image can be downloaded by any computer user around the world. I hereby attest that I am the legal parent/guardian of the child(ren) listed below. This consent is effective until such times as I revoke it in writing and provide a copy of the revocation to Akron Little league Football Inc..

Effective immediately, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ (Print full legal name of Parent or Guardian)

\_\_\_\_\_ (Legal signature)

\_\_\_\_\_ (Print full legal name of minor)

\_\_\_\_\_ (Print full legal name of minor)

\_\_\_\_\_ (Print full legal name of minor)

\_\_\_\_\_ (Print full legal name of minor)

## **If you have questions regarding this policy please contact us at the following:**

President: Sean Luck (716) 949-7439 e-mail: [ixion512000@yahoo.com](mailto:ixion512000@yahoo.com)

Secretary: Anne Wood (716) 604-5331 e-mail: [anne.m.dombrowski@gmail.com](mailto:anne.m.dombrowski@gmail.com)

Mail: Akron Little League Football Inc., PO Box 44, Akron, NY 14001

This form may also be obtained from our website: [www.allfi.org](http://www.allfi.org)