



**NEIGHBORHOOD CHILDREN'S SPORTS LEAGUE**

**PARTICIPATION APPLICATION**

**Special Note:** APPLICATION MUST BE FILLED OUT COMPLETELY and is **APPLICABLE ONLY FOR 2023 SEASON**  
**\*PLEASE PRINT LEGIBLE\***

Organization Name \_\_\_\_\_

Sport: \_\_\_\_\_ Football \_\_\_\_\_ Cheer

**Legal Name of Participant (must match State ID Card)**

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

Also known as \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Parent/Guardian Email: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

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

Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact Information (if the parent/guardian cannot be reached):**

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

***NCSL Organization Use Only:***

Participation Fee: \$ \_\_\_\_\_

Transaction Type: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Other

State ID Provided: \_\_\_\_\_ Yes \_\_\_\_\_ No (If No, Reason: \_\_\_\_\_)

Division of Participation:

\_\_\_\_\_ 7U \_\_\_\_\_ 9U \_\_\_\_\_ 11U \_\_\_\_\_ 13U



**2023 PARENT/GUARDIAN AND PARTICIPANT WAIVER**      **Organization:** \_\_\_\_\_

**PERMISSION:**

I/We hereby grant permission for my child to participate in the above Neighborhood Children’s Sports League(NCSL) Organization. In the event of any injury requiring medical attention, I/We hereby grant permission to the above named organization, and NCSL staff (including volunteers) to attend to my participant seeking medical attention.

**WAIVER:**

I/We recognize that unanticipated situations and problems can arise during recreation activities that are not reasonably within the control of the recreation staff (including volunteers). I/ we therefore agree to release and hold harmless the above named organization and NCSL, its agents, officers, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorney’s fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

**RISK INFORMATION:**

I/We acknowledge the potential dangers of participation in any sport and I/We understand that participation in football, cheerleading may result in BODILY INJURY, PARALYSIS, BRAIN INJURY, PERMANENT DISABILITY AND/OR DEATH. I/We acknowledge that protective equipment does not prevent all participant injuries, and therefore I/we release, absolve, indemnify, hold harmless and waive any claim against the coaches, NCSL organization(s), and any and all organizers, sponsors, supervisors, participants, and persons transporting my child to and from activities, for any injury to my child whether the result of negligence or for any other cause.

**EMERGENCY AND MEDICAL AUTHORIZATION:**

I give permission for emergency medical/dental treatment or first aid to be administered to my child for any illness/injury/accident resulting from participation in the above named organization and NCSL activities. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured of authorized under this consent.

**HELMET WAIVER:**

I/We acknowledge, and understand the risks involved in playing FOOTBALL, which is a collision sport; the league has adopted the following warning to be read by, and signed by, both the parent/guardian and participant. DO NOT USE HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER, THIS IS IN VIOLATION OF FOOTBALL RULES AND CAN RESULT IN SEVERE HEAD, BRAIN OR NECK INJURY, PARALYSIS OR DEATH AND POSSIBLE INJURY TO YOUR OPPONENT, THERE IS A RISK THAT THESE INJURIES MAY ALSO OCCUR AS A RESULT OF AN ACCIDENTAL CONTACT WITHOUT INTENT TO BUTT, RAM OR SPEAR, NO HELMET CAN PREVENT ALL SUCH INJURIES.

**SCHOLASTIC FITNESS:**

I confirm that my child is scholastically fit or that I have provided a copy of the last report card. Further, I authorize my child’s school to release grades, report cards, and all others scholastic information to the above organization in order to comply with scholastic fitness requirements.

**COMMUNICATIONS, PROMOTIONS, AND CONSENT:**

As a condition to my child’s participation, I consent to receive communications by text, email and mail from the above named organization, NCSL, and its sponsors. I understand that the above named organization and NCSL does not sell its contact list. Communications may contain program information or special offers. I may “opt out” by instruction in the communication or by my written request to NCSL. Further, I grant NCSL the right and permission to make, reproduce, broadcast or otherwise use in perpetuity my child’s name and likeness including photograph, films, videos, recordings, or other depictions or images in any form or media throughout the universe, for promotional material, advertising, editorial, trade or other purpose. To the extent that any benefit may accrue therefrom, I forever waive any interest in or claim to such benefit and acknowledge that the above named organization and NCSL is under no obligation to exercise any rights granted herein.

**EQUIPMENT RESPONSIBILITIES:**

I/We acknowledge my responsibility for any and all equipment/uniforms loaned to my child and I agree to promptly return, upon request, the uniform and other equipment in good condition except for normal wear and tear. If I/We fail to comply, I will be responsible for the cost of such equipment/uniform.

**CODE OF CONDUCT:**

In order to uphold the goals of the above named organization and NCSL to ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians and other adults and attendees of the above named organization and NCSL events, including but not limited to practices, competitions, and banquets, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times. Any adult who is using alcohol, tobacco or non-prescription drugs and/or appears intoxicated at an above named organization and NCSL event, and/or who is flagrantly rude, attempts to intimidate, verbally abuse, heckles, taunts, ridicules, boos, throws objects and/or uses vulgarity or profane language/gestures with an official, coach, volunteer, staff member, participant or other event attendee, must receive a verbal warning and/or be asked to leave a above named organization and NCSL event. The member organization may also provide a written warning to the individual regarding the misbehavior. The adult’s children may also be removed from the event. Any adult who physically assaults an official, coach, volunteer, staff member or participant or threatens grave bodily harm may be banned from any and all NCSL events for one year from the date of the offense, and their children may also be removed from any and all of the above named organization and NCSL programs for that same period of time.

I have read and understand all of the above, and voluntarily sign this document, and further agree that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

\_\_\_\_\_  
**\*Print Parent/Legal Guardian Name**

\_\_\_\_\_  
**\*Signature Parent/Legal Guardian**

\_\_\_\_\_  
**\*Date**



### MEDICAL CLEARANCE FORM

Physical Examinations are effective for two consecutive years

Sport Participating in: \_\_\_\_\_

Participant's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_\_ Grade (September 2023 through June 2024)

School Name \_\_\_\_\_ School City \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_

Parent / Guardian Phone \_\_\_\_\_ Parent/Guardian Alt. Phone \_\_\_\_\_

- Cleared **WITHOUT** restrictions to play Tackle Football
- Cleared with **FOLLOWING RESTRICTION(S)** \_\_\_\_\_
- NOT** Cleared for Tackle Football
- PENDING FURTHER EVALUATION**

I have examined the above participant and completed the physical evaluation. The participant does not present any apparent reasoning to practice and participate in TACKLE FOOTBALL, as referenced above. A copy of the physical exam is on record and can be made available to the league at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of Physician (Print/Type) \_\_\_\_\_ **DATE OF EXAM** \_\_\_\_\_

**SIGNATURE OF LICENSED PHYSICIAN** \_\_\_\_\_

Address/Clinic: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

PLEASE NOTE: This form must be completed in its entirety **ONLY** by a Licensed State Examiner (medical doctor, nurse practitioner, etc.). **NO** other forms are acceptable unless Section II is modified or substituted **ONLY** to comply with local and/or state laws **OR** because of medical practitioner regulations (i.e. the medical practice insists on its own form). In either case, this form must still be filled out entirely and attached to any modified/substituted form that **MUST** be signed in the current calendar year.

Signature Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**\*\*Only authentic NCSL Medical Clearance Form, WIAA Athletic Permit Card or Physical Print Out for Facility will be accepted.\*\*Medical Clearance Form must be on file at time of final validation. Failure to do so may result in player not being legible to play in the season.**



## EMERGENCY MEDICAL TREATMENT CONSENT FORM

The following information will be used in the event that a parent / 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. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participants coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way.

I, \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_ do hereby give my consent to secure and authorize such emergency medical treatment as the above name might require while under the supervision of said care provider. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent.

NOTE: Every effort will be made to notify the parents/guardian, etc. in case of an emergency. In the event of an emergency, it would be necessary to have the following information:

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Carrier: \_\_\_\_\_ Group: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**If the parents/guardian is unavailable, other relatives or persons to contact in emergency:**

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**\*Print Parent/Guardian Name**

\_\_\_\_\_  
**\*Signature Parent/Guardian**

\_\_\_\_\_  
**\*Date**



## NEIGHBORHOOD CHILDRENS SPORTS LEAGUE CODE OF CONDUCT

Players, parents, and spectators are to conduct themselves in a manner that demonstrates respect to other players, coaches, officials, parents and fans. Those who conduct themselves in a manner that reflects these elements will bring recognition to football, themselves, their team and their organization. It is only through such conduct that our sport can continue to earn and maintain a positive image and make its full contribution to amateur sports. Neighborhood Children's Sports League supports the following behaviors for those who participate in the sport or are involved in any way with Neighborhood Children's Sports League. The following essential elements of the "Code of Conduct" must be followed:

- Sportsmanship and teaching the concepts of fair play are essential to the game and must be taught at all levels and developed both at home and on the field during practices and games.
- The value of good sportsmanship, the concepts of fair play, and the skills of the game should always be placed above winning.
- The safety and welfare of the players are of primary importance.
- Players should always demonstrate positive behavior and respect toward board members, teammates, opponents, coaches, officials, parents and spectators.
- Players, parents and spectators are expected to demonstrate the utmost respect for officials and reinforce that respect to players/teammates.
- Spectators involved with the game must never permit anyone to openly or maliciously criticize badger, harass or threaten an official, coach, player or opponent.
- Eligibility requirements, at all levels of the game, must be followed. Rules and requirements such as age, previous level of participation, team transfers, etc., have been established to encourage and maximize participation, fair play and to promote safety.

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***\*Print Participant Name***

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***\*Signature Participant***

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***\*Date***

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***\*Print Parent/Guardian Name***

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***\*Signature Parent/Guardian***

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***\*Date***



## CONCUSSION PARENT & ATHLETE AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. This form must be completed for every sports season and every youth athletic organization the athlete is involved with.

### Parent Agreement:

I \_\_\_\_\_ as a parent/guardian it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. This form must be on file for every sports season and every youth athletic organization the athlete is involved with and must be renewed each school year (clubs- every 365 days). I have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

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

### Athlete Agreement:

I \_\_\_\_\_ as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. This form must be on file for every sports season and every youth athletic organization the athlete is involved with and must be renewed each school year (clubs- every 365 days). I have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Signature Participant \_\_\_\_\_ Date \_\_\_\_\_