

# CLEVELAND MUNY FOOTBALL PARTICIPANT CONTRACT & MEDICAL FORM

<b>Team Name</b>							<b>PLEASE PRINT CLEARLY</b>			<b>Tackle Football</b>	<b>Flag Football</b>
Select Division of Play (circle one)	6U Flag Football	8U Flag Football	10U Flag Football	12U 7v7 Football	14U 7v7 Football	Rookie Div. (5 & 6 yrs) 7 man tackle	Termite Div. (7 & 8 yrs) 11 man tackle	Junior Div. (9 & 10 yrs) 11 man tackle	Peewee Div. (11 & 12 yrs) 11 man tackle	Bantam Div. (13 & 14 yrs) 11 man tackle	
Participant Name						Birth Date		Age (as of 7/31)		Grade	
Address						City, State, Zip Code				Ward	
School			Participated last year ____YES ____NO		Shirt Size* (Circle One) YS YM YL YXL AM AL AXL A2X A3X						
Parent/Guardian 1		Relationship to Player		Phone Number		Email					
Parent/Guardian 2		Relationship to Player		Phone Number		Email					
Does the athlete have any medical issues or limitations we should be aware of?			Comment								

## MEDICAL SERVICES AGREEMENT AND LIABILITY WAIVER

I hereby agree for my child to play with the team herein mentioned under the rules and regulations of the Cleveland Muny Football & Cheerleading League during the playing season of 20\_\_ unless otherwise assigned by the Cleveland Muny Football League. I certify that my child is not a member of any other team in this or any other league and all information given on this contract is true, and any contract falsification shall result in my child's automatic suspension from the Cleveland Muny Football League for one calendar year.

On behalf of my football/cheerleading athlete \_\_\_\_\_ I hereby release the Cleveland Muny Football League, City of Cleveland and Cleveland Metropolitan School District of any and all medical, dental or hospital expenses incurred during all practices, on the field of play or during transporting of football/cheerleading members while participating in any scheduled Cleveland Muny Football League activities. Participant/parent fully and release, discharges Cleveland Muny Football League, its subsidiaries, directors, officers, employees, insurers, sponsors, facilities and vehicles, and all organizations involved in league activities from any and all injuries including (death), losses, damages, claims, (negligence claims), lawsuits, and any other activities, including transportation related to the event.

Please Provide name of Medical Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_. However, in the event a player or cheerleader is injured, the Cleveland Muny Football League carries secondary Health Insurance which provides liability and medical insurance for league practice and league games only.

**EMERGENCY MEDICAL RELEASE:** I/We the parents/guardian of applicant give our permission for Any Emergency Treatment Necessary either on the practice field or on the game field. I/We authorize any hospital and/or physician to perform treatment for any injuries resulting from any scheduled Cleveland Muny Football League functions.

**Parent/Guardian Initial** \_\_\_\_\_

**MEDIA RELEASE:** During the course of the season, games and events for the Cleveland Muny Football League will be photographed and videotaped in order that we might retain a living memory of the season as well as publicize the Cleveland Muny Football League programs. In consideration of participation in Cleveland Muny Football & Cheerleading League, I agree that my child may be photographed and videotaped during official Cleveland Muny Football events and that the video and pictures may be published to promote or publicize Cleveland Muny Football & Cheerleading.

**Parent/Guardian Initial** \_\_\_\_\_

**WAIVER RELEASE:** I UNDERSTAND THAT CLEVELAND MUNY FOOTBALL LEAGUE DOES NOT SANCTION ANY GAMES, SLEEPOVERS, WORKOUTS OR TRIPS OTHER THAN THOSE SCHEDULED BY CLEVELAND MUNY FOOTBALL DURING THE MUNICIPAL SEASON AND ANY NON-SCHEDULED ACTIVITIES ARE NOT RELATED IN ANY WAY TO THE CLEVELAND MUNY FOOTBALL LEAGUE AND IS PROHIBITED WITHOUT WRITTEN CONSENT FROM THE DIRECTOR.

**Parent/Guardian Initial** \_\_\_\_\_

**HELMET WAIVER:** We acknowledge and understand the risks involved when playing football, which is a collision sport, the NOCSAE committee has adopted the following warning to be read by, and signed by both the parent/guardian and participant:  
 "DO NOT USE THIS 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."

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_



**PARENTS ARE NOT ALLOWED TO COME ON THE FIELD UNLESS INVITED BY MUNY PERSONNEL. CONDUCT NOT REPRESENTING GOOD SPORTSMANSHIP MAY RESULT IN EXPULSION FROM PRACTICE, GAME AND MUNY ACTIVITIES. By signing I have read and will comply with the parents code of conduct in the rules book.**

### FOR OFFICE USE ONLY:

Birth Date: \_\_\_\_\_  
 Prof: State ID / Birth Certificate / School Record  
 Medical Records / Previously verified contract  
 Certified By: \_\_\_\_\_  
 Date: \_\_\_\_\_

I have read and reviewed the above information and do hereby agree to allow my child to participate in the Cleveland Muny Football & Cheerleading program

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Coaches Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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Address						City, State, Zip Code				Ward	
School			Participated last year ____YES ____NO		Shirt Size* (Circle One) YS YM YL YXL AM AL AXL A2X A3X						
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Does the athlete have any medical issues or limitations we should be aware of?			Comment								

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**Parent/Guardian Initial** \_\_\_\_\_

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**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_



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Birth Date: \_\_\_\_\_  
 Prof: State ID / Birth Certificate / School Record  
 Medical Records / Previously verified contract  
 Certified By: \_\_\_\_\_  
 Date: \_\_\_\_\_

I have read and reviewed the above information and do hereby agree to allow my child to participate in the Cleveland Muny Football & Cheerleading program

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Coaches Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



**What is Lindsay's Law?** Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

**Which youth athletic activities are included in Lindsay's law?**

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

**What is SCA?** SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) an heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

**What is a warning sign for SCA?** If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

**What symptoms are a warning sign of SCA?** A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

**What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play?** The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

**What happens if an athlete experiences any other warning signs of SCA?** The youth athlete should be seen by a health care professional.

**Who can evaluate and clear youth athletes?** A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

**What is needed for the youth athlete to return to the activity?** There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must review information about Sudden Cardiac Arrest, then sign and return this form.

-----  
Parent/Guardian Signature

-----  
Student Signature

-----  
Parent/Guardian Name (Print)

-----  
Student Name (Print)

-----  
Date

-----  
Date





**CLEVELAND MUNY FOOTBALL**  
**Medical Clearance Form / Pre-participation Physical Exam**  
**(to be completed by Physician)**

ASSOCIATION NAME - \_\_\_\_\_

**Complete by Parent**

Medical Clearance Form - Must be dated after January 1st of the Current Season / **Date of Exam** \_\_\_\_\_

**Legal Name:** Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Sport:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of Medical Insurance Carrier** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Complete by Physician**

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **BP** \_\_\_\_\_ **Pulse** \_\_\_\_\_

**Vision R 20/** \_\_\_\_\_ **L20/** \_\_\_\_\_ **Corrected** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

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, or athletic activities.

Should there be any limitations placed on athletic participation in tackle football, flag football or cheer?

☐ Yes ☐ No

I am therefore clearing this individual for athletic participation. ☐ Yes ☐ No (if no specify reason on back)

**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>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 form should be placed into the athlete's medical file and should **not** be shared with schools or sports organizations. The Medical Eligibility Form is the only form that should be submitted to a school or sports organization.

Disclaimer: Athletes who have a current Preparticipation Physical Evaluation (per state and local guidance) on file should not need to complete another History Form.

## ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, non-binary, or another gender): \_\_\_\_\_

Have you had COVID-19? (check one): ☐ Y ☐ N

Have you been immunized for COVID-19? (check one): ☐ Y ☐ N If yes, have you had: ☐ One shot ☐ Two shots

☐ Three shots ☐ Booster date(s) \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). \_\_\_\_\_

#### Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No	
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Unsure	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			







**NORTHEAST OHIO MUNI FOOTBALL LEAGUE****PARENT/GUARDIAN CONSENT FORM FOR CHILD TO TRAVEL AND PARTICIPATE IN YOUTH FOOTBALL****Child's Information (please print)**

- **Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian Information (please print)**

- **Full Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I, the undersigned parent/guardian of the above-named child, hereby give full permission for my child to:

**Travel with (team name)** \_\_\_\_\_ to all games, scrimmages, tournaments, practices, and events sanctioned by Northeast Ohio Muni Football League whether local or out of town during the calendar season.

I understand that football is a contact sport and that participation carries certain risks, including but not limited to collisions, sprains, fractures, concussions, and other potential injuries. I accept full responsibility for the risks involved and voluntarily allow my child to participate.

In consideration of my child's participation in Northeast Ohio Muni Football League, I hereby release, discharge, and hold harmless Northeast Ohio Muni Football League, Coaches, Volunteers, Officials, and Sponsors from any and all claims, liabilities, or damages arising from injuries, illnesses, or losses incurred during practice, games, or team-related activities, including travel to and from events.

**1. Eligibility and Travel Authorization**

- **Player Eligibility:** Players must meet age, health, and participation criteria to travel. A league certified player participant contract acts as player eligibility form.
- **Parental Consent:** Consent from parents/guardians is required to travel, especially for overnight stays for out-of-town games. This form serves as the official consent to travel form.
- **Coaching Staff Approval:** Coaches traveling with teams must be approved by the league and have passed background checks and safety training. Background checks will be conducted on all authorized adult personnel.

( ) initial \_\_\_\_\_

**2. Code of Conduct**

- **Behavior Expectations:** Players, coaches, and parents must adhere to a set of behavioral expectations while traveling, including respect for teammates, opponents, officials, and host communities.
- **Team Discipline:** Violations of the code of conduct should result in disciplinary actions, which may include a warning, suspension, or removal from the trip.
- **Zero Tolerance for Drugs/Alcohol:** No use of alcohol, drugs, or tobacco products by players, coaches, or chaperones during the trip.

( ) initial \_\_\_\_\_

**3. Safety and Emergency Procedures**

- **Emergency Contact Information:** Each player's emergency contact info must be collected and kept accessible during travel.
- **Accident/Incident Reporting:** Any injury, accident, or security concern should be reported immediately to the organization coordinator, head coach and league officials.

In the event of an emergency, I authorize the team officials or representatives to obtain medical treatment for my child as necessary. I agree to be financially responsible for any medical treatment rendered.

( ) initial \_\_\_\_\_

**Waiver and Release of Liability**

I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in the Northeast Ohio Muni Football League, whether caused by negligence or otherwise. I acknowledge that Northeast Ohio Muni Football League may carry with it the potential for death, serious injury, and personal loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, and lack of hydration.

**Consent of Acknowledgement**

I have read and understand the terms of this waiver and consent form. By signing below, I confirm my agreement to the terms and acknowledge that I am the legal parent/guardian of the participant. I voluntarily sign it to allow my child to participate in youth football and travel with the team.

---

**Child's Name**

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**Parent/Guardian Signature**

---

**Date**

---

**Parent/Guardian Print Name**

---

**Coordinator/Coach Signature**

---

**Date**

---

**Coordinator/Coach Print Name**