



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **ASHLAND YMCA NFL FLAG FOOTBALL**

The Ashland YMCA will be offering NFL Flag Football to Ashland area youth this fall. The YMCA will be partnering with NFL FLAG to offer this to our community. This will be a positive and fun environment to learn the fundamentals of football. The program is open to boys and girls between the ages of five and eleven. This league will begin in the fall, so those wishing to participate must be 5 by Sept 1<sup>st</sup>, and may not turn 12 prior to Sept 1<sup>st</sup>. Games will be played on Saturday mornings. Each participant will receive a reversible NFL jersey to keep. Our last game will tentatively be an evening game "Under the Lights" at Ashland University (Jack Miller Stadium).

Registration: June 29<sup>th</sup> - Aug 1<sup>st</sup>

Late Registration: Aug 2<sup>nd</sup> - Aug 8<sup>th</sup>

Members: \$50 Non-Members: \$75

Members: \$70 Non-Members: \$95

Participant Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Parent Email \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender M/F Birth Date \_\_\_\_\_

T-Shirt size (Please Circle) YS, YM, YL, S, M, L, XL, 2XL

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (if not parent) \_\_\_\_\_ Phone \_\_\_\_\_

### **Volunteer Coaches**

Without the help of parents, these youth programs could not be possible. The support of parent volunteers in the past has been very important and very much appreciated. With that said, we need your help! Your involvement will be greatly appreciated by the people who are most important-The Kids! If you have any interest in coaching please fill out the information on the volunteer coaches application form in the packet.

*I hereby certify that my child is of normal health. I shall assume all risks related to the conduct of the program. I will hold harmless the Ashland Family YMCA, its staff, and volunteers from any claims, suites or losses including claims resulting from injury or death, accidental or otherwise. I authorize the YMCA to obtain emergency medical treatment for my child/children who will play in the NFL Flag Football program. I also permit the Ashland YMCA to use my child's image in promotion of the YMCA.*

Parents 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) a 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's 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 view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest, review the ODH SCA handout and then sign and return this form.

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Parent/Guardian Signature

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Student Signature

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Parent/Guardian Name (Print)

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Student Name (Print)

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Date

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Date

ASHLAND UNIVERSITY ATHLETIC FACILITY  
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In CONSIDERATION of being permitted to enter Ashland University's Athletic Facility for any purpose, including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned hereby acknowledges, agrees, and represents that he or she has, or immediately upon entering, will inspect such premises and facilities. It is further warranted that such entry in the Athletic Facility for observation, participation, or use of any facilities or equipment, constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for such observation or use.

IN FURTHER CONSIDERATION IN BEING PERMITTED TO ENTER THE ATHLETIC FACILITY FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY WAY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE

Ashland University, the Department of Athletics, its employees, instructors or agents; (hereinafter referred to as "releases") from all liability to the undersigned; for any loss or damage, and any claim or demands therefore on account of injury or illness to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasers or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasers and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the Athletic Facilities premises or in any way observing or using any facilities or equipment of the Athletic Facilities whether caused by negligence of the releasers or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the negligence of the releasers or otherwise, while the undersigned is in, upon, or about the premises of the Athletic Facilities and or while using the premises or any facilities or equipment hereon.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that if any portion thereof is held to be invalid, it is agreed that balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ, AFFIRMS THAT THEY ARE OF LEGAL AGE AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement, apart from the forgoing written agreement, have been made.

I HAVE READ AND SIGNED THIS RELEASE:

Name (please print) \_\_\_\_\_

Name (signature) \_\_\_\_\_

THE PARENT/GUARDIAN HEREBY AGREE that if their son/daughter is under the age of 16, they will be accompanied by an adult while they are in the Athletics Facility. If their son/daughter is older than 16, they are able to use the Athletic Facility without their parent/guardian present with full knowledge of potential risks that may occur.

Signature of Parent/Guardian of Dependent: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number: \_\_\_\_\_ Name of dependent (if applicable) \_\_\_\_\_



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## **Volunteer Coach Application**

**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Sport Program I would like to help with / Availability:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Emergency Contact**

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

### **Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

In order to promote a healthy and safe environment consistent with the mission of the YMCA, the YMCA reserves the right to deny or terminate access or membership to any person who is a registered sex offender, has been arrested for or convicted of any crime involving weapons, violence, sexual abuse, or the sale, possession and/or transportation of illegal drugs.

Have you ever been subject to a child or adult abuse investigation? If yes, please explain a date, charge and general comment.

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Signature:** \_\_\_\_\_

Thank you for completing this application form and for your interest in volunteering with  
the Ashland Family YMCA.



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## **Pandemic procedures**

We will be running this program under the Responsible RestartOhio guidelines from the Ohio Department of Health. Here are a few things to expect for this season (guidelines are subject to change).

- Health screening before practices and games

- Smaller team sizes to reduce total players on the field

- Only two game fields so we have more room for spectators and teams to warm up

- Games will have a staggered start to reduce crowds entering and leaving the facility

Guidelines may change as we get closer to our season. Any pertinent changes will be sent in emails and also addressed with coaches. We hope to have fun this season while keeping children and their families safe.

## **Important Dates:**

First Practice: Week of August 23<sup>rd</sup>

First Game: September 12<sup>th</sup>

Last Game: October 17<sup>th</sup>

Coaches meeting: August 12<sup>th</sup> @6pm

Under The lights @ AU: \*Tentative\* October 17<sup>th</sup>

**Contact Info:**  
**Alexander Byers**  
**Sports & Fitness Director**  
**Ashland YMCA**  
**419-289-0626**  
**sports@ashlandy.org**