



# TACONIC YOUTH FOOTBALL

## Medical Affidavit



CONFERENCE / ASSOCIATION

I, the undersigned, being an authorized representative and/or head coach of the Association named below, do hereby declare that all registrants of said Association have submitted a signed medical clearance form from a state licensed medical examiner confirming they are physically fit and have found no medical or observable conditions which would contra-indicate his/her from participating in youth tackle football, cheer, dance, step or athletic activities.

Additionally, all participants have provided proof of medical insurance (carrier, policy information).

I understand that the submission of this form represents **FINAL declaration**. Declarations are made on behalf of the entire Association. If any team / Association fails to comply with their declaration, it may result in the suspension and/or permanent dismissal of the entire coaching staff as well as suspension and/or revocation of the Association charter from the TYFC. Ineligible player(s) must be immediately removed from the roster & organization, and it may result in the forfeiture of games played during the TYFC season & post-season

**[ ] Association confirms all registrants have been validated locally in accordance with TYFC rules**

**ASSOCIATION Name:** \_\_\_\_\_

**Authorized Representative Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Authorized Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>8U Head Coach</b>		<b>11U Head Coach</b>	
Sign Name		Sign Name	
Date		Date	
<b>9U Head Coach</b>		<b>12U Head Coach</b>	
Sign Name		Sign Name	
Date		Date	
<b>10U Head Coach</b>		<b>13U Head Coach</b>	
Sign Name		Sign Name	
Date		Date	