

TONY DORSETT TOUCH DOWN FOOTBALL LEAGUE 2021
REGISTRATION MUST BE ACCOMPANIED BY "FULL" PAYMENT:
 CASH _____ *OR* CHECK _____

2021

(1) WHAT GRADE WILL YOUR CHILD BE IN THIS FALL? _____

(2) WHAT IS YOUR CHILD'S AGE ON SEPTEMBER 1, 2021 _____

NAME OF SCHOOL _____

NAME OF CHILD _____

LAST FIRST
 BIRTH DATE _____ WEIGHT _____

HOME ADDRESS _____

STREET CITY STATE ZIP

MAILING ADDRESS _____

STREET CITY STATE ZIP

RESPONSIBILITY PARENT(S)/GUARDIAN(S) NAME(S): _____

RELATION TO CHILD _____

EMPLOYER(S) _____

NAME OF INSURANCE _____ POLICY NO _____

FAMILY DENTIST _____ PHONE# _____

FAMILY PHYSICIAN _____ PHONE# _____

HOSPITAL PREFERENCE & PHONE # _____

**LIST BELOW ANY & ALL MEDICAL CONDITIONS THE
 COACH OR TDFL SHOULD KNOW ABOUT:**

SIGNATURE OF PARENT(S) / GUARDIAN(S) _____ DATE _____

SIGNATURE OF PARENT(S) / GUARDIAN(S) _____ DATE _____

email Address (Please PRINT) _____

LIST ALL PHONE NUMBERS (HOME/WORK/CELL/ALTERNATE) BELOW:

www.TDFL.org

2021 SEASON REGISTRATION FEES:

**CO-ED FLAG FOOTBALL
 FOR 6, 7, 8, 9, 10, 11, 12
 TACKLE FOOTBALL
 FOR 8, 9, 10, 11,**

MAY 1 - MAY 31, 2021:	\$100 for TACKLE, \$ 90 for FLAG
JUNE 1 - 30, 2021:	\$130 for TACKLE, \$100 for FLAG
JULY 1 - 15, 2021:	\$150 for TACKLE, \$110 for FLAG
JULY 16, 2021 - START OF SEASON:	\$135 for TACKLE, \$120 for FLAG

TEAMS WILL BE CREATED BY AGE.
 AGE ON SEPTEMBER 1 DETERMINES WHICH AGE GROUP YOUR CHILD
 WILL PLAY IN!

**YOU MAY ALSO CHECK OUR WEBSITE, PERIODICALLY
 AT www.TDFL.org FOR INFORMATION!**

**PRACTICE STARTS LATE JULY - EARLY AUGUST
 SEASON STARTS LATE AUGUST**

YOU WILL BE CONTACTED IN LATE JUNE FOR
 EQUIPMENT CHECKOUT AND IMPORTANT DATES!

*NEW PLAYERS**BIRTH CERTIFICATES**MUST BE VERIFIED*

ABSOLUTELY "NO" REFUNDS

THANK YOU!

Make Checks Payable / Mail Payment to:
 TOUCH DOWN FOOTBALL LEAGUE, Inc.
 POST OFFICE BOX 236
 GALLUP, NEW MEXICO 87305

**MILLENNIUM MEDIA INC
 "WILL NOT" BE
 ACCEPTING APPLICATIONS**



PLEASE MAIL!

PREVENT "LATE FEES", TURN EQUIPMENT IN IMMEDIATELY AFTER THE SEASON!

2021 Tony Dorsett Touchdown Football League
Release and Medical Waiver of All Claims

This form is to be filled out completely and filed with the Tony Dorsett Touchdown Football Association (TDFL) before applicant can participate in any practices, games, etc.

PARTICIPANT INFORMATION

Name _____
Last First Middle Nickname

Age _____ Birthdate _____ Home Phone _____

Address _____
City, State, Zip Code _____

Parent / Guardian Names: _____

Family Physician's Name: _____

Family Dentist's Name: _____

Medical Insurance Co: _____ Policy Number: _____

I/We, _____ / _____ (Parent/Guardian's Name), hereby consent to _____ (Participant's Name) participating in the 2021 Tony Dorsett Touchdown Football League ("TDFL") football season.

We (Parent/Guardian and Participant) understand that participation in a football program will expose the participant to potential injury or harm because of the nature of the sport.

We represent that the participant has no health or physical problems that will interfere with or should preclude his/her participation in this sport and that we will notify the coach if that changes. We have filled out the participant's medical history and given the names of our participant's physicians.

We hereby assume all risks associated with participating in the TDFL's football program. We further agree that the above identified player's attendance, play and/or participation in any TDFL activities shall be our sole risk.

We also understand that I/we are responsible for the return of all equipment belonging to the touchdown football league which has been issued to my/our child and will be billed in the amount of \$400 if the equipment is not returned to the league upon completion of play for the 2019 season.

We hereby fully and forever release, discharge, the TDFL, TDFL officers, directors, agents, coaches, employees, representatives, committee members, contributors and successors, for any and all claims, causes of action or liability for any injury, loss or damage sustained or incurred as a result of or in any way associated with the participant's attendance at or participation in TDFL activities.

We agree to indemnify and hold harmless TDFL, TDFL officers, directors, agents, coaches, employees, representatives, committee members, contributors and successors, from any loss, damage or expense sustained or incurred by them arising from any such claims, cause of action or liability, whether brought by one or us, anyone acting on our behalf, or anyone else because of conduct attributed to us.

We understand and agree that this Release and Waiver shall be binding upon our heirs, assign and any personal entity acting on our behalf, including a parent, guardian or next of kin.

We have read or have had read to us the above terms of the Release and Waiver, understand the terms, agree to abide by the terms, and hereby acknowledge our understanding of this Release and Waiver.

As parent or legal guardian of above named Participant, I hereby give my consent for his/her participation in the athletic events associated with TDFL. I also grant permission for treatment deemed necessary if a condition arises during participation in these activities, including medical or surgical treatment recommended by a medical doctor. I understand every effort will be made to contact me prior to treatment.

Signature of parent or legal guardian: _____ Date: _____

Signature of parent or legal guardian: _____ Date: _____

Signature of participant: _____ Date: _____

MEDICAL HISTORY

To be completed by participant, parent or guardian, to the best of your knowledge.

2021

1. Has anyone in participant's family (grandparent, mother, father, brother, sister, aunt, uncle) died suddenly before age 50?
2. Has the participant ever stopped exercising because of dizziness or passed out during exercise?
3. Does the participant have asthma (whizzing), hay fever, or coughing spells after exercise?
4. Has the participant ever had a broken bone, had to wear a cast or had an injury to any joint?
5. Does the participant have a history of a concussion (being knocked out)?
6. Has the participant ever suffered a heat-related illness (heat stroke)?
7. Does the participant have a chronic illness or see a doctor regularly for any particular problem?
8. Does the participant have only one of any paired organs? (eyes, kidneys, etc)
9. Has the participant had surgery or been hospitalized in the past year?
10. Does the athlete have / have family history of diabetes?
11. Is the athlete allergic to any medications or bee stings?
12. Does the athlete take any medicine?

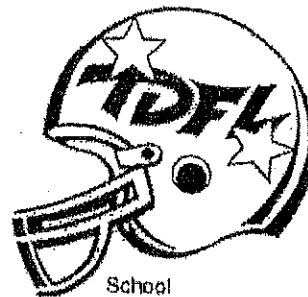
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

* Please give details of any "YES" answers from above. _____



www.TDFL.org

TONY DORSETT
 TOUCH DOWN FOOTBALL LEAGUE
 P.O. Box 236
 Gallup, New Mexico 87305



2021

Athletic Physical Form

Name Birthdate Grade School
 Address Home Phone
 Sport(s)
 Father Work phone Mother Work phone

Please give alternatives to contact in case of emergency in the event neither parent can be reached:

Name Phone Name Phone

Medical history to be completed by parent (must be signed by both parents)

	Yes	No	Yes
Any past injuries			Presently taking medication
Fainting or dizziness while exercising			History of head injury
Allergies			Significant past illness
Asthma			Orthodontia (braces)
Wears contact lens/glasses			Any ongoing medical problems
Past surgical procedures			Seizures
Any hospitalizations			Bone/joint problems
Tetanus (date)			
Comments on any Yes			
Parent/Guardian signature			

Physical Exam

Height Weight Blood pressure Pulse

Height Comments/abnormal Normal/abnormal/abnormal

General condition	Gastrointestinal
Skin	Lungs
Ears	Genito-urinary
Eyes	Neurological
Nose	Musculoskeletal
Throat	Spinal
Mouth/dental	Nutritional status
Cardiovascular	Mental health

I approve this student's participation in interscholastic sports for one year YES NO

Additional comments

PNP Signature
Date

Physician Signature
Date





COVID-19 SAFE PRACTICES

RETURN TO PRACTICE AND COMPETITION PROTOCOLS

TDFL will continuously follow protocols and any additional league expectations in accordance with the directives from the Governor's office.

All football activities will be restricted to the mass gathering limit as per the red to turquoise framework of the public health orders. Maintain the six (6) foot physical distance between youth, team managers / coaches, and parents or spectators. **FIELDS ARE RESTRICTED TO ONLY LEAGUE PERSONNEL, REFEREES, PLAYERS, COACHES, and REGISTERED TEAM PERSONNEL.**

Masks must be worn by all spectators,....adults, children and athletes during all football activities, including practices and games.

Head Coach must verify that all participants hands have been sanitized prior to the start of any football activity, including practice and games. Head Coach must keep a journal dated for each practice, game or football activity checklist of sanitized items including participants, equipment, high touch areas and the coaching staff. Hands are to be sanitized often during football practice and games, in addition to after all football activities are completed.

Parents must verify that all participant uniforms have been sanitized with a spray sanitizer such as Lysol spray prior to the start of any football activity, including practice and games. Parents are required to wash/disinfect uniform immediately after football activities, including practices and games.

All Coaches, league personnel, referees, players, registered team personnel and parents must complete and sign the COVID-19 Code of Conduct prior to the start of first practice to begin the new season. Parents, please convey the Code of Conduct Message to members of your family as they attend practices and games.

All coaches, players, registered team personnel, referees, and league personnel must wear masks during all football activities, including practice and games.

Practice facility water units are NOT to be used and are off limits. Coaches, players, and registered team personnel are to bring their own water (replenishing beverage) to be consumed during the football activity with their first and last name written on the bottle or beverage container, including practice and games. Sharing is prohibited, including beverages, food and snacks. Coaches, referees, players, registered team personnel, league personnel,..refrain from handshakes, high fives, or other physical touching before, during or after football activities, including practices and games.

In the event your child cannot participate in football activities, including practices and games due to COVID-19, please communicate with the Head Coach of your child's football team.

Parent tunnels before, during, or after practices and games are permitted.



**TDFL 2021 COVID-19 CODE OF CONDUCT
FOR HEAD and ASSISTANT COACHES,
ATHLETES and FAMILIES**

I will help prevent COVID-19 infections by:

- Staying home when I feel sick.
- Staying away from people who are coughing, sneezing, or sick.
- Washing my hands thoroughly and often with soap and water, before and after training, practice, or competition, or when I use the washroom.
- Covering my coughs and sneezes with a tissue, or my elbow. If I use a tissue, I will throw it in the garbage right away and wash my hands.
- Wearing a mask or multilayer cloth face covering (NO GATORS) that covers from nose to under chin.
- Always keeping at least 6 feet between myself and others.
- Not sharing food, water bottles, towels, or other personal items.
- Respecting the rules of the sport I am participating in.

I will care for the health and safety of others and I understand that:

- I will be removed from sport immediately if I do not follow the required COVID-Safe Practices.

I will care for my health and safety and I understand that:

- I have a commitment to preventing COVID-19 and will tell a coach or parent/guardian if I feel sick and will stop participating in training, practice, or competition immediately.
- If I have been exposed to an individual who has tested positive for COVID-19, I will be removed from sport and I will not be able to return to training, practice, or competition for 10 days.

I will take the time I need to recover because it is important for my health and I understand that:

- If I contract COVID-19, I will be removed from sport and I will not be able to return to training, practice, or competition until I have been cleared by a medical professional.

I understand that I have access to no-cost COVID-19 testing and that I am encouraged to engage in periodic COVID-19 testing while participating in sports activities.

By signing here, I acknowledge that I have reviewed and committed to this COVID-19 Code of Conduct.

Name: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

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Signature: _____ Date: _____

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Signature: _____ Date: _____