



PARTICIPANT REGISTRATION FORM

Believers Flag Football & FAFF Rookie Tackle

Welcome! Please write clearly and tell us when information changes. Believers welcomes athletes of different abilities; final enrollment follows any needed safety and support conversation.

1. PROGRAM & PARTICIPANT

PROGRAM: ☐ Believers Flag ☐ FAFF Rookie Tackle ☐ Both ☐ Trial/evaluation STATUS: ☐ New ☐ Returning

SEASON / YEAR	DATE (DD/MM/YYYY)	AGE DIVISION / GROUP	PREFERRED PRACTICE TIME

FULL LEGAL NAME	PREFERRED NAME

DATE OF BIRTH	AGE	SEX / ROSTER CATEGORY	CÉDULA / PASSPORT NO.

SCHOOL	GRADE / YEAR	NATIONALITY	PRIMARY LANGUAGE

HOME ADDRESS (COMMUNITY / CORREGIMIENTO / DISTRICT)

PARTICIPANT PHONE / WHATSAPP (IF APPROPRIATE)	PARTICIPANT EMAIL (OPTIONAL)

HEIGHT	WEIGHT	T-SHIRT	JERSEY	PANTS/SHORTS	SHOE SIZE

EXPERIENCE: ☐ First-time player ☐ Flag ☐ Tackle	Previous team/coach:	Preferred position:
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2. FAMILY & EMERGENCY CONTACTS | *Required for minors; adults age 18+ may list themselves*

PRIMARY PARENT / LEGAL GUARDIAN / ADULT PARTICIPANT	RELATIONSHIP

MOBILE PHONE	WHATSAPP	EMAIL	PREFERRED LANGUAGE

EMERGENCY CONTACT 1	RELATIONSHIP	PHONE / WHATSAPP

OTHER PEOPLE AUTHORIZED TO PICK UP THE PARTICIPANT

PICKUP: ☐ Authorized adult only ☐ Participant may leave independently ☐ Confirm with guardian each day

CUSTODY, RESTRAINING ORDER, OR SAFETY RESTRICTION STAFF MUST KNOW (ATTACH DOCUMENTS IF NEEDED)

3. MEDICAL & EMERGENCY INFORMATION | This form does not replace a medical examination

COVERAGE: ☐ Private insurance ☐ CSS ☐ Other ☐ No current coverage Insurer/policy:

PHYSICIAN / CLINIC 	TELEPHONE 	PREFERRED HOSPITAL / MEDICAL FACILITY
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☐ No known medical condition affecting participation	☐ Allergy / severe reaction / EpiPen
☐ Asthma / breathing condition / inhaler	☐ Seizures / rescue medication
☐ Diabetes / blood-sugar condition	☐ Heart, blood pressure, fainting, or circulation issue
☐ Prior concussion, head injury, or loss of consciousness	☐ Neck, back, joint, bone, or mobility condition
☐ Heat illness, dehydration, or exercise intolerance	☐ Current illness, recent surgery, or activity restriction
☐ Glasses, hearing aid, braces, or protective device	☐ Other condition important for safe participation

EXPLAIN CHECKED ITEMS, SYMPTOMS, LIMITS, AND CURRENT STATUS

ALLERGIES 	MEDICATION (NAME / DOSE / TIME)
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EMERGENCY MEDICATION/ACTION PLAN: WHERE KEPT, WHO MAY HELP, AND WHEN TO CALL EMERGENCY SERVICES

4. DISABILITY, NEURODIVERSITY & SUPPORT NEEDS | A diagnosis alone does not decide admission

Believers is inclusive. A disability or diagnosis does not automatically disqualify an athlete. Share only information that affects safety, communication, supervision, behavior, equipment, or emergency response. When needed, FAFF will talk with the family and agree on reasonable supports before final enrollment.

☐ No known support need relevant to participation	☐ Autism / social-communication support
☐ ADHD / attention / impulse-control support	☐ Learning, intellectual, developmental, or cognitive disability
☐ Anxiety, emotional, behavioral, or mental-health condition	☐ Mobility, neurological, vision, hearing, speech, or sensory limitation

HELPFUL ACCOMMODATIONS, COMMUNICATION STYLE, TRIGGERS/WARNING SIGNS, CALMING STRATEGIES, AND SUCCESSFUL COACHING APPROACHES

SAFETY: Dedicated 1:1 support? ☐ No ☐ Yes Wandering/elopement risk? ☐ No ☐ Yes Self-harm/aggression risk? ☐ No ☐ Yes

IF 1:1 OR SPECIALIZED SUPPORT IS NEEDED, WHO WILL PROVIDE IT? 	CURRENT RESTRICTIONS / ACTIVITIES TO AVOID
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5. READINESS & ROOKIE TACKLE EQUIPMENT

PHYSICIAN CLEARANCE: ☐ Not requested ☐ Attached ☐ Pending ☐ No participation until received

HEAD CIRCUMFERENCE 	HELMET SIZE/MODEL 	SHOULDER-PAD SIZE 	MOUTHGUARD/BRACES NOTES
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EQUIPMENT: ☐ Participant-owned ☐ FAFF-issued ☐ Mixed Inspection: ☐ Complete ☐ Pending FAFF item/size/ID:

6. OPTIONAL PERMISSIONS | Choices may be changed later in writing

TRANSPORT: ☐ YES, when arranged in advance with specifically approved FAFF personnel/volunteers ☐ NO FAFF-arranged transportMEDIA: ☐ YES, photos/video/audio may be used for FAFF/Believers education, promotion, fundraising, broadcasts, website, and social media ☐ NO public media useCONTACT ME BY: ☐ Phone call ☐ Email ☐ WhatsApp ☐ SMS/textOPTIONAL FEE HELP: ☐ None requested ☐ Partial help requested ☐ Full sponsorship requested

A no-media choice does not affect enrollment. FAFF will make reasonable efforts to respect it, although the athlete may appear incidentally in wide crowd or team footage. SMS consent is optional; message/data rates may apply. Reply STOP to opt out or HELP for help.

7. PROGRAM EXPECTATIONS

☐ Follow coaching, safety, facility, league, and equipment instructions.☐ Show respect; no bullying, threats, fighting, weapons, alcohol, drugs, tobacco, or vaping.☐ Report injuries, concussion symptoms, unsafe conduct, and health changes promptly.☐ Arrive on time, communicate absences, and care for borrowed equipment.☐ Understand enrollment does not guarantee position, playing time, travel, or league selection.☐ FAFF may pause participation for safety, serious misconduct, or an unmet support plan.

Faith and inclusion. Believers is a Christian, faith-guided program and normally opens and closes practices and games with prayer. Families from all backgrounds are welcome; no participant must profess a particular faith.

8. PRIVACY, RISK & MEDICAL AUTHORIZATION

Privacy. I allow FAFF to use this form for enrollment, eligibility, safety, emergencies, communication, equipment, fee help, and reasonable legal/insurance administration. Medical and disability information is limited to people who need it for safety and may be shared when needed for emergency care or required by law. I may request access or correction at info@americanfootballfilms.org.

Short participation and liability agreement. I understand that flag football, Rookie Tackle, conditioning, games, travel, and related activities can cause contact, falls, sprains, fractures, concussion, heat illness, serious injury, permanent disability, or, rarely, death; Rookie Tackle has greater collision risk. I confirm this form is accurate and will report changes in health, medication, behavior, supervision, or support needs. FAFF may remove the athlete, require medical clearance, or require a safety/support plan when reasonably necessary. If I cannot be reached, I authorize basic first aid, emergency services, appropriate transport, and reasonably necessary evaluation or treatment, and I accept costs not paid by insurance. A suspected concussion means no same-day return and clearance may be required. To the fullest extent allowed by Panamanian law, I voluntarily assume these inherent risks and release and hold harmless FAFF, Believers, Rookie Tackle, and their directors, coaches, staff, volunteers, sponsors, facilities, organizers, leagues, affiliates, and agents from claims arising from ordinary negligence connected with authorized participation, facilities, equipment, or transport I specifically authorize. This does not cover gross negligence, intentional misconduct, or liability that cannot legally be waived. Coaches and volunteers are not medical, therapeutic, or dedicated 1:1 providers unless separately agreed in writing. I have read this agreement, had the chance to ask questions, and sign freely.

☐ I have read and agree to Sections 7–8 above. Parent/guardian or adult participant initials:

9. SIGNATURES

PRINTED NAME OF PARENT/LEGAL GUARDIAN OR ADULT PARTICIPANT

CÉDULA / PASSPORT NO.

RELATIONSHIP

SIGNATURE

DATE (DD/MM/YYYY)

BEST PHONE / WHATSAPP

PARTICIPANT SIGNATURE / ASSENT (RECOMMENDED AGE 12+)

DATE