

## **GFL Paperwork Information for Football & Cheer**

For your child to participate in the GFL, you must complete the online paperwork requirements to be certified.

**\*\* Your child may not participate in early workouts or practices until this is completed. \*\***

**\*\*Note- there is a \$10 sign-up fee associated with this site. \*\***

To start the process, please go to the link below with National Sports ID. (must be this link)

**<https://www.nationalsportsid.com/gfl-age-grade-verification/>**

- 1) You will need to create a parent account or log in to your pre-existing account
- 2) Add your child
- 3) Upload player/cheerleader photo
- 4) Upload required documents & sign pre-loaded documents
- 5) Done! Once administration approves your paperwork, your child will be certified!

You will need to provide:

- 1) Your child's Birth Certificate, Passport or State issued ID
- 2) School Document (Current report card, progress report or picture of online school account)
- 3) A current 2022 physical on the GFL physical form only (see your park for paper)
  - Must be on physical form- Revised 1/2022 (see top right of page for date)
  - Must be signed by "MD, DO, PA or NP" (please make sure the doctor's office name & phone number are listed)
  - Parent must fill out history portion & sign & date
  - ALL areas of physical form must be completed to get verified
- 4) Baseline ImPACT Completion Confirmation Page (Concussion Testing)
  - This is ONLY for 11yr old, 12yr old & 8<sup>th</sup> grade football players
  - Confirmation page MUST have Player's Name, Date of Birth, Test Type, Test Date & Time, Confirmation ID and Passport ID

\* There are informational "how to" videos & step by step instructions to guide you through the process.

\* There is also Live Online help 24/7 on the National Sports ID website.

**GFL SPORTS, INC – PHYSICAL EXAMINATION FORM (VALID ONLY FOR GFL SPORTS, INC. – REVISED 1/2022)**

Name: Amir Thomas  
 Association: Parkview

Date of Birth: 11-7-11  
 Sport (circle one): FOOTBALL ~~CHEER~~

Season Year: 2022

**EXAMINATION – TO BE COMPLETED BY A MEDICAL PROFESSIONAL ONLY**

I certify that I examined Amir Thomas and recommend him/her to be physically able to compete in football/cheer contest. The following points were particularly checked, and the condition noted as follows:

Height: 58.5 Weight: 133.8 Pulse (at rest): 92 Blood Pressure (at rest): 147/77

	Normal (Please Initial)	Abnormal Findings
Heart	/	
Lungs	/	
Skin	/	
Neck	/	
Back	/	
Shoulder/Arm	/	
Elbow/Forearm	/	
Wrist/Hand/Fingers	/	
Hip/Thigh	/	
Knee	/	
Leg/Ankle	/	
Foot/Toes	/	
Functional Movement: squat, duck walk, jump	/	
Refer to Cardiologist (circle one)?	YES	<u>NO</u>

Name of healthcare professional (print): Taurus Womble NP-C  
 NPI# 1619510740

Phone: 404 315-9664  
 Signature of healthcare professional (MD, DO, NP or PA only): [Signature] Exam Date: 5/14/2022

**HISTORY – TO BE COMPLETED BY PARENT/GUARDIAN PRIOR TO PHYSICAL**

List past and current medical conditions: none  
 Have you ever had any surgery? If yes, list all past surgical procedures: no  
 Please list current medications (prescribed and over the counter): none  
 Please list any allergies (medications, pollen, food, insects etc.): none  
 Do you have an epi-pen? YES ☐ NO ☒  
 Do you wear glasses, contacts, or hearing aid? YES ☒ NO ☐  
 Explain \_\_\_\_\_

HEALTH QUESTIONS (Write YES or NO for each question)	YES	NO
Have you ever passed out or nearly passed out during or after exercise?		<input checked="" type="checkbox"/>
Have you ever had a seizure?		<input checked="" type="checkbox"/>
Has any family member or relative died of heart problems unexpected or unexplained before the age of 35?		<input checked="" type="checkbox"/>
Does anyone in your family have any generic heart problems, including implantation of a pacemaker?		<input checked="" type="checkbox"/>
Have you ever had any injury to a bone, muscle, ligament or tendon?		<input checked="" type="checkbox"/>
Do you cough, wheeze, or have difficulty breathing with exercise?		<input checked="" type="checkbox"/>
Have you ever had a concussion or head injury diagnosed by a medical professional?		<input checked="" type="checkbox"/>

**AUTHORIZATION – TO BE COMPLETED BY PARENT/GUARDIAN**

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct. As a parent of \_\_\_\_\_, I give specific permission for the GFL to have emergency medical treatment rendered to my child should my child be injured during any GFL activity and agree that the physicians and/or medical providers who render such treatments do so with my specific authority. I further agree to pay all charges related to any such emergency medical treatment rendered to my minor child and agree to hold harmless and indemnify the GFL, its member associations, coaches, and other officials from all responsibility for the payment of each medical expense. I further agree as a parent of a child participating in the GFL to hold harmless and release the GFL, its officers and directors, its member associations, its coaches, and officials from any cause of action resulting from my child's participation, my participation or any of my family members' participation in any GFL activity.

Date: 5.14.22 Signature (of parent of guardian): [Signature]