

GFL SPORTS, INC – PHYSICAL EXAMINATION FORM (VALID ONLY FOR GFL SPORTS, INC. – REVISED 1/2021)

Name: Justin Smith

Date of Birth: 4-14-2010

Season Year: 2021

Association: _____

Sport (circle one): FOOTBALL CHEER

EXAMINATION – TO BE COMPLETED BY A MEDICAL PROFESSIONAL ONLY

I certify that I examined Justin Smith 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: 69.8 Weight: 112.4/6 Pulse (at rest): 71 Pulse (after exercise): 113 Blood Pressure (at rest): 117/75

	Normal (Please Initial)	Abnormal Findings
Heart	<u>BHT</u>	
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	NO

Name of healthcare professional (print): Brenda H. Thomas, MD Phone: _____

Signature of healthcare professional (MD, DO, NP or PA only): Brenda H. Thomas, MD Exam Date: 3-15-22

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

List past and current medical conditions: ASTHMA

Have you ever had any surgery? If yes, list all past surgical procedures: NONE

Please list current medications (prescribed and over the counter): N/A

Please list any allergies (medications, pollen, food, insects etc.): Peanuts, Pollen

Do you have an epi-pen? YES _____ NO ✓

Do you wear glasses, contacts or hearing aid? YES _____ NO ✓ Explain _____

Shah Pediatrics, Inc.
Pediatric & Adolescent Medicine
310 Philip Blvd.
Lawrenceville, Ga 30046
770-962-3141

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

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, Justin Smith, I give specific permission for the GFL to have emergency medical treatment rendered to my child should my child be injured during the course of 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 any and 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: _____

Signature (of parent of guardian): Courtney Smith

ImPACT® Completion Confirmation

Name: Justin SMITH
Date of Birth: Apr 14, 2010
Test Type: Baseline
Test Date and Time: Mar 15, 2022 05:54:22 pm EDT
Confirmation ID: H_925E865B42864B6D92D99358EF74EAC
E3C6A75C713EF4416855352D4E4C339EF
Your Passport ID: M7WP-67ZG-5RY7



NEXT STEPS

Download the free ImPACT Passport® app.

Use the app to safely store your unique ImPACT Passport ID, as well as record symptoms and find local care providers who specialize in concussion care.

Save your ImPACT Passport ID.

You need this unique code to grant your healthcare provider access to your clinical reports when needed.*

**Due to the clinical nature of ImPACT, only a trained care provider can view your scores. They can access your clinical report by using your unique ImPACT Passport ID.*

GFL SPORTS, INC. REGISTRATION FORM

Name: Last Smith First Justin MI 0 Date of Birth 4-14-2010 Age (as of Sept 1, 2022) 12
 Address: 1151 Rising Moon Trl Snellville G.A 30078
 Street City State Zip
 Home Phone: 646-201-1621 School attending in fall: Alton C. Crews Grade in fall: 7
 Mother's Name: Carol Bernard-Smith Cell Phone: 347-216-8098 Email: CBS1350@gmail
 Father's Name: Courtney Smith Cell Phone: 646-201-1621 Email: CSmith6998@gmail
 Physical Defects (If Any): _____
 Comments: _____

CODE OF CONDUCT

GFL Sports, Inc., hereinafter referred to as GFL, is a recreational youth football and cheerleading program that strives to teach sports skills and techniques in an atmosphere where good sportsmanship, physical fitness, and fun are the goals. The parents, spectators, and participants must at all times conduct themselves with the utmost good character and display behavior that is in keeping with the purpose of the GFL. Improper conduct directed towards coaches, officials, or players will not be tolerated. Consumption or possession of alcohol, any controlled substance, or tobacco products at any Gwinnett Football League activity whether a practice or game is prohibited. Profanity will not be tolerated. Strict adherence to the rules of the GFL is required. Your coach has been provided an up-to-date copy of the GFL rules. As a parent or guardian, you acknowledge that you have been made aware of the GFL Code of Conduct and that you understand your obligations as it pertains to the Code of Conduct. You agree to be bound by the terms and conditions of the Code of Conduct and understand that it is your responsibility to see that all that attend games and practices with you are also so bound. You further understand that the GFL Board of Directors is empowered to enforce all provisions of the Code of Conduct as well as the rules and By-laws of the GFL Football and Cheerleading and that if you violate the terms and conditions of the Code of Conduct, the By-laws, or the rules and regulations, you can be barred from further participation in all GFL activities.

EMERGENCY MEDICAL AND SURGICAL TREATMENT AND RELEASE AND HOLD HARMLESS

As the parent or guardian of a child participating in the GFL football and/or cheerleading program you understand that such participation involves risk of injury and death. You agree to assume all risk and hazards incidental to such participation including, but not limited to, the risk incidental to all practices, games, team activities, and transportation to and from any such activities. As a parent you do hereby agree to release, waive, hold harmless, and indemnify the GFL and any of its member associations, officers, directors and coaches of the GFL, and officers and directors of any member associations, as well as all organizers, sponsors, managers, coaches, supervisors, or any other participants in the GFL from any claim arising out of any injury to your child incident to the participation in the GFL and incident to transportation to and from any GFL activity.

As a parent you further give specific permission for the GFL to have emergency medical treatment rendered to your child should your child be injured during the course of any GFL activity and agree that the physicians and/or medical providers who render such treatment do so with your specific authority. You further agree to pay all charges related to any such emergency medical treatment rendered to your minor child and agree to hold harmless and indemnify the GFL, its member associations, coaches, and other officials from any and all responsibility for the payment of such medical expenses. You 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 your participation or any of your family members' participation in any GFL activity.

AGE-BASED PROGRAM/EXCLUSIVE PARTICIPATION/ FOOTBALL

GFL is an age-based recreational football league. Many football players vary tremendously in height and weight even within the same age categories. All participants in GFL football must participate at their age level irrespective of their size or other physical limitations. The GFL will not consider any request for a football player to play in an age group other than the one he is entitled to play in by virtue of his date of birth. By completing this form, you are acknowledging you have been advised of this information prior to registering and that you nevertheless wish for your child to participate in the GFL football program. No GFL player may play or practice with any other school or organization's football team from the start of the GFL practice season until the end of the GFL season.

Mandatory for 11 year old thru 15 year old (6th, 7th, and 8th grade): By signing this form, I am providing my consent to have (pre-concussion) baseline testing with ImPACT (Immediate Post Concussion Assessment and Cognitive Testing) administered to my child named above, by Northside Hospital Sports Medicine, and that I am legally authorized to provide this consent. I understand that my child's data will be stored on a HIPAA-compliant and secure server maintained by ImPACT, Inc., and it will not be released without consent. I understand that my child will not be able to participate in sports with GFL Sports, Inc. without this baseline testing.

CS
Initial

Games that are postponed due to inclement weather, field conditions, etc. may be rescheduled to play on Sunday. Due to field availability and other scheduling issues your team may play all games at other association parks. Please initial acknowledging that you are aware that games at the home association park/field are NOT guaranteed.

In witness of our consent and agreement to the matters stated above, we have subscribed our signatures below.

5/24/2022
Date

Courtney Smith
Parent or Guardian

Date

Parent or Guardian



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

GFL Sports, Inc., hereafter referred to as "GFL" has put preventative measures in place to reduce the spread of COVID-19; however, the GFL **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending GFL activities, could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending GFL events, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at GFL events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, GFL volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at GFL events ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless the GFL, its agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the GFL, its volunteers, agents, coaches, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any GFL event.

Courtney Smith

Signature of Parent/Guardian

5/24/2022

Date

Courtney Smith

Print Name of Parent/Guardian

Justin Smith

Print Name of Participant