Orange County Youth Football League, Inc.

FORMS

OCYFL Membership Application

Organization Name:_____

Mailing Address: _____

Game Field Location: _____

_____

Practice Location: _____

_____

501(c)3:□ Yes □ No By-Laws: □ Yes □ No Date By-Laws Signed: _____

President: _____ Phone #:_____

Email: _____

Vice President: _____Phone #_____

Email: _____

Cheer Director: _____Phone #: _____

Email: _____

Estimated: Football Players: _____Cheerleaders: _____ Football Coaches: _____

- ☐ I understand that signing this form I hereby certify that the Orange County Youth Football League (OCYFL) coaching certification and background check rules will be met. I understand that the OCYFL Executive Board may at any time request documentation proving that the mandated coaching certification and background check rules have been followed. If at any time, it is found that the town of titled above has NOT complied with the mandated OCYFL regulations regarding coaching certification and background checks, I understand as President/Vice President that I will be held responsible for the non-compliance. Any non-compliance with these rules shall result in disciplinary action by the Executive Board of the OCYFL, which may include: coaching suspension, game forfeiture, Town Board member suspension, or Town wide suspension from the OCYFL, depending on the individual facts of the given violation.
- ☐ I understand and will inform my staff that volunteers must never be alone with a child without another volunteer present at all times. Meaning no one person representing the OCYFL as a Board Member, Coach, Team Mom, or any other volunteer can be alone with a single child where they cannot be observed and/or interrupted by another volunteer. The "Rule of Three" Specifies that's there should always be at least three people present. Either 2 volunteers and 1 child, or 1 Volunteer and at least 2 children. All bathroom duties should be handled by the child's parents or guardians. If a parent or guardian is not available, the "Rule of Three" applies. A volunteer(s) should have a second adult observe while inspect bathroom for safety, then remain outside when child uses bathroom.
- ☐ I have adopted the OCYFL's EAP or an EAP that is more inclusive than the OCYFL's EAP to keep with the standards of safety.
- ☐ I have an AED that is present at all practices and or games.
- ☐ I certify that I have received a copy of the official OCYFL Handbook and agree to the policies, procedures and rules put forth by Orange County Youth Football League, Inc.

Signed: _____ Dated: _____

Print Name: _____

Administration Use Only (Below this line)

	Yes	No
Annual Dues Paid		
USA Football Registered		
OCYFL Membership Application		
Completed Books		
Official Rosters Recieved		
Official Rosters Sent		
Cheerfest Medals & Fees		
USA Football Certifications Paid		

OCYFL Board Meeting Attendance:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Registered Teams:

MM	D1	D2	D3	MM Cheer	D1 Cheer	D2 Cheer	D3 Cheer

Incident/Injury Reports:

Injury Reports	
Incident Reports	

Annual Review:

_____

_____

_____

_____

_____

_____

Member in Good Standing: [ ] Yes [ ] No

Signed: _____ Signed: _____

Print Name: _____Print Name: _____

Play Down Request Form

Requesting Town: _____ Date: _____
Player's Name: _____ Date of Birth: _____ Weight: _____
Division: _____ request to play division: _____

Reason this request is being made:

_____
_____
_____
_____
_____
_____

If medical reason please ask for medical professional to complete this form:
Medical professional Name: _____

Will an approval for this request make an impact on the health and well-being of this child? Why?

_____
_____
_____
_____

_____

_____
Physicians Signature

_____
Date

Stamp

Vote outcome: Approved ☐ Denied ☐ Date: _____

X_____ X_____
Executive Board Member Executive Board Member

District Change Request

Town Requesting: _____

Board Member: _____ Position: _____

Resident town of player: _____

Reason for request:

_____

_____

_____

_____

_____

_____

Resident Town Response: _____

_____

_____

_____

Date: _____

Official Use Only below this line

This request has been: approved ☐ denied ☐

Notes:

_____

_____

_____

_____

Date: _____

_____	_____
Executive Board Member	Executive Board Member

Emergency Response Team

Date: _____ Information Recorded by: _____

Team Name: _____

Title	Name	Phone Number
Head Coach		
Assistant Coach		
CPR/AED		
Concussion Assessor		

Emergency Task Assignment	Personnel Assigned to Task
Immediate care of injured or ill person	
Concussion Assement Coach	
Emergency equipment retrieval (AED, medical kit, etc.)	
Call EMS	
Unlock and open gates for EMS	
Contact injured persons emergency contact	
Scene Control	
Follow up with League Directors post emergency	

**** Assignments should be labeled daily for volunteer staff on location, kept in binder at location****

AED USE REPORT

Date: _____

Patient information

Name: _____

Address: _____

_____

Age: _____ Gender: _____

Site of incident: _____

• Witnessed cardiac arrest	YES	NO
• Breathing upon arrival of designated responders	YES	NO
• Pulse upon arrival of designated responders	YES	NO
• Bystander CPR	YES	NO
• Cardiac Arrest after arrival	YES	NO

Number of defibrillation shocks: _____

Comments: _____

_____

_____

Rescuer's Name: _____

Rescuer's Signature: _____

Form completed by: _____

Date submitted to OCYFL via email to nyocyfl@gmail.com _____

Training

The following personnel have been trained to ensure a safe and orderly emergency action protocol:

Name	Title	Signature	Date

Orange County Youth Football League, Inc.
Logo Use Request Form

This form must be completed and submitted for approval prior to any use of the Orange County Youth Football League, Inc. (OCYFL) name or logo.

Requesting Party Information

Town Program / Organization Name: _____
Contact Name: _____
Title / Position: _____
Email Address: _____
Phone Number: _____

Membership / Affiliation Status

□ OCYFL Town Member in Good Standing
□ League-Approved Vendor
□ Other (Explain): _____

Purpose of Logo Use

(Check all that apply)

□ Team Uniforms / Apparel
□ Merchandise (shirts, hats, etc.)
□ Promotional Materials (flyers, banners, programs)
□ Website
□ Social Media
□ Event Signage
□ Other (Describe): _____

Description of Intended Use

Please describe how, where, and for how long the OCYFL logo will be used (attach additional pages if necessary):

Design & Materials

□ Logo will be used without alteration □ Proof/sample attached □ Digital use only
□ Printed materials □ Vendor involved (name): _____

Duration of Use

Start Date: _____ End Date: _____

Acknowledgment & Agreement
By submitting this request, I acknowledge and agree that: The OCYFL name and logo remain the property of Orange County Youth Football League, Inc. Approval is limited to the specific use described above The logo may not be altered without written approval Permission may be revoked at any time by OCYFL Unauthorized use may result in disciplinary action

Signature: _____ Date: _____

OCYFL Approval (League Use Only)

□ Approved □ Approved with Conditions □ Denied Conditions (if applicable):

Approved By: _____
Title: _____ Date: _____

Orange County Youth Football League, Inc
Incident Report

Town Reporting: _____ Date: _____

Location of Incident: _____

☐ Home Field ☐ Away Field ☐ Other _____

Details: _____

_____

_____

_____

_____

_____

Ejections:

☐ Player ☐ Coach ☐ Parent ☐ Volunteer ☐ Spectator

Name of person(s) ejected:

_____

_____

Head Referee Name: _____

☐ Police called ☐ Ambulance called

Date Incident was submitted to OCYFL: _____ ☐ E-mail ☐ In person

Who submitted the report to OCYFL? _____

Position: _____

OCYFL Executive Board Only

☐ Spoke with reporting town ☐ Forwarded form to the other town involved

☐ Sent all gathered information to E-Board for review, discussion & decision

Outcome of the report: _____

_____

_____

_____

☐ Decision sent to all parties involved

Updated 9-17-2025

Orange County Youth Football League, Inc
Injury Report

Player's Name: _____ Date of Injury: _____

Town: _____ Team: _____ Coach: _____

Location: Where specficially did injru take place? _____

☐ Home Field ☐ Away Field ☐ Other _____

Explain: _____

_____

Player taken to hospital or doctor? ☐ Yes ☐ No

Taken for medical attention by ☐ Ambulance ☐ Parents ☐ Other

Where Parents present ? ☐ Yes ☐ No

Where Parents notified? ☐ Yes ☐ No Notified by whom: _____

Was local league board member notified? ☐ Yes ☐ No Who? _____

Write a brief description of the injury, what action was the player doing at the time of the injury? _____

_____

_____

_____

_____

_____

_____

_____

_____

Did the player have to stop practice or game activity? ☐ Yes ☐ No

Did player return to normal practice? ☐ Yes ☐ No If yes when? _____

If the player was unable to return to normal activity, we need a doctor's note for player to return. Any player who went to doctor or hospital must have a doctor's note to return.

Date Injury Report was was submitted to OCYFL: _____

Who submitted the report to OCYFL? _____

Updated 9-17-2025