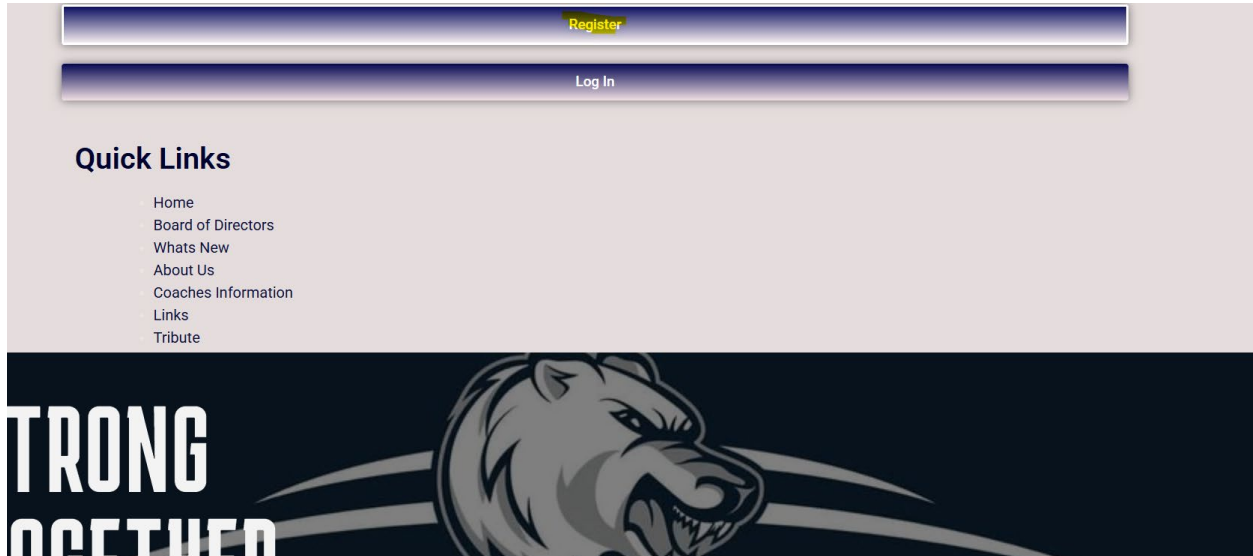


## How to Register your Athlete

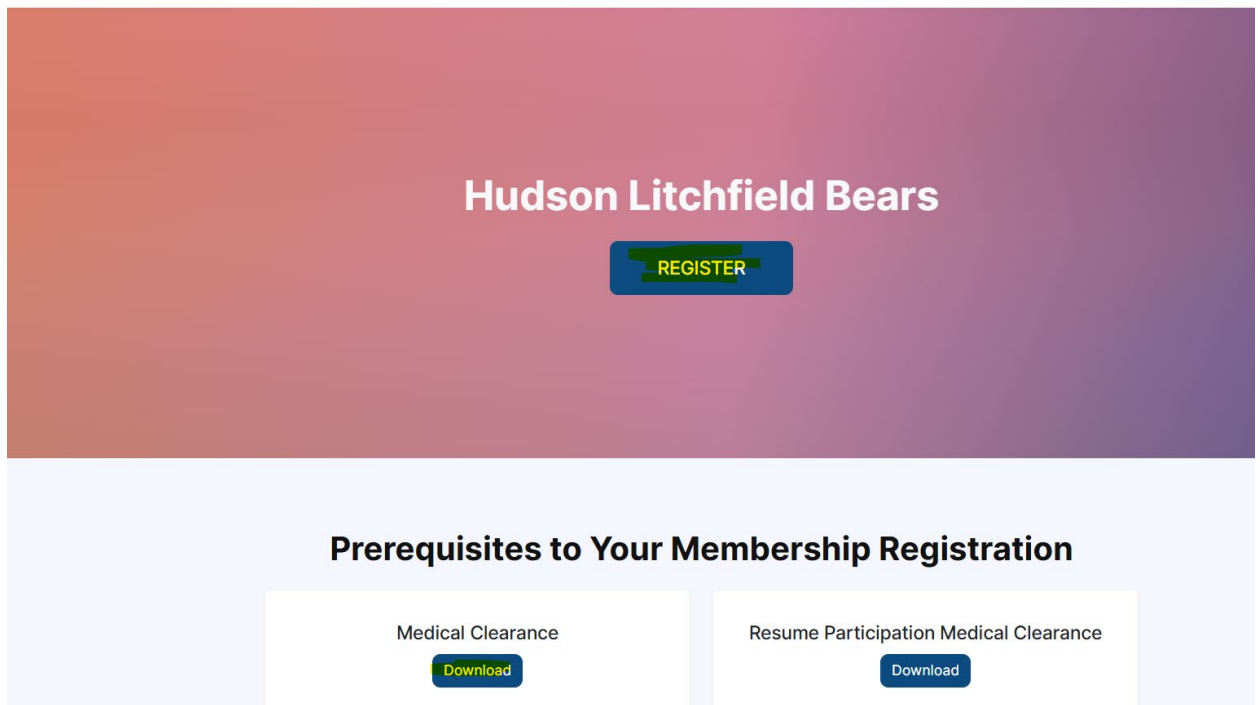
1. Navigate to [hlbears.org](http://hlbears.org).
2. Click on Register On the top of the screen:



3. A new tab will open bringing you here:  
Please ensure you download the Medical Clearance and send to your athletes Primary care. This must be completed to complete registration.



Support







- Once you have the completed medical Clearance please click register. If not completed you can still register but must add it to your athletes profile prior to the start of the season. (see below for steps on how to do so)
- Click on the sport you are registering for.
- Click on your child's age group. This will be determined based on the age they are as of July 1<sup>st</sup> 2026. Example: if your child will be 11 years old as of 7/1/26 please select 12U Cheer like below.

**Membership Types** ▼


---

Choose any one \*

**Athlete**

 <b>6U Cheerleader</b> \$210	 <b>10U Cheerleader</b> \$210	 <b>12U Cheerleader</b> \$210	 <b>14U Cheerleader</b> \$210
---	--	---	--

**Coach**

 <b>Coach/Volunteer - Cheer</b> \$10
--

[Next](#)

- Hit Next. This will bring you to your Athlete information. Please complete all required fields. Sample below

### Athlete Information ▼

<b>First Name *</b> <input type="text" value="HL"/>	<b>Last Name *</b> <input type="text" value="Bears"/>	<b>Middle Initial</b> <input type="text" value="Middle Initial"/>	<b>Preferred Name</b> <input type="text" value="Preferred Name"/>
<b>Gender *</b> <input type="radio"/> Male <input checked="" type="radio"/> Female	<b>Date of Birth *</b> <input type="text" value="01/01/2015"/>	<b>Age as of 07/01 *</b> <input type="text" value="11"/>	
<b>Grade In Fall *</b> <input type="text" value="6th"/>	<b>School in Fall *</b> <input type="text" value="Litchfield Middle School"/>	<b>School Phone Number</b> <input type="text" value="+1 (123) 456-7891"/>	
<b>Report Card/Grade Summary</b> <input type="button" value="Choose File"/>	<b>Athlete Photo</b> <input type="button" value="Choose File"/>	<b>Uniform Size</b> <input type="text" value="M"/>	
<b>Instagram</b> <input type="text" value="Instagram"/>	<b>TikTok</b> <input type="text" value="TikTok"/>	<b>X (Twitter)</b> <input type="text" value="X (Twitter)"/>	

8. Hit Next. Contact Information are next. The email listed will be the email tied to your account. I would encourage you to use your email address as the guardian for the athlete.

### Contact Information ▼

**Athlete Information**

<b>Athlete Account Email *</b> <small>Provide the email address for account login and receiving communications</small> <input type="text" value="hlbreg@gmail.com"/>	<b>Retype Athlete Account Email *</b> <input type="text" value="hlbreg@gmail.com"/>
<b>Street Address *</b> <input type="text" value="123 Main St"/>	<b>Address 2</b> <input type="text" value="Address 2"/>
<b>Country *</b> <input type="text" value="USA"/>	<b>State *</b> <input type="text" value="New Hampshire"/>
<b>City *</b> <input type="text" value="Litchfield"/>	<b>Zip *</b> <input type="text" value="03052"/>
<b>Phone Number *</b> <input type="text" value="+213 456 789"/>	

9. Next complete Parent/Guardian information. Please include all guardian information and add multiple if applies.

### Parent/Guardian Information

Contact Detail : 1

First Name *	Last Name *	Middle Initial	Preferred Name
<input type="text" value="HLB"/>	<input type="text" value="Parent"/>	<input type="text" value="Middle Initial"/>	<input type="text" value="Preferred Name"/>
Relationship *		Email *	
<input checked="" type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Guardian		<input type="text" value="hlbreg@gmail.com"/>	
Phone Number *		Alternate Phone Number	
<input type="text" value="+1 (234) 567-8912"/>		<input type="text" value="+1"/>	
Street Address *		Address 2	
<input type="text" value="123 Main St"/>		<input type="text" value="Address 2"/>	
Country *	State *	City *	Zip *
<input type="text" value="USA"/>	<input type="text" value="New Hampshire"/>	<input type="text" value="Litchfield"/>	<input type="text" value="03052"/>
Employer			
<input type="text" value="Employer"/>			

+ Add Another Contact

Next

10. Please complete emergency and medical information. This is where you will upload your medical form. You can add the form at a later date via your profile. (see below for steps)

### Emergency & Medical Information

Contact Detail : 1

First Name *	Last Name *	Middle Initial	Preferred Name
<input type="text" value="HLB"/>	<input type="text" value="Parent"/>	<input type="text" value="Middle Initial"/>	<input type="text" value="Preferred Name"/>
Phone Number *		Relationship *	
<input type="text" value="+1 (234) 561-7891"/>		<input checked="" type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Guardian <input type="radio"/> Other	

+ Add Another Contact

11. Below you will complete medical insurance and submit your medical clearance form. Please ensure that this is submitted at the time of registration to ensure no delay in your athletes ability to participate.

Medical Insurance \*

Yes

Name of Insurance Carrier \*      Policy Number \*      Policy Holder Name \*

Insurance      12365412      Insurance

Group      Group Number

123456789      123456789

Family Physician's Name      Dr. Street Address

Dr Football      456 Main St

City      State      Zip

Hudson      NH      03051

Phone      Fax      Email

+1 (234) 567-8912      Fax      Email

Preferred Hospital(s)      Allergies \* (if none, write NONE)

Preferred Hospital(s)      NONE

Medical Conditions \* (if none, write NONE)      Other \* (if none, write NONE)

NONE      NONE

Medical Clearance Form ⓘ      Resume Participation Medical Clearance Form ⓘ

Choose File      Choose File

<https://ayfprod.s3.us-east-1.amazonaws.com/compressed...> ⓘ      [Download Form Here](#)

[Download Form Here](#)

Next

12. Complete the 5 waivers. These require signatures and initials by your player.



**AMERICAN YOUTH FOOTBALL**  
Participation Contract, Tracking & ID Card



<b>First Name</b> HL	<b>Last Name</b> Bears	<b>Initial</b> N/A	<b>Perfered (nick) Name</b> N/A
<b>Street Address</b> 123 Main St	<b>City/Town</b> Litchfield	<b>State</b> New Hampshire	<b>Zip Code</b> 03052
<b>Home Phone</b> +213 456 789	<b>Date Of Birth(M/D/YR)</b> 01/01/2015	<b>Age as of 07/01</b> 11	
<b>Parent/Guardian First Name</b> HLB	<b>Parent/Guardian Last Name</b> Parent	<b>Grade in Fall</b> 6th	<b>School in Fall</b> Litchfield Middle School
<b>School Phone</b> +1 (123) 456-7891		<b>Home Email Address</b> hlbreg@gmail.com	
<b>Medical Insurance</b> Yes	<b>Name of Insurance Carrier</b> Insurance	<b>Policy #</b> 12365412	

I acknowledge that I am fully aware of the potential dangers of participation in any sport, and I fully understand that participation in football, cheerleading, dance and/or step may result in SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR DEATH. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries. I, the parent/guardian of the above-named participant, do hereby give my approval for my child/ward to participate, and further assert that I have verified with my child/wards' physician, and in my opinion, my child/ ward is physically fit and can participate without limitation in any and all Local, Regional, National, League/Conference, Association and team/squad activities, including transportation to and from the activities by a licensed driver.

**SCHOLASTIC FITNESS**

[Edit Signature](#)

I am of the opinion that my son/daughter/ward is scholastically fit and would benefit by participation in this program. I agree to submit a copy of my son/daughter/ward's last completed grade, end of year/last complete report card or a written statement of scholastic fitness from the school administration.

**HELMET WAIVER (for football participants)**

[Edit Signature](#)

We acknowledge, AND WE understand the risks involved in my CHILD/WARD, my playing FOOTBALL, which is a collision sport, the NOCSAE committee has adopted the following warning to be read by, and signed by, both the parent/ guardian and participant. "DO NOT USE THIS HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER, THIS IS IN VIOLATION OF FOOTBALL RULES AND CAN RESULT IN SEVERE HEAD, BRAIN OR NECK INJURY, PARALYSIS OR DEATH AND POSSIBLE INJURY TO YOUR OPPONENT, THERE IS A RISK THAT THESE INJURIES MAY ALSO OCCUR AS A RESULT OF AN ACCIDENTAL CONTACT WITHOUT INTENT TO BUTT, RAM OR SPEAR, NO HELMET CAN PREVENT ALL SUCH INJURIES."

**EQUIPMENT UNIFORM RESPONSIBILITY**

**Parent/Guardian Initial**

**Player Initial**



**AMERICAN YOUTH FOOTBALL**  
Emergency Medical Treatment, Consent, and Information



The following information will be used in the event that a parent / legal guardian is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. Please fill out this form completely. If a particular question is not applicable write 'none', n/a, or other appropriate comment otherwise none will be assumed. If additional space is needed, please use the back of this form. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participants coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way.

### ATHLETE INFORMATION

<b>Athlete's Name</b>	<b>Nick Name</b>	<b>Phone</b>	
HL Bears	N/A	+213 456 789	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
123 Main St	Litchfield	New Hampshire	03052

### PARENT OR GUARDIAN INFORMATION

Parent/Guardian : 1

<b>First Name</b>	<b>Last Name</b>		
HLB	Parent		
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
123 Main St	Litchfield	New Hampshire	03052
<b>Home Phone</b>	<b>Daytime Phone</b>	<b>Email</b>	<b>Employer</b>
+1 (234) 567-8912	N/A	hlbreg@gmail.com	N/A

### FAMILY MEDICAL INSURANCE

<b>Carrier</b>	<b>Group</b>	<b>Policy #</b>	
Insurance	123456789	12365412	
<b>Group #</b>	<b>Policy Holder Name</b>		<b>Family Physician's Name</b>
123456789	Insurance		Dr Football
<b>Doctor's Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
456 Main St	Hudson	NH	03051
<b>Phone</b>	<b>Fax</b>	<b>Email</b>	
+1 (234) 567-8912	N/A	N/A	

### EMERGENCY MEDICAL INSURANCE

<b>Preferred Hospital(s)</b>		
N/A		
<b>Emergency Contact</b>	<b>Phone</b>	<b>Relationship</b>
HLB Parent	+1 (234) 561-7891	Mother

The following information will be used in the event that a parent / legal guardian is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. Please fill out this form completely. If a particular question is not applicable write 'none', n/a, or other appropriate comment otherwise none will be assumed. If additional space is needed, please use the back of this form. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participants coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way.

<b>Allergies</b>	<b>Medical Conditions</b>	<b>Other</b>
NONE	NONE	NONE

I as evidenced below hereby grant permission for my child/ward to participate in any and all

Hudson Litchfield Bears
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(Association name) and, American Youth Football, Inc. program(s), event(s), including but not limited to, athletic, social and/or fundraising activities. I further consent to the administration of any and all medical treatment necessary to stabilize and or treat any medical condition or medical emergency to which my child/ward is afflicted. I understand that this authorization is given prior to the need for medical care, but given in advance to avoid any unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of their best judgment.



**AMERICAN YOUTH FOOTBALL**  
Release of Liability for Minor



**ASSOCIATION NAME**

Hudson Litchfield Bears

**IN CONSIDERATION OF**

HL Bears

my child/ward, being allowed to participate in the American Youth Football American Youth Cheer Regional/National Championships, and or the football and or cheer programs of

**(association name)**

Hudson Litchfield Bears

the Local Organization, which is a legally distinct and organization not operated or controlled by American Youth Football, despite its membership with American Youth Football, Inc. the undersigned acknowledges and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,

2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,

3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS American Youth Football, Inc.; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**Print Name of Parent/Guardian**

HLB Parent

**Parent/Guardian Signature**

**Date Signed**

02/16/2026

[Edit Signature](#)

**UNDERSTANDING OF RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

**Print Name of Participant:**

HL Bears

**Participant's Signature**

**Date Signed**

02/16/2026

[Edit Signature](#)

[Previous](#)

[Submit & Next](#)

- Waiver : Image Release ▼
- Waiver : Mild Traumatic Brain Injury (MTBI) / Concussion Statement and Acknowledgement ▼



**AMERICAN YOUTH FOOTBALL**  
Image Release for Minor



**ASSOCIATION NAME**

Hudson Litchfield Bears

**READ BEFORE SIGNING**

**In consideration of (insert child's name)**

HL Bears

my minor child/ward being allowed to participate in any way, in the American Youth Football, Inc. ("AYF") (dba American Youth Football and American Youth Cheer,) national championships and any other official AYF events and activities, the undersigned agrees that American Youth Football Inc., is hereby granted the unrestricted right and permission, free from approval or review, to copyright and/or use my child's/ward's likeness in all media now or hereafter known, including but not limited to, pictures and videos of my child which he/she may be included intact or in part for promotion or other commercial use.

**Print Name of Parent/Guardian**

HLB Parent

**Parent/Guardian Signature**

**Date Signed**

02/16/2026

[Edit Signature](#)

[Previous](#)

[Submit & Next](#)





**AMERICAN YOUTH FOOTBALL**  
Mild Traumatic Brain Injury (MTBI) / Concussion Statement and  
Acknowledgement Form



I, HL Bears (athlete), have chosen to participate in an a sport where injuries may occur and I do understand that it is my responsibility to report all of my injuries and illnesses or suspected injuries and illnesses to the organization's staff, including but not limited to: coaches, team physicians, and athletic training staff. I further understand and recognize that my health and safety is the most important thing and without disclosing all injuries and or illnesses, it can not be properly determined if you are in the physical condition necessary to participate. I understand that I must provide a full and accurate medical history including any symptoms, health complaints and any prior injuries and/or disabilities I have experienced before, during or after athletic activities.

**By signing below, I acknowledge:**

- My organization has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion>) on what a concussion is and has given me an opportunity to ask questions.
- I ACKNOWLEDGE THAT I HAVE READ THE FACT SHEET on the CDC website for Parents and Players.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician, athletic trainer, coach, parent volunteer, or official.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified healthcare professional.
- Following concussion the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Document was last saved: Just

Based on the incidence of concussion as published by the CDC football and cheer, among other sports, have been identified as high risk for concussion.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and agree to be bound by this document.

<b>Student Athlete's Name</b>	<b>Student Athlete's Signature</b>	<b>Date</b>
<input type="text" value="HL Bears"/>	<input type="text" value="Signature"/>	<input type="text" value="02/16/2026"/>
	<input type="button" value="Edit Signature"/>	
<b>Parent/Legal Guardian Name</b>	<b>Parent/Legal Guardian Signature</b>	<b>Date</b>
<input type="text" value="HLB Parent"/>	<input type="text" value="Signature"/>	<input type="text" value="02/16/2026"/>
	<input type="button" value="Edit Signature"/>	

13. Lastly you will be navigated to the Payment page. If you are registering multiple athletes please outreach [hlbreg@snhu.edu](mailto:hlbreg@snhu.edu) for our sibling discount.

Register — Waiver/  
Acknowledgement — **Payment** — Confirmation

### Total Amount

Membership fee	\$210.00
Discount Code	
Enter your Discount Code	<b>Apply Discount Code</b>
Sub Total	\$210.00
Payment Processing Fee ⓘ	\$9.35
<b>Total</b>	<b>\$219.35</b>

### Card Information

Card Number \*  
 Autofill link

Name On Card \*

Expiry Month/ Year \* CVC/CVV \*

### Billing Address

Same as

Address \*

Country \* State \*

City \* Zip Code \*

**Confirm**

I agree to the [Terms and Conditions](#)

Previous
Pay Now

Powered by iSportz

- Once the payment is processed you will get 2 emails from isportz. An email confirming your registration and a link to create an account. Once the account is created you can stay up to date with schedules and adjust registration info!

15.

**Individual - 12U Cheerleader**

Membership # [REDACTED]

Start Date: 02/14/2026 | **319** Days Remaining | Expiry Date: 12/31/2026 | Print Book

**Additional Information**

Preferred Name N/A	Age as of 07/01 11	Grade In Fall 6th
School In Fall	School Phone Number	Report Card/Grade Summary

**Membership History**

**14** Active Membership  
Feb 2026  
Athlete-12U Cheerleader  
Transaction Id: ch\_3T0mEmH6PWzvYw15IgwvS179

## How to add information after registration:

If you need to alter or add to your registration or profile you can do so by logging into your profile and click on the pencil below your athletes photo.



You can click on any tab to make an update. Waivers would be uploaded via emergency/medical details.

