

**USFL ATHLETE LICENSE ON SITE APPLICATION**

**\$80**

***Note – Regular USFL License is done online for \$50***

**REQUIRED MATERIALS:**

- BIRTH CERTIFICATE OR GOVERNMENT DOCUMENT PROVING AGE
- ANNUAL SPORTS PHYSICAL DATED AND SIGNED BY DOCTOR
- SIGNED & INITIALED WAIVER W/ ACKNOWLEDGMENT OF RECEIPT FOR CONCUSSION EDUCATION MATERIALS

**PLEASE PRINT IN CLEAR BLOCK LETTERS**

**ATHLETE NAME:**

**ATHLETE DATE OF BIRTH:**

**ATHLETE AGE:**

**ATHLETE WEIGHT:**

**ATHLETES TEAM NAME**

**ATHLETE CITY:**

**ATHLETE STATE:**

**ATHLETE ZIP CODE:**

**PARENT/ GUARDIAN NAME:**

**PARENT/ GUARDIAL PHONE NUMBER:**

**PARENT/ GUARDIAN EMAIL:**

**NAME OF OFFICIAL COLLECTING MATERIALS:**

### **Additional terms & conditions for the USFL league:**

1. By registering for participation in the USFL (United States Fight League), I acknowledge that my child understands the rules and regulations of the USFL Pankration and is qualified to participate in active competition.
2. I acknowledge that my child is medically fit and covered under valid health insurance.
3. I FULLY UNDERSTAND that (a) USFL (United States Fight League) activities involve risks and dangers of SERIOUS BODILY INURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("Risks"); (b) these Risks and dangers may be caused by me (my child) or the actions or inactions of others participating in the activity, the condition in which the activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be other risks and social and economic losses either known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my (my Child's) participation in these activities.
4. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS USFL (United States Fight League) it's officials, representatives, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activities take place (each considered one of the "Releases" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releases" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my behalf makes a claim against any of the Releases named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.
5. In the event of an emergency, I hereby authorize any licensed medical personal to perform any accepted medical procedure deemed necessary and I agree to bear the expense of such treatment.
6. I understand and agree that my child may be photographed and/or filmed during USFL competitions.
7. I further agree and understand that my child's image may be displayed on magazines, web sites, DVD's, Videos and all other sources of media without further notice or action.
8. I affirm that all the information I provided is accurate and true to the best of my knowledge.

### CONSENT AND RELEASE OF PARENT OR GUARDIAN

I am the parent or legal guardian of the minor child applying for a license to compete in USFL Sanctioned Pankration. My minor child is fit for participation in USFL Pankration and Grappling bouts, and I consent to my child's participation. **I HAVE READ AND UNDERSTAND THE ABOVE FORM AND WAIVER AND RELEASE OF LIABILITY.** In consideration of allowing my child to participate, I consent to it and agree that **IT'S TERMS SHALL LIKEWISE BIND ME, MY CHILD, MY HEIRS, LEGAL REPRESENTATIVES AND ASSIGNEES. I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM EVERY CLAIM AND ANY LIABILITY** that I or my child may allege against the Releases (*include reasonable attorney's fees or costs*) as a direct or indirect result of injury to me or my child because of my child's participation in an USFL Sanctioned Pankration or Grappling Bout, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES** or others. **I PROMISE NOT TO SUE THE RELEASEES** on my behalf or on behalf of my child regarding any claim arising from my child's participation in this USFL Sanctioned Pankration or Grappling bout.

**Signature of parent:**

**Printed Name:**

**Date:**

\_\_\_\_\_ (Initial) **In addition to these terms and conditions I have been provided educational information on Concussions and Dehydration.**

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### YOUTH ATHLETE PORTION

#### **I AGREE TO ABIDE BY THE USFL CODE OF CONDUCT:**

- Accept accountability for all behavior and its outcomes
- Honor obligations and promises
- Exercise self-control
- Be fair with others in dealings on and off the mat, ring, cage, and etc.
- Take pride in themselves and their accomplishments, but never at the expense of demeaning another person or group
- Respect the efforts of others
- Respect authority
- Compete by the spirit, not just the letter, of the rules of the sport/event
- Strive to make the USFL better through support and contribution as a member and as a citizen

\_\_\_\_\_ (initial) **I have been provided educational information on Concussions and Dehydration.**

**Signature of Athlete:**

**Printed Name:**

**Date:**



# United States Fight League

P.O. Box 451 Lake Forest, California 92630, FAX: 949-305-9170, EMAIL: [jon@fightleague.org](mailto:jon@fightleague.org)

## YOUTH PANKRATION PHYSICAL

Name:	Address:	D.O.B.	Age:
City:	State:	Zip:	Phone:

### QUESTIONS FOR THE ATHLETE: IF YES, EXPLAIN BELOW (Must be completed by parent/guardian)

1. Are you currently being treated by a doctor for any condition?  
Explain:
2. Have you had any concussion?  
Explain:
3. Have you ever been rendered unconscious?  
Explain:
4. Have you received a head injury in the last 6 weeks?  
Explain:
5. Have you had any headaches in the last 2 weeks?  
Explain:
6. Do you have any bleeding disorders or problems with excessive bleeding?  
Explain:
7. Do you have any history of Hepatitis B or C, or HIV infection?  
Explain:
8. Have there been any unexpected deaths or history of disease in your family?  
Explain:
9. Have you had any surgeries?  
Explain:
10. Have you ever had to stay in the hospital?  
Explain:
11. Have you ever had swollen joints?  
Explain:
12. Have you ever had any shortness of breath, fainting or dizzy spells?  
Explain:
13. Have you ever had any convulsions or seizures?  
Explain:
14. Do you have any other medical conditions not mentioned above?  
Explain:

***This page is the questionnaire for doctor. Not needed by USFL***



# UNITED STATES FIGHT LEAGUE CERTIFICATE

**Athlete's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

MEDICAL CERTIFICATE				REMARKS
If Athlete had a concussion in the past year, please certify that:	Medical Examination following rest period after concussion was normal. Athlete fit to compete.	Normal	Abnormal	
General Medical Exam	List abnormalities not covered in specific system exams below:			
Mental Status/Psychological	Brief Survey	Normal	Abnormal	
Head	Cranial nerves, eyes pupil size and reactivity.	Normal	Abnormal	
	Mouth, teeth, throat	Normal	Abnormal	
	Ears	Normal	Abnormal	
	Temporomandibular joint	Normal	Abnormal	
Neck	Cervical spine, lymph nodes	Normal	Abnormal	
Chest	Breath sounds, rib tenderness on compression	Normal	Abnormal	
Cardiovascular System	Pulse/blood pressure (record)	Normal	Abnormal	
	Heart examination: Sounds, murmurs, heaves, size, rhythm	Normal	Abnormal	
Orthopedic System	Upper limb: Shoulder, wrist, hand, fingers	Normal	Abnormal	
	Lower Limb: Foot, ankle, knee, hip	Normal	Abnormal	
Neurological System	Reflexes	Normal	Abnormal	
	Verbal responses	Normal	Abnormal	
	Motor responses and balances	Normal	Abnormal	
Allergies	(Record)	Yes	No	
	Type of Reaction (Record)			
Medications used	Name and dosage (List)	Yes	No	

**Medical Doctor**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

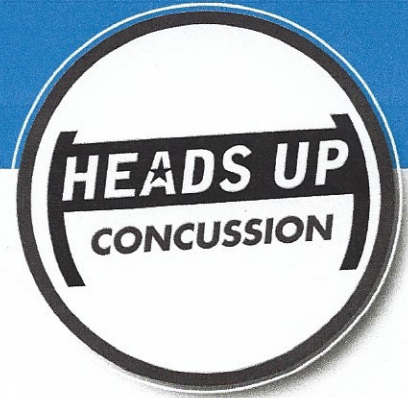
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved for competition: YES NO (YES OR NO MUST BE CIRCLED)

**THIS PAGE MUST HAVE NAME OF ATHLETE ON TOP WITH DOCTORS SIGNATURE OR STAMP & DATE**

# PARENT & ATHLETE CONCUSSION INFORMATION SHEET



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

## DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

[ INSERT YOUR LOGO ]

## SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

## SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

▶ **"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"**

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:


- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

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TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

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HEADS UP

## THE DANGERS OF CUTTING WEIGHT AND DEHYDRATING

Unhealthy and dangerous weight loss practices continue to be a serious problem in combat sports. One recent study found that 39% of MMA fighters were entering competition in a dehydrated state. Heat illness and death in athletes have already happened in the sports of wrestling and MMA. It's been shown that excessive weight loss, rapid weight loss, and repeated cycling of weight gain/loss, causes decreased performance, hormonal imbalance, decreased nutrition, and increased injury risk. Other life-threatening problems associated with improper weight loss and dehydration include:

- **Decreased Muscle Strength and Endurance:** Decreased blood flow to muscles makes them work less well.
- **Decreased Heart and Cardiovascular Function:** The heart works harder *and* less efficiently.
- **Reduced Energy Utilization, Nutrient Exchange and Acidosis:** With decreased blood flow to tissues nutrients don't get delivered, and the body's waste products do not get removed as well. A buildup of acid occurs which changes cells' functions in the body.
- **Heat Illness:** This takes on four forms: heat cramps, heat syncope (loss of consciousness), heat exhaustion, and heat stroke (which may be fatal). Dehydration results in decreased blood flow to skin and muscles. This is followed by decreased ability to regulate body temperature. The ability to sweat becomes impaired and core body temperature can rise. This increases the threat of all of these to poorly hydrated athletes doing strenuous workouts.

### **DON'T:**

- Don't use extreme methods for making weight such as excessive heat methods (rubberized suits, steam rooms, saunas), excessive intense bouts of exercise, vomiting, laxatives and diuretics.
- Don't use dehydration as a mainstay of making weight. In addition to the above, it puts you at risk of improper rehydration techniques — when, in reality, proper re-hydration takes several hours to days. (Many cases intravenous fluids being used for rehydration after weigh-ins have been reported — this is a doping violation with several organizations.)

### **DO:**

- Commit to year-round proper diet and training for proper weight control and body composition.
- By maintaining your weight year round near an appropriate competition weight and not competing in a weight class outside your appropriate weight class you will help avoid large swings in weight.
- Maintain a good state of hydration by drinking fluid throughout the day and staying hydrated during workouts.
- Follow nutritional programs that meet your needs for adequate amounts of calories from a balanced diet high in healthy carbohydrates, the minimum requirement of fat, and appropriate amounts of protein.
- Be wary of nutritional supplements as they are not regulated by the FDA and some have been shown to be harmful.

For more information visit: [www.associationofringphysicians.org](http://www.associationofringphysicians.org)