

Registration Contract

Last Name	First Name	Initial	Preferred Nickname	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Street Address	City / Town	State	Zip Code	Home Phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date Of Birth (M/D/YR)	Age as of 07/31/18	Weight	Parent/Guardian First Name	Parent/Guardian Last Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Grade in Fall	School in Fall	School Phone	Home Email Address	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Medical Insurance (circle one)	Name Of Insurance Carrier		Policy #	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
Football: <input type="checkbox"/>	Cheer: <input type="checkbox"/>	--CHECK ONE--	Registration Fee: \$ <input style="width: 80%;" type="text"/>	Check# Cash: <input style="width: 80%;" type="text"/>

GRAY AREAS FOR OFFICIAL USE ONLY !!

Association: _____ Division: _____ Team: _____

Jersey Number Assigned: _____ Equipment / Uniform Issue Returned

PERMISSION TO PARTICIPATE

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.

Initial: _____

SCHOLASTIC FITNESS

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.

Initial: _____

HELMET WAIVER (for football participants)

We acknowledge, and understand the risks involved in my child/ward 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."

Parent/Guardian Initial: _____ Player Initial: _____

EQUIPMENT RESPONSIBILITY

I assume full responsibility for any and all equipment/uniforms loaned to my child/ward and I agree to promptly return, upon request, the uniform and other equipment in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for and promptly pay the replacement cost of such equipment.

Initial: _____

CODE OF CONDUCT

The Ideology Of Youth Sports Including This Program Is To Promote Good Understanding And Fundamental Knowledge Of The Sport. It Is Also Critical That Good Sportsmanship Including The Ability To Always Conduct Oneself In An Appropriate Manner Of Positive Accord Both On And Off The Field. It Is Understood That Any Incident Considered Detrimental To The Pursuit Of This Ideology Will Not Be Tolerated. It Will Be Addressed In Accordance With The Statutes Of The Association, Conference, Current National Affiliation, State and Local Laws, And May Result In Dismissal From The Program And The Inability To Participate In Any Future Related Activities Of The Association. This Code Of Conduct Applies To All Involved With The Program Including But Not Limited To, The Football Players, Cheerleaders, Spirit Participants, Parents And Guardians.

Initial: _____

PRINT Parents/Guardian Name: _____ Parents/Guardian Signature: _____ Date Signed: _____

NOTE: United Youth Football and Cheer League (UYFL) advises that this form as with any and all registration / contract forms used by your Association should be reviewed by your local council for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms. Due to privacy issues this form should be stored in a secure location with limited restricted access and or used for the purpose of medical care only.



UNITED YOUTH FOOTBALL AND CHEER



call: 1-727-433-UYFL

Participation contract

ATHLETIC WAIVER & RELEASE

In consideration of _____, my child/ward, or myself (please circle one), being allowed to participate in any way in the United Youth Football and Cheer, Inc. (UYFL) and/or my Local YFL Affiliate(s), athletic sports program(s), Full Contact Tackle Football, Cheerleading, Dance, Step, Local, Regional, or National related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury to my child/ward, myself, from the activities involved in these programs is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- I, FOR MYSELF, SPOUSE, AND CHILD/WARD, BY MY SIGNATURE BELOW DO, 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 myself, my child/wards', participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant concern in my child/wards', my own, readiness or, hazard during my presence or participation, and/or in the program itself, I will remove myself, child/ward, from participation and bring such to the attention of the nearest official immediately; and,
- I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assignee(s), personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS United Youth Football and Cheer, Inc. (UYFL), my Local UYFL Affiliate(s), their officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, tournament host, sponsors, advertisers, partners, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, incident to my child/wards', my own involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
- I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my child/ward's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS WAIVER AND 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.

(Parent/Guardian/Adult participant) Print Name

(Parent/Guardian/Adult participant) Signature

____/____/____
Date

UNDERSTANDING OF RISK - (Minor Childs Acknowledgment/Understanding of the 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.

(Minor Participant) Print Name

(Minor Participant) Signature

____/____/____
Date

CONSENT TO TREAT

I Hereby my signature grant permission for myself or my child/ward to participate in any and all, United Youth Football and Cheer, Inc. (UYFL) and/or my Local UYFL Affiliate(s), program(s) sanctioned event(s), be they official or un official, including but not limited to, athletic, social and/or fundraising activities. I further hereby consent to any and all health care providers, authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and/or any medical professional to provide treatment, order injections, hospitalize, give anesthesia or perform surgery which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon. I understand that this authorization is given prior to any need for medical care, but given to avoid unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of best judgment. I presume a reasonable attempt was made to contact me.

(Parent/Guardian/Adult participant) Print Name

(Parent/Guardian/Adult participant) Signature

____/____/____
Date

Special circumstances, medical conditions, allergies to medications- Please list all medical and medication information on back of form, INITIAL (____) Image Release

In consideration of (insert name) _____, myself or minor child/ward being allowed to participate in any way in/with the organizations named above, related events and activities, I being legally authorized, do hereby my signature below agree that the organization(s) named above have the unrestricted and exclusive right and permission, free from approval or review, to copyright and use in all media now or hereafter known, including but not limited to, pictures and videos of myself, or my child/ward which he/she may be included intact or in part for promotion or other commercial use.

I have read and fully understand and agree, INITIAL (____)



Conference / Association Name: _____

MEDICAL CLEARANCE FORM

Medical Clearance Form - Must be dated after January 1st of the Current Season

I, hereby my signature below, do certify that I am licensed by the state and I am qualified in determining that: (insert participants name) _____ is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance or any other athletic activity(s). I am therefore clearing this individual for Full Unrestricted Athletic Participation.

	<i>Please Print – or – Use Office Stamp Here:</i>
Medical Professional Signature / /	Print Name Clearly
Date – Must be dated after January 1 st of the Current Season	Office Address/Phone

PLEASE NOTE: If this Medical Clearance is voided by injury, accident, illness, and/or the participant is removed from any participation as a result of a suspected concussion or heat related illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician to resume participation. A "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationery and includes the following statement: **"(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from RESUMING participating in youth flag football, tackle football, cheer, dance or any other athletic activity(s). I am therefore clearing this individual for Full Unrestricted Athletic Participation."** This statement must be supplied by the physician and/or athletic trainer attending to the Participant.

This form can be modified or substituted ONLY to comply with local and/or state laws or due to medical practitioner regulations.

Note: This form as with any and all forms used should be reviewed by your local council for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms.