

Valley Youth Football



Participants Contracts 2017 Season

| | | | | |
|--------------------------------|-----------------|------------------------------|-----------------|---------|
| CANDIDATE'S Full NAME (PRINT) | BIRTH DATE | AGE | WEIGHT | PROGRAM |
| ADDRESS | CITY/ZIP | | HOME PHONE | |
| MAILING ADDRESS (IF DIFFERENT) | | | EMERGENCY PHONE | |
| FATHER/GUARDIAN | ADDRESS | | CELL PHONE | |
| MOTHER/GUADIAN | ADDRESS | | CELL PHONE | |
| SCHOOL ENTERING IN FALL | NEXT YEAR GRADE | PREVIOUS FOOTBALL EXPERIENCE | | |

To the best of my knowledge, all information given on this form is factual. I understand that the league may take disciplinary action against any individual, team or association that willingly falsifies any submitted information or document.

| | |
|---|---|
| Photo Crop to Fit Attach with Permanent Glue | To Be Completed at Certification WEIGHT _____ DOB _____ AGE _____ |
|---|---|

Team _____

Division _____

VYFL Stamp _____

EMERGENCY MEDICAL AUTHORIZATION: I, as parent of said candidate/minor, do hereby authorize and direct the said association to act as agent for me to consent to and obtain medical, surgical, dental treatment and/or examination for said minor in case of illness or injury occurring from participation in any activities. I do hereby consent to any x-ray, examination, anesthesia, medical, or surgical, or dental treatment that is considered necessary by the attending physician or dentist. I understand that in an emergency reasonable effort will be made to notify me.

Private Insurance Name _____

Parent/Guardian _____ Date _____

Head Coach: _____

Chapter AD: _____

Chapter President _____

Valley Youth Football League EST. 2015

I, as parent/guardian of said candidate/minor, hereby given permission for said minor to participate in any and all the activities sponsored by said association and agree to release, indemnify and to hold harmless Valley Youth Football League including but not limited to it's organization, sponsors, supervisors, leaders, participants, officials, coaches and other agents or representatives including persons transporting said minor, from any and all claims out of injury to the above said minor except to the extend of, and in the amount of, insurance coverage held by the association.

If the parent/guardian does not have primary insurance Valley Youth Football insurance will cover expenses after the \$250.00 deductible has been paid by said parent/guardian.

ELIGIBILITY: I, as parent of said candidate/minor and I, as said candidate/minor, understand that a candidate must meet the maximum age and weight requirement on official certification date established by Valley Youth Football certification and that it is the responsibility of the parent/guardian and the candidate/minor to provide such proof of age in the form of a certificate of birth record to the participating chapter and Valley Youth Football. I understand that if proof of age is not provided on certification date, said candidate/minor is automatically ineligible for participation in all and any activates of the chapter and/or the Valley Youth Football as a player.

EQUIPMENT RESPONSIBILITY: I, as parent/guardian of said candidate/minor do hereby assume full complete responsibility for the proper care and maintenance of all equipment issued by the chapter to said candidate/minor. I understand all equipment is to be used for the chapter and/or Valley Youth Football activities only and that all equipment remains the legal prosper of the chapter. I agree to reimburse the chapter for any and all equipment that is lost or damaged or stolen for the value stated by chapter with payment due when the equipment is returned. All equipment will be returned immediately upon the withdrawal of the said candidate/minor from the chapter.

RULES AND REGULATIONS: I, as parent/guardian of said candidate/minor and I, as candidate/minor, understand that it is the responsibility of the parent/guardian, candidate/minor, team and chapter to comply with the rules and regulations of Valley Youth Football League. Any noncompliance with rules and regulations shall be cause for disciplinary action being takem against said candidate/minor, parent/guardian and team or chapter by Valley Youth Football.

I have read all the above and understand it completely and hereby place my signature as proof (below):

Parent/Guardian

Date

Medical & Physical Exam Card

Height _____ Weight _____ Blood Pressure _____ Blood Pressure _____

Heart _____ Lungs _____ Nose _____ Throat _____ Teeth _____ Ears _____

Hernia _____ Skin _____ Extremities _____ Feet _____

Remarks: _____

Cleared to play TACKLE FOOTBALL: YES _____ NO _____

Examined by _____ Phone _____ Date _____

