

NORWICH YOUTH FOOTBALL LEAGUE/NORWICH WILDCAT CHEERLEADING

Participation Contract

Athlete's Name:		DOB:	Age:
Address:		Phone:	
Parent/Guardian Name:		Email:	
School:	School Phone:	Grade:	
Medical Insurance: Yes No	Carrier:	Policy#	
Football: <input type="checkbox"/>	Cheer: <input type="checkbox"/>	Registration Fee:	Payment Type:
Norwich Youth Football League (Football) Official Use Only!!			
Division: _____		Team: _____	
Jersey # _____		Returned: _____	
Norwich Youth Football League (Cheerleading) Official Use Only!!			
Division: _____		Level: _____	
Team: _____		Returned: _____	
Uniform Top: _____		Uniform Bottom: _____	
Issued: _____		Returned: _____	

PERMISSION TO PARTICIPATE

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, Global, League/Conference, Association and Team/squad activities, including transportation to and from the activities by a licensed driver.

Parent/Guardian Initial: _____ Player Initial _____

SCHOLASTIC FITNESS

I believe my son/daughter/ward is scholastically fit and would benefit by participating 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. Or if home school a detailed letter from the parent/guardian listing the students' name, date of birth, current grade, and complete address.

Parent/Guardian Initial: _____ Player Initial _____

HELMET WAIVER (for football participants)

We acknowledge, AND WE 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, 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 UNIFORM RESPONSIBILITY

I assume full responsibility for 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.

Parent/Guardian Initial: _____ Player 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 includes 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.

Parent/Guardian Initial: _____ Player Initial _____

ATTENDANCE POLICY

Consistent participation in practice is essential for both individual development and overall team success. As we strive to maintain a high level of performance and team unity, it is crucial that all members adhere to our practice schedule. Any athlete that accrues three (3) unexcused absences will be removed from the team. This policy is in place to ensure that all team members remain committed and maintain the discipline necessary to achieve our goals. If you anticipate any issues with meeting these attendance requirements, or if you need to request an excused absence, please contact one of our administrators as soon as possible.

Parent/Guardian Initial: _____ Player Initial _____

Print Parent/guardian Name: _____

Signature Parent/Guardian _____

Date Signed _____

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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 Norwich Youth Football League/Norwich Wildcat Cheerleading; 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

Parent/Guardian Signature

Date Signed

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

Participant's Signature

Date Signed

NORWICH YOUTH FOOTBALL LEAGUE/NORWICH WILDCAT CHEERLEADING

Emergency Medical Treatment and Consent 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's Name:			DOB:			Phone:		
Address:			City:			State & Zip:		
PARENT OR GUARDIAN INFORMATION								
Father's Name:								
Address:			City:			State & Zip:		
Phone:			Email:					
Employer:								
Mother's Name:								
Address:			City:			State & Zip:		
Phone:			Email:					
Employer:								
Guardian's Name:								
Address:			City:			State & Zip:		
Phone:			Email:					
Employer:								
FAMILY MEDICAL INSURANCE								
Carrier:			Group:					
Policy #:			Group #:					
Policy Holder Name:								
Family Physician's Name:								
Dr's Address:			City:			State & Zip:		
Phone:			Email:					
EMERGENCY MEDICAL INFORMATION								
Preferred Hospital (s):								
Emergency Contact:			Phone:			Relationship:		
Please list any medical conditions (allergies, asthma, etc.) And medications are being taken by the participant named above. Please list any other information you may deem relevant, and helpful to emergency medical personnel: (please note if no information is given and the words "none" or "n/a" is not filled in then, "none" will be assumed.)								
Allergies:								
Medical Conditions:								
Other:								

I _____ as evidence below hereby grant permission for my child/ward to participate in any and all, Norwich Youth Football League and, Southern New England Youth Football Conference, American Youth Football, Inc, YCADA program(s), event(s), including but not limited to, athletic, social and/or fundraising activities. I further consent to the administration of all medical treatment necessary to stabilize and or treat any medical condition or medical emergency to which my child/ward is affected. 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 judgement.

Print Parent/Legal Guardian Name

Signature Parent/legal Guardian

Date

Southern New England Youth Football Conference

Medical Clearance Form

ASSOCIATION NAME - Norwich Youth Football League

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

I, as evidenced by my name and signature below, do certify that I am licensed MD and or DO in the state of _____ and am qualified in determining that:

(Childs Name: _____) is physically fit and I have found no medical or observable conditions which would contra-indicate his/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities.

I am therefore clearing this individual for athletic participation.

Please Print - or - Use Office Stamp Here:

<p>Signature: _____</p> <p>Date: / /</p> <p>(Must be dated after January 1st, of the Current Season)</p> <p>_____</p>	<p>Print Name Clearly: _____</p> <p>Office Address: _____</p>
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PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or 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 (either MD or DO) 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 stationary 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 participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.

This statement must be supplied by the physician attending to the injury, accident, or illness.

NOTE: This form as with any and all forms used by your Association should be reviewed by your local counsel 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.