



UNITED YOUTH FOOTBALL AND CHEER

Official Participation Contract, Tracking and ID Card



ASSOCIATION NAME - _____

ASSOCIATION

ASSOCIATION NAME <hr/> DIVISION OF PLAY - TEAM NAME <hr/> PARTICIPANT NAME <hr/> <div style="display: flex; justify-content: space-around;"> JERSEY # AGE O/L </div> <hr/> PARTICIPANT PARENT/GUARDIAN NAME <hr/> <div style="display: flex; justify-content: space-between;"> HOME PHONE WORK PHONE CELL PHONE </div>	PLACE PHOTO / DMV / MILITARY ID CARD HERE
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I, Hereby, With My Signature, Do Certify That The Information Below Has Been Collected And Verified By The Means, As A Minimum, As Instructed In The YFL National Rulebook And/Or Operations Manuel, Current Version.

OFFICIAL PLAYER CERTIFICATION

LEAGUE USE ONLY

DATE OF BIRTH:	Age As of Age Cut off Date	CERTIFICATION WEIGHT	PARTICIPANT CONTRACT	MEDICAL CLEARANCE	WAIVER/ RELEASE	EMERGENCY MEDICAL / CONsENT	SCHOLASTICS
Month / Day / Year	Older/Lighter:						

REGULAR SEASON

	GAME DATE	WEIGH MASTER	CODE		GAME DATE	WEIGH MASTER	CODE
JAMBOREE				Week 11			
Week 1				Week 12			
Week 2				Week 13			
Week 3				Week 14			
Week 4				Week 15			
Week 5				Week 16			
Week 6				Week 17			
Week 7				Week 18			
Week 8				Week 19			
Week 9				Week 20			
Week 10				Week 21			

POST SEASON

INSTRUCTIONS: Weigh Master Will Enter Date, Verify The Identity, Weight, Of Each Participant, Initial Each Participant Card,
 CODE: OK = Everything Verified, ENTER WEIGHT = Over Weight, I = Sick/Injured, A = Absent / Dropped

ALL MUST BE CHECKED IN / VERIFIED PLAYING OR NOT - IF OVERWEIGHT ENTER THE WEIGHT UNDER "CODE"

Official Participation Contract, Tracking and ID Card - Page 2

Last Name	First Name	Initial	Preferred (nick) 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"/>
Street Address	City / Town	State	Zip Code
<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 7/31/2011	Weight	Parent/Guardian First 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"/>
Parent/Guardian Last Name	Grade in Fall	School in Fall	School 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"/>
Home Email Address	Medical Insurance (circle one)	Name Of Insurance Carrier	Policy #
<input style="width: 95%;" type="text"/>	<input type="checkbox"/> YES / <input type="checkbox"/> NO	<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: 95%;" type="text"/>
			Check# Cash: <input style="width: 95%;" type="text"/>

GRAY AREAS FOR OFFICIAL USE ONLY !!

Association: _____	Division: _____	Team: _____
Jersey Number Assigned: _____	Equipment / Uniform Issue	<input type="checkbox"/> Returned <input type="checkbox"/>

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 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."

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: This form as with any and all forms used by your Association should be reviewed by your local council for compliance with any state or local statutes.



UNITED YOUTH FOOTBALL AND CHEER

Medical Clearance Form



ASSOCIATION NAME - _____

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 am qualified in determining that: (Childs 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, Full Contact Tackle Football, Cheer, Dance, Step or any other athletic activities. I am therefore clearing this individual for Full Contact / Athletic Participation.

<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> ➤ Signature: _____ </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> ➤ Date: _____ / _____ / _____ </div> <p style="margin-left: 20px; font-size: 0.9em;">(Must be dated after January 1st, of the Current Season)</p>	<p style="text-align: center; font-weight: bold; font-size: 1.1em;">Please Print - or - Use Office Stamp Here:</p> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;"> Print Name Clearly: </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;"> Office Address: </div>
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PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, Concussion or Suspected Concussion 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 participating in Youth Flag Football, Full Contact Tackle Football, Cheer, Dance, Step or any other athletic activities. I am therefore clearing this individual for Full Contact / Athletic Participation. "

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

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

NOTE: United Youth Football and Cheer League (YFL) 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



UNITED YOUTH FOOTBALL AND CHEER

Consent for Emergency Medical Treatment, and Information

ASSOCIATION NAME - _____

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. 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.

Participants Name:	Nick Name:	Phone: ()
Address:	City:	State: Zip:

Father's Name:	Hm Phone: ()	Wk Phone: ()	Cell: ()
Address:	City:	State:	Zip:
Employer:	Email:		

Mother's Name:	Hm Phone: ()	Wk Phone: ()	Cell: ()
Address:	City:	State:	Zip:
Employer:	Email:		

Guardian's Name:	Hm Phone: ()	Wk Phone: ()	Cell: ()
Address:	City:	State:	Zip:
Employer:	Email:		

EMERGENCY CONTACTS - MUST HAVE AT LEAST 2 CONTACTS

EMERGENCY CONTACT 1:	PHONE: ()	Relationship:
EMERGENCY CONTACT 2:	PHONE: ()	Relationship:

MEDICAL INSURANCE - PHYSICIAN - PREFERRED HOSPITAL

Insurance Carrier:	Group:	Group#:
Policy Holder Name:	Policy #:	
Physician's Name:	City:	State: Zip:
Office Phone: ()	Office Fax: ()	Cell: ()
Hospital 1:	Hospital 2:	

Please List Any Medical Conditions (Allergies, Asthma, Etc.) And Medications 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:

The Participant named above has my permission to participate in any and all, _____ (Association Name) and, United Youth Football and Cheer 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 authorize any first aid, emergency treatment, including but not limited to transportation to and from health care facilities and/or any licensed physician to provide treatment, order injections, hospitalize, give anesthesia or perform surgery. 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 physician may deem advisable in the exercise of best judgment.

***Print Parent/Legal Guardian Name**

***Signature Parent/Legal Guardian**

***Date**

NOTE: United Youth Football and Cheer League (YFL) 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

Registration Contract



ASSOCIATION NAME - _____

Last Name		First Name		Initial	Preferred (nick) Name	
[]		[]		[]	[]	
Street Address			City / Town	State	Zip Code	Home Phone
[]			[]	[]	[]	[]
Date Of Birth (M/D/YR)	As of 7/31/2011 12/31 For All-American		Weight	Parent/Guardian First Name		Parent/Guardian Last Name
[]	[]		[]	[]		[]
Grade in Fall	School in Fall	School Phone		Home Email Address		
[]	[]	[]		[]		
Football:	<input type="checkbox"/>	Cheer:	<input type="checkbox"/>	--CHECK ONE --		Registration Fee: \$ []
				Check# Cash: []		

GRAY AREAS FOR OFFICIAL USE ONLY !!

Association: _____

Division: _____

Team: _____

ATTACH PHOTO HERE

Jersey Number: _____

Photo Certification

REQUIRED PAPERWORK

Birth Certificate/DMV ID/Military ID

Medical Consent

Waiver / Release

Medical Consent/Emergency Medical Info

Equipment / Uniform Issued Returned

CONFERENCE OFFICIAL USE ONLY

PaperWork Certification	R	N
	E	A
Player Certification Complete	G	T
	I	I
	O	O
	N	N
	A	A
	T	L
	I	L
	O	L

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: _____

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: This form as with any and all forms used by your Association should be reviewed by your local council for compliance with any state or local statutes.

SUMMARY OF RELEASES

PARENTAL CONSENT

I, The Parent/Legal Guardian, Understand The Game Of Football Will Require My Child To Engage In Vigorous Physical Activity. Although Injuries Are Not Frequent I Understand They Do Occur. I, Do Hereby Declare My Full Understanding Of The Risks Inherent To The Registered Activities And Clearly State That I, Of My Free Act And Deed Do Hereby Give My Consent For The Above Named Registrant To Participate In Any And All Activities Including Out Of State Travel If Necessary.

RELEASE FROM LIABILITY

I Agree To Assume All Risks And Hazards Incidental To Participation On A Football Team / Cheerleading (Spirit) Squad, Including Transportation To And From All Of The Activities. I Do Hereby, As My Free Act And Deed, Agree To, Waive, Release, Absolve, Indemnify And Agree To Hold Harmless The Association, Conference, National Affiliate, The Officers, Directors, Sponsors, Volunteers, Participants, And Persons Transporting My Child/Ward To And From Any And All Team Activities, From Any Claim Arising Out Of Participating, Except To The Extent And In The Amount Covered By Accident Or Liability Insurance.

MEDICAL RELEASE

Because Your Child Is Involved In An Active Sport, There May Be An Occasion When An Injury Occurs That Requires Medical Attention Or Treatment And We Are Unable To Contact You. This Situation May Occur At Team Functions, Practices Or At Games, Both Home And Away (Possibly Out Of State). **WARNING: Football Is A Contact Sport And May Result In Injury..**

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.

About our Volunteers Program and Mandatory Participation Fee

To be successful, the To be successful, the **Westchester Raiders Youth Football and Cheer** program requires over 1000 hours of volunteer time per season. This time is spread across a 4 or 5 Home game season, plus playoff games that we host for the League. Furthermore, this does not include coaching time, which generally consists of over 225 hours per coach per season.

From concessions to team parents, the From concessions to team parents, the **Westchester Raiders Youth Football and Cheer** program can only maintain its' expenses through the use of volunteers. Unfortunately, every year our program struggles to fill these critical hours. Many times the same groups of individuals tirelessly donate their time. Our continued success depends on their donation of time and we deeply appreciate and continue to need their contribution. However, their time is not enough and it is unfair to have these individuals repeatedly invest their time in place of others that do not. **It is for this reason that the program can only maintain its' expenses through the use of volunteers. Unfortunately, every year our program struggles to fill these critical hours. Many times the same groups of individuals tirelessly donate their time.** Our continued success depends on their donation of time and we deeply appreciate and continue to need their contribution. However, their time is not enough and it is unfair to have these individuals repeatedly invest their time in place of others that do not. It is for this reason that the **Westchester Raiders Youth Football and Cheer** Executive Board has decided to institute a **\$25 Volunteer Fee**.

Many other programs institute or mandate similar participation fees (though generally greatly exceeding this amount). It is our intention to encourage more volunteering, **NOT** to have volunteers trade their \$25 participation fee for the investment of their time. If this were to occur, the required fee would need to increase next year. The amount we are now asking for does not cover the cost of us hiring minimum wage help for the entire season. Please do not consider this a viable alternative.

When a player registers, a \$25 Volunteer fee will be added to the registration fee, **only 1 fee per family, however you will be required to put in 1 hours of service time**. The \$25 participation fee will be **refunded** at the "End of the Season Banquet" provided a parent, guardian, or adult representative of the player performs the qualifying time. Qualifying time includes Game clock/announcing, Concession Stand, Game Day Field Preparation/Maintenance, Chain Gang (*), Team Parent, Mandatory Play spotters (generally only during playoffs) and Field Closure. (*) Chain gang slots are limited to 3 per season as they are the easiest to fill. The Executive Board Volunteer Coordinator, at the "End of the Season Banquet" provided a parent, guardian, or adult representative of the player performs the qualifying time.

CODE OF CONDUCT

The Ideology Of Youth Sports Including Football And Cheerleading (Spirit) 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, 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, Coaches, Volunteers, Officers And Board Members

Westchester Youth Football & Cheer Code of Conduct, Rules & Regulations *(Football Players & Cheerleaders)*

The following guidelines have been established to enhance our motto of "Respect and Discipline" and ensure the continued safety of all participants. All participants are expected to abide by a Code of Conduct, which includes the provisions that follow. Violation of these rules are subject to disciplinary actions up to and may include being asked to sit out a game, half-time routine, play-offs, or competition. In addition, failure to comply may lead to the forfeit of registration for the current season and subject for review of any other subsequent year.

Player/Participant agrees to:

1. Arrive to practice 10 minutes before practice starts. *(Drop off and pick-up is to be on time. Coaching staff are volunteers and have other commitments also. If this becomes a problem we reserve the right to impose disciplinary action.)*
2. Be at all practices and games. *(Illness and "Legitimate" reasons only are accepted as an excused absence. Your coach **MUST** be notified prior to practice or a game. Missing 3 days out of a 5 day practice week or 2 days out of a 3 day practice week will result in non-participation of that week's game/halftime routine (cheer). You will still be required to be at the game to support your team mates! Excessive absence may result in removal from playoffs or competition.)*
3. Dress appropriately for the weather and wear athletic gym shoes with socks. *(The following are **prohibited**: Jeans, strappy tanks, metal or turf cleats, sandals, chunky sole shoes, or platform style shoes.)* Cheerleaders should wear, T-shirts, shorts, Capri pants or comfortable workout clothes for practice. Football players will be given practice pants and jersey and are required to wear cleats.
4. Bring bottled water to all practices and games. *(We suggest drinking plenty of water before practice to prevent dehydration – If you are thirsty; you are already starting to dehydrate.)*
5. Put away cell phones until the end of practice, games, or an event. *(In a case of an emergency, please call your coaches cell phone)*
6. Refrain from bringing any unnecessary items to practice or a game. *(WYFL and the coaching staff will not be responsible for any lost or stolen items.)*
7. Not bring friends to practice. *(They are not allowed in practice areas for safety reasons. WYFL and the coaching staff will NOT be responsible for anyone that is not rostered.)*
8. Remove any jewelry before practice. *(Please refrain from any new piercings just prior to and during season. Coaches will ask that the piercing be removed. This is a mandatory rule that is enforced by the WYFL, CAYF, and the AYF for safety reasons.)*
9. Not wear make-up, fake nails, or nail polish during practice or games.
10. Have your hair pulled back in a ponytail and bangs pinned out of face *(Cheerleaders)*
11. Arrive one hour before game time for warm-ups. *(Failure to do so may result in non-participation of that particular game and/or halftime routine, or otherwise specified by your coach.)*
12. Wear the official Raider Uniform for all games, be responsible for the care and cleaning, and will return to the WYFL at the end of the season.
13. Try my best at every practice and game. Striving to improve skill and being a part of a "Team"
14. Display good sportsmanship to all teammates, respect all teammates, coaches, and adults. *(No fighting, harassing other team members, talking back to coaches or adults, and profanity!*

15. Cheer for all games. Cheerleading is mandatory at ALL games. *Cheerleaders will cheer in rain, sleet and snow. If the football team plays, cheerleaders will cheer. (Cheerleaders may be asked to remove certain articles of clothing during a halftime routine or practice for safety reasons. It is at the coaches discretion whether to stunt or not)*

Westchester Youth Football League, Inc.

Parent / Guardian Code of Conduct

All parents/guardians who have children participating within the Westchester Youth Football League, Inc. (WYFL) must abide by a Code of Conduct, which includes the provisions that follow. Any violation of these rules or any Chicagoland United Youth Football (CuYF) conference rules may result in immediate expulsion from the WYFL and CUYF. In addition, your failure to comply may lead to the forfeit of your registration for the current season and be subject for review for any other subsequent year.

All Parents/Guardians Agree To:

1. Encourage good sportsmanship by demonstrating positive support for all players, coaches, official and WYFL board members at every game.
2. Place the emotional and physical well-being of my/our child ahead of my/our personal desire to win.
3. Ask my/our child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability and to do the same ourselves.
4. Do my very best to make sure my child arrives and is picked up at the scheduled time for all practices, games and other WYFL events.
5. Not smoke on the practice or playing field, or in the presence of a gathering of the team/squad at any WYFL or CUYF game or event.
6. Abstain from the possession and drinking of alcoholic beverages and the possession or use of any illegal substance on the practice or playing field, or in the presence of a gathering of the team/squad at any WYFL or CUYF game or event.
7. Not deliberately incite and/or participate in unsportsmanlike conduct at any WYFL or CUYF game or event
8. Not to use abusive or profane language or actions at any time at any WYFL or CUYF game or event.
9. Not to interfere with or come near the scale /ID check-in area at the football field, where the weigh-in/ID check-in and pre-game check-in is taking place with the representatives from the opposing team.
10. Not to criticize, belittle, antagonize, berate or otherwise incite the opposing team, its players, coaches, cheerleaders, fans, officials, judges or CUYF commissioners by word of mouth or by gesture.
11. Take responsibility for any actions that violates this Code of Conduct by a guest or relative of attending parent/guardian and to ask them to cease such violations.
12. Never protest a game official, judge or CUYF commissioner's decision in an aggressive demonstrative manner, which might incite violent or aggressive fan involvement.
13. Accept all decisions of the game officials, judges, or CUYF commissioners as being fair and called to the best of their ability.
14. Any act of disrespect from a parent/fan directed towards game officials, judges, Coaches, WYFL board members or CUYF commissioners, creating a disturbance either in the stands, on the playing field or practice area, or resulting in an ejection from the game, will be penalized immediately by the game official, judge, WYFL board member or CUYF commissioner. The assessed penalty will not require a hearing prior to being assessed. However, any penalty assessed to any individual may be appealed in writing to the Chicagoland United Youth Football conference board of Presidents, within

72 hours from the time the penalty was assessed. The appeal will be handled in accordance with the American Youth Football Administration Manual.

15. Refrain from attending any practices/games/events for the period of my punishment from the WYFL or CAYF.
16. Follow the proper Chain of Command when filing a complaint or voicing my opinion regarding any possible rule infraction or concern within the WYFL or CUYF organization. You may only advance to the next level in the chain of command providing your situation has not been handled within 72 hours from your initial filing. *If you go directly to American Youth Football without permission, you will be removed from this Conference WITHOUT the right to appeal.*

The Chain Of Command is as follows:

1. The Head Football/Cheer Coach of your child's team. If your complaint is regarding the Head Coach you may go directly to the WYFL President/Cheer Director.
2. The President or Cheer Director of your Association.
3. A letter written to the CUYF Conference.

Please retain this document for your reference

**Westchester Youth Football League, Inc.
Parent / Guardian
Player/Participant Code of Conduct**

2011 Signature Page

I do hereby certify by my agreement below as with a child participating within the Westchester Youth Football League, Inc. that We have read and received a copy of the Player/Participant Code of Conduct and agree to abide by the terms and conditions set forth. I am also aware that WYFL and CUYF have a ZERO TOLERANCE POLICY in effect at all times.

Participants Name

Athletes Signature
Date

Date

Parent or Guardian Signature

Please keep a copy of the Player/Participant Code of Conduct. This page should be turned in with the registration form and will be kept on file for the current season.