

WESTCHESTER YOUTH FOOTBALL LEAGUE, INC (WYFL)

2009 PARTICIPANT APPLICATION

Date: _____

PARTICIPANT INFORMATION

Name: (First / Last) _____ Cheer _____ Football _____

Address: _____ City: _____ Zip: _____

Phone: _____ Emergency Contact Number: _____

Age (As of August 1, 2009): _____ Date of Birth: _____ Grade (Entering in the fall): _____

School Name: _____ City: _____

Returning Participant # of years: _____ New Participant _____ Brothers/Sisters in WYFL: _____

Returning Football Players Jersey Number: _____ Weight: _____

MOTHER'S INFORMATION

Name: (First / Last) _____ Living with Applicant Y / N _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

FATHER'S INFORMATION

Name: (First / Last) _____ Living with Applicant Y / N _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

PERMISSION TO PARTICIPATE

I/We, the parent/guardian of the above named participant, do hereby give my approval for my child to participate, and further assert that I have verified with my child's physician, and in my opinion, my child is physically fit and can participate without limitation in any and all Team/Squad, Association, League/Conference, Local, Regional and/or National activities, including transportation to and from the activities by a licensed driver.

PARENTAL MEDICAL TREATMENT AUTHORIZATION

I/We the parent/legal guardian, give the staff of WYFL permission to administer appropriate emergency medical attention to my child in the event of any accident, illness or injury which occurred during any scheduled WYFL function, including the supervised travel to and from said functions. I/We also authorize any hospital, paramedic and/or physician to administer appropriate emergency medical attention for any accident, illness or injury which occurs at any scheduled WYFL function including the supervised travel to and from said functions.

Parent/Guardian Signature: _____ Date: _____

MEDICAL HISTORY

Any physical limitations: Yes ___ No ___ Explain: _____

Please list any medical conditions or medications that the WYFL and your child's coaches should be aware of (Asthma, Allergies, Glasses/Contacts, Braces, etc):

Primary Health Insurance Carrier: _____ Policy Number: _____

CONSENTS AND LEGAL PROVISIONS

Hold Harmless. I/We are aware that football is a full contact sport and cheerleading requires strenuous physical activity. I/We assume all of the risks and hazards incidental to such participation including transportation to and from activities and do hereby WAIVE, RELEASE, ABSOLVE, INDEMINIFY AND AGREE TO HOLD HARMLESS Westchester Youth Football League, Inc., its officers, coaches, volunteers and the Chicagoland AYF Conference. Initial _____

Insurance Disclosure. The medical expense benefits of the WYFL are an "excess" type benefit that picks up where other coverage's leave off. If the parent/guardian has any other Primary Coverage, whether individual, blanket or group coverage which provides benefits or services for, or by reason of, medical or dental care or treatment, then this plan, subject to the limits of the plan, will pay only the medical expenses not provided or reimbursable under your coverage. If the parent has no Primary Insurance coverage then this plan, subject to the limitations and deductibles (if any) of the plan, will provide insurance coverage. If the parent has coverage with any pre-paid medical plans, the injured person must be taken to the pre-paid medical facilities for treatment. All claims must be filed within 90 days of the injury. Initial _____

Scholastic Fitness. I/We are of the opinion that my child is scholastically fit and would benefit by participation in this program. I/We agree to submit a copy of my child's last complete report card or a written statement of scholastic fitness from the school administration. Initial _____

I/We the parent/guardian understand that registration fees and fundraising is a mandatory obligation for participation, and must be completed by the 1st day of practice to participate. I also understand that if my child's team/squad qualifies for post-season competitions/playoffs. I will be responsible for travel and room & board expenses in which additional fundraising will be available to minimize these expenses. Initial _____

I/We the parent/guardian agrees to be financially responsible for the WYFL football equipment and cheer uniforms issued on loan to my child other than the normal wear during practices and games and I will reimburse WYFL for the loss or damage of said equipment and uniforms. Initial _____

I/We the parent/guardian understand that each level of play & cheer has a maximum roster per team/squad of 36 participants for football and 35 for cheer. If my child's application is received after their determined level/team/squad is full, they will be added to a waiting list for either an available opening or a possible second team/squad to be formed. I/We the parent/guardian understand that my/our child's specific level of participation will be determined by the WYFL based on Chicagoland AYF guidelines and the safety and best interest of the child. Initial _____

I/We the parent/guardian agree to attend the Mandatory Parents Meeting (prior to my child's participation) and abide by the Parents Code of Ethics and all other WYFL policies. Initial _____

I/We the parent/guardian understand that I/We will be required to volunteer for 1 home game day; a variety of options will be available. Initial _____

Participant Name (Print) : _____

FOR WYFL USE

				Registration Fee \$ _____
Level of Play for 2009 Season - Football				Fundraiser \$ _____
Bandit	Mitey Mite	Cadet	Jr. Pee Wee	Other _____ \$ _____
Pee Wee	Jr. Midget	Midget	All Amer.	Check # _____ Total \$ _____

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