

**WEBB CITY YOUTH FOOTBALL, INC.
AUTHORIZATION / PARTICIPATION AGREEMENT**

PLAYER'S NAME _____ BIRTHDATE _____

SCHOOL ATTENDING: _____ Grade this Fall 3 4 5 6

Parent's NAME & ADDRESS: _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

EMAIL ADDRESS: _____

EMERGENCY CONTACTS: _____

PREVIOUS INJURIES / CONDITIONS: _____

Brother/Relative playing? Please list their Name & Grade. _____

**PLEASE CIRCLE ANY OF THE FOLLOWING WITH WHICH YOU ARE WILLING TO HELP:
GATE COACH CHAINS SCOREKEEPER PICTURES CONCESSIONS**

*SEE COACH FOR FITTING. JERSEY SIZE: _____ JERSEY # CHOICE: _____

***IF YOUR CHILD DID NOT RECEIVE ALL EQUIPMENT AT SIGN UP PLEASE LIST WHAT IS NEEDED.** _____ *Approximate Weight of Child* _____

SIGN-UP FEE Pd. Cash _____ Ck No. _____ Copy of **Birth Cert.** _____ **Physical** _____

I am the parent/legal guardian of the child listed above. In consideration of allowing said child to participate in the Webb City Youth Football Program, I do hereby waive and release all right and claim that could be asserted by or on behalf of the participant child against the WCYF, Inc., its officers, directors, agents, employees, volunteers, successors and assigns, for any and all injuries or damages arising out of participation in WCYF, whether based upon negligence or any other theory of law. I do hereby certify that the participant is physically fit and able to participate and compete as a football player or cheerleader. I understand I am responsible for transportation of the participant to and from all practices and games. In the event of an emergency, if I cannot be reached, I consent for the WCYF to obtain, through a physician or hospital of its choice, such medical care as is reasonable necessary for the welfare of this child, at my expense.

I understand that WCYF By-Laws provide that the child shall not be permitted to participate unless covered under the insurance policy designated in this document.

I agree to use the provided equipment solely for participation in the WCYF program. I further agree to return said equipment at the end of the season in as good a condition as when received, reasonable wear and tear accepted. In the event the equipment is not returned, I shall pay WCYF the replacement value of the equipment which I acknowledge to be \$150, and cost of collection, including a reasonable attorney's fee.

PARENT / LEGAL GUARDIAN SIGNATURE

DATE