



Cabot Youth Football

CAMP REGISTRATION

Player Information

Last Name		First Name	
Address		City	State
Date of Birth	Age	Grade Entering	
Phone		School	

Parent or Guardian Information

In an emergency contact		Relationship	
Phone (Home)	Phone(Business)	Phone (Cell)	

Health Information

Please list any allergies or health issues
Please list any medications currently taking

Parents/Guardian Permission and Waiver Agreement

1. PERMISSION TO PARTICIPATE

I, the parent/guardian of the above-named participant hereby acknowledge that my child is in good general health and I give my approval for my child to participate in any and all Cabot Youth Football Association (hereafter CYFA) activities, including transportation to and from the activities by a licensed driver with proof of insurance.

2. INTENT TO INFORM

I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football 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, and therefore I do hereby waive, release, absolve, indemnify, and agree to hold harmless the CYFA and any and all directors, organizers, sponsors, supervisors, coaches, participants, and persons transporting the above named participant to and from activities, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

3. EMERGENCY MEDICAL AUTHORIZATION

I hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and all CYFA activities.

RULES & REGULATIONS

I hereby understand and acknowledge that as a parent/guardian of a CYFA participant it is my responsibility to comply with all rules and regulations stipulated, adopted or recognized by CYFA including but not limited to the Adult Code of Conduct, stipulated in Section 8 above and published in the CYFA By-Laws and Constitution. Any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of my child/the participant, myself, and/or any spectators or other persons affiliated with the undersigned and the above named participant.

By my signature below, I hereby stipulate that I have read, fully understand, and voluntarily agree to all of the above.

Printed Name of Participant _____
 Printed Name of Parent or Guardian _____
 Signature of Parent or Guardian _____ Date: _____