

# NORTH BAY YOUTH FOOTBALL AND CHEER 2009 PLAYER/PARENT CONTRACT

TO BE COMPLETED, SIGNED AND SUBMITTED TO THE LOCAL ASSOCIATION

## PARTICIPANT INFORMATION (PRINT OR TYPE)

NBYFC Local Association: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ Age on 8/1/09 \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Parents/Guardian Names: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_  
Name Relationship Phone

Have you ever played for another association:  Yes  No When: \_\_\_\_\_ Who: \_\_\_\_\_

Please read before signing at the bottom

### FINANCIAL RESPONSIBILITY AND PARENTAL/PARTICIPANT CONSENT

1. The above information I have supplied is correct to my knowledge.
2. As parent/guardian of the child named above, I do hereby give my/our approval for participation in North Bay Youth Football & Cheer (NBYFC) activities for the current season. I/We understand that the training and supervision of football and cheerleading activities are provided by volunteers, some of whom will be without highly specialized training in gymnastics, physical education, blocking and tackling, stunts, or other contact activities. Head Coaches are expected to train and supervise their staff to reduce the incidence of injury, and to respond promptly to emergencies, but coaches in football and cheerleading will range in their abilities from beginner to highly experienced. Not only do I/we acknowledge this situation, I/We assume all risks and hazards to this participation for any claims arising out of injury to the above named child, including, but not limited to, transportation to and from such activities. I/We hereby waive, release, absolve, indemnify and agree to hold harmless, NBYFC, the league, local team, organizers, managers, coaches, supervisors, participants, person providing transportation and any organization this youth football/cheer program may be affiliated with.
3. There have been many improvements made in protective equipment and teaching techniques to reduce injuries. Even so, it is important for you to know that injuries can occur. In executing the foregoing release, I/We acknowledge that I/We understand that our personal medical/dental insurance will remain the primary carrier, and that insurance offered through this program is secondary in nature and is subject to an annual deductible by the carrier. It is understood that any claim for injury arising out of my/our child's participation must be reported to the designated association official within 30 days of the date of injury. It is also understood that the proof of loss must be completed in full and filed within 60 days of receipt by NBYFC. All monies I/We have paid to the team do not constitute payment of insurance coverage. I/We do indemnify NBYFC, the association and the insurance carrier should there be statement(s) by anyone that is in contradiction. I/We attest I/We have read and understand the terms of this contract and any disclosure information required.
4. I/WE understand that my player/cheerleader will not be allowed to participate in any NBYFC activities until our local Association has on file a physical dated and signed by a physician not earlier than March 1st, required proof of age, and signed NBYFC forms titled Parent/Player Contract and Adult Code of Ethics.
5. I/We hereby grant authority to a qualified physician to administer such medical treatment, as said physician deems necessary under emergency circumstances in my/our absence. This authorization shall remain effective until the end of the season unless sooner revoked in writing delivered to said Association.
6. NBYFC football players are precluded from participating in any other organized tackle/flag football program concurrent with the NBYFC football season. This rule does not apply to intra-scholastic physical education activities.
7. I/We have read and understand fully the provisions of this consent/release authorization, and I/We have voluntarily signed it.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**DOGS / PETS, ALCOHOLIC BEVERAGES, and TOBACCO PRODUCTS  
are NOT permitted on any public school property.**

# NORTH BAY YOUTH FOOTBALL AND CHEER 2009 ADULT CODE OF ETHICS

North Bay Youth Football and Cheerleading is an adult non profit volunteer organization, that has as its sole purpose the promotion of youth tackle football, competitive cheerleading and academic excellence. These goals could not be achieved without the participation and cooperation of parents, guardians, and other adult and youth volunteers. You play an important part in the league even if you do not coach or volunteer your time. If you do not volunteer, your lack of involvement will send a signal to your child. If you do volunteer you will send a different, positive signal to your child. Good sportsmanship is a concept that is understood by many and practiced by too few. Adult misbehavior at youth sporting events is something that has gained national attention, and has served to undermine youth sports in this country.

## *“Children Grow Up To Become What They Learn”*

This agreement is intended to establish and sustain a positive environment for the youth who participate in our program.

1. I will not force my child or any child to participate in Youth Football or Cheer.
2. I will assist the Association in teaching my child and others in this league that rules are important and will instill in the child that rules are important.
3. I understand that children learn best by example and that I will always attempt to set a good example for my child and any other children who participate or have any involvement with NBYFC.
4. I will teach my child that victory is important and that honesty and hard work are equally rewarding.
5. I will teach my child that one individual cannot win a team competition.
6. I will teach and demonstrate by example the importance of good sportsmanship in victory and in defeat.
7. I will not publicly question the honesty, integrity or judgment of the volunteer coaches or other adult volunteers.
8. I understand that verbal and physical abuse is not to be tolerated against anyone in this league, verbal abuse includes profanity, and foul language.
9. I understand that racial epithets or negative innuendo related to a person’s race, religion or ethnicity will not be tolerated.
10. I recognize that respect among adults is necessary for success in this league and that all adult volunteers are entitled to respect, as are the children.
11. As a Parent, Guardian or Spectator, I will responsibly handle disagreements. I agree not to engage in divisive activity such as verbal and physical confrontation. I will not create conflict by slander, malicious rumors, or threats. Nor will I entice another to do so. I agree to submit any complaints to my local organization first, and to the Commissioner of NBYFC as a last resort. Complaints to NBYFC must be in writing (letter mail, or email).

By signing below, I understand that if I violate this agreement, I will be subject to disciplinary action, which could include probation, suspension, and expulsion from NBYFC league activities or a monetary fine to my home association. This document includes all rules and regulations as stated in the Dixon Youth Football & Cheer By-Laws.

\_\_\_\_\_  
\*Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
NBYFC Association

\_\_\_\_\_  
Player/Cheerleader Name

\_\_\_\_\_  
Division

\*The signature by one parent or both parents, whether married or not, or guardians, will in effect hold the entire family structure to the above set of rules and regulations.

## PLAYER CONTACT SHEETS

CHILDS NAME \_\_\_\_\_  
CHILDS TEAM \_\_\_\_\_ MM JPW PW JM MID

CHILDS NAME \_\_\_\_\_  
CHILDS TEAM \_\_\_\_\_ MM JPW PW JM MID

CHILDS NAME \_\_\_\_\_  
CHILDS TEAM \_\_\_\_\_ MM JPW PW JM MID

CHILDS NAME \_\_\_\_\_  
CHILDS TEAM \_\_\_\_\_ MM JPW PW JM MID

### FATHER

NAME \_\_\_\_\_

HOME # \_\_\_\_\_

CELL # \_\_\_\_\_

EMAIL \_\_\_\_\_

PLEASE PRINT CLEARLY

### STEP FATHER

NAME \_\_\_\_\_

HOME # \_\_\_\_\_

CELL # \_\_\_\_\_

EMAIL \_\_\_\_\_

PLEASE PRINT CLEARLY

### MOTHER

NAME \_\_\_\_\_

HOME # \_\_\_\_\_

CELL # \_\_\_\_\_

EMAIL \_\_\_\_\_

PLEASE PRINT CLEARLY

### STEP MOTHER

NAME \_\_\_\_\_

HOME # \_\_\_\_\_

CELL # \_\_\_\_\_

EMAIL \_\_\_\_\_

PLEASE PRINT CLEARLY

# NORTH BAY YOUTH FOOTBALL AND CHEER

Association Name \_\_\_\_\_

## 2009 MEDICAL CLEARANCE EXAMINATION

\_\_\_\_\_  
Name of Player or Cheerleader

\_\_\_\_\_  
Age

\_\_\_\_\_  
Division

This examination does not constitute a complete medical examination; it does, on this date, based upon my observations, meet the requirements for the above named child to participate in tackle football and/or cheerleading: This medical clearance must be dated no earlier than March 1, 2009

Please list any known allergies, limitations or medical problems, including those requiring maintenance medications (i.e., Diabetic, Asthma, Seizure Disorder, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL REMARKS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date

( ) \_\_\_\_\_  
Phone #

# DIXON YOUTH FOOTBALL & CHEER

1 CHILDS NAME: \_\_\_\_\_

1 TEAM: FOOTBALL MM JP PW JM MID  
CHEER MM JP PW JM MID

2 CHILDS NAME: \_\_\_\_\_

2 TEAM: FOOTBALL MM JP PW JM MID  
CHEER MM JP PW JM MID

3 CHILDS NAME: \_\_\_\_\_

3 TEAM: FOOTBALL MM JP PW JM MID  
CHEER MM JP PW JM MID

4 CHILDS NAME: \_\_\_\_\_

4 TEAM: FOOTBALL MM JP PW JM MID  
CHEER MM JP PW JM MID

PARENT NAME \_\_\_\_\_

PLEASE PRINT

PARENTS SIGNITURE \_\_\_\_\_

Current Address \_\_\_\_\_

Current Phone # \_\_\_\_\_

LEAGUE OFFICAL \_\_\_\_\_

## PAYMENTS

1st Child \$150-\$175 \_\_\_\_\_

2nd Child \$150-\$175 \_\_\_\_\_

3rd Child \$150-\$175 \_\_\_\_\_

4th Child \$150-\$175 \_\_\_\_\_

Check# \_\_\_\_\_ Total \_\_\_\_\_