

Please check any of the following that apply to your child:

___ Food Allergies - _____

___ Prescription Allergies - _____

___ Uses an inhaler

___ Uses an EpiPen

___ Diabetic

USES THE ABOVE MENTIONED FOR THE FOLLOWING REASONS: _____

My child has the following Emergency Medication: _____

SCYF is run solely on a volunteer basis. The continued success of this program is determined by your support.

Please Note: If you have another child participating in SCYF, we will match up game times if at all possible!

I, (the undersigned), as the legal guardian of the child named above, understand that this is a FULL CONTACT SPORT and that the possibility of injury does exist when participating in the above mentioned activities. I hereby agree that I will not hold the Swartz Creek Youth Football League, its coaches, any staff or any associated organization liable for any injuries that may occur during my child's participation in practices, games or other associated activities. Furthermore, I agree to be responsible for the cost of any medical treatment in the event injury and/or death occurs. I also understand that in the event a refund is approved by the board, it will only be issued in the form of a check and only to the legal guardian signing this form.

PARENT (LEGAL GUARDIAN) _____ DATE: _____

A \$25.00 fee will be assessed for any returned checks.

HOW DID YOU HEAR ABOUT THIS PROGRAM?

___ FLYER ___ MARY CRAPO SIGN ___ FRIEND

OTHER _____

Send Forms and Check To:

Paul Ray SCYF President

2352 Marlene Dr * Swartz Creek, Michigan 48473

SCYF USE ONLY

Team Division: Freshman _____ JV _____ Varsity _____

INSURANCE WAIVER: _____ PAID RECEIPT: _____ CASH: _____ CHECK#: _____

AMATEUR MINOR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in _____ / MMRFL athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent total disability or death.
4. Release, waive, discharge and covenant not to sue _____ / MMRFL its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Please Print Clearly

Participant Name (one per waiver) _____

Participant Address _____ City _____

Name of Parent/Guardian _____

Relationship to Participant _____

Phone Number(s) of Parent/Guardian (____) _____ - _____ (____) _____ - _____

Signature of Parent/Guardian _____ Date ____/____/____

Participant is: Cheerleader Football Player SEASON: _____

Mid Michigan Rural Football League, Inc.

SWARTZ CREEK YOUTH FOOTBALL
2009
PHOTO RELEASE

I agree to allow photographs of my child,

_____ to be used by the **SWARTZ**
(Child's name)

CREEK YOUTH FOOTBALL PROGRAM for publicity purposes which
may include leaflets, flyers, television, newspaper,
advertisements and the SCYF website.

Date

Signature (Parent or Legal Guardian)