

**MADISON YOUTH LEAGUE
Football & Cheerleader Contract**

Football
Cheerleading
Male Female

Sizes-Y XS to A XXL
Shirt -
Shorts -
Shoe -

PLEASE READ CAREFULLY – OTHER THAN SIGNATURE, PLEASE CLEARLY PRINT ALL INFORMATION

No participant will be permitted to take part in any league activity prior to all information being complete and fee is paid

Participant Name: _____ Nickname: _____
Address: _____
City, State, Zip: _____
Date of Birth: _____ School: _____ Grade: (this fall) _____

Parent/Guardian Information/Emergency Contact

Name: _____ Relationship to child: _____
Home phone: _____ Cell phone: _____
Email Address: _____
Do you agree to receive text messages: YES NO

Name: _____ Relationship to child: _____
Home: _____ Cell: _____
Email Address: _____
Do you agree to receive text messages: YES NO

Medical Information

Participants Doctor Office: _____
Doctor Name: _____ Number: _____
List any existing medical conditions, allergies and any medication that the participant is currently taking: _____

*** I will not hold Madison Youth League Coaches, Board Members, Officials, or Volunteers responsible for any injuries the participant may incur during practice, games or competitions.**

***I release the rights to allow Madison County Youth League to use my child's picture in advertisements for the league such as Facebook, Website, etc.**

Parent or Guardian Signature: _____

1. I will do my best at school throughout the year.
2. I will play any position assigned to me and will always do my best for the team.
3. When my team is not playing I will stay off the field completely and will not interfere with the current game.
4. I pledge that I will not do any damage to any property, buildings, or equipment.
5. I will not create nor participate in any unsportsmanlike conduct.

Participants Signature: _____

For League Use Only			
Required Documents	Yes/ No	Registration Fee \$125/\$175	Paid/Comments
Birth Certificate			
Recent Photo			
Physical			
Code of Conduct			
Rental Gear Contract			

Football:

Mighty Mites/Pups: Must have attained his 5th birthday before August 1st and shall not have attained his 7th birthday before August 1st

Termite: Must have attained his 7th birthday before August 1st and shall not have attained his 9th birthday before August 1st

Mite: Must have attained his 9th birthday before August 1st and shall not have attained his 11th birthday before August 1st

Midget: Must have attained his 11th birthday before August 1st and shall not have attained his 13th birthday before August 1st

Cheer:

Termites 5-7, Mites 7-9, Midget 11-13 before August 1st

MCYL Uniform Order 2021

Player Name / Grade

Phone #

T-Shirt size:

Short size

Last Name For Shirt (please print all caps)

YS -YL / ADULT S-XL

Madison County Youth League Association

Parent/Guardian Code of Conduct

The Madison County Youth League Executive Board requires each parent/guardian of a child participating in the upcoming season sign a Code of Conduct. In an effort to promote a healthy environment for children to participate in youth football and cheerleading, MCYLA has implemented a "Zero Tolerance" policy. It is our intention to ensure every youth league event is fun filled, competitive, and a learning experience for our children. The rules defined in this Code of Conduct will be strictly enforced. If at any time during practice or games, both home and away, if any of the rules are violated, the violator will be asked to leave the premises. Warnings will be administered by the Head Coach or Board Members for the violation of any rules.

Failure to abide by this Code of Conduct will result in immediate removal from the playing area and possible criminal charges.

1. **Substance Abuse** – No parent, guardian or guest of either shall be present at any practice or game under the influence of any intoxicating substance (illegal drugs, alcohol, etc.) Any persons suspected of being under the influence of any substance will be asked to remove themselves from the area. If he/she does not comply with this request, then law enforcement officials will be called and possible charges brought forth.
2. **Treatment of Players** - All players shall be treated fairly and equally. Excessive yelling at participants will not be tolerated. Profanity of any sort will not be tolerated. Unacceptable behavior aimed at any participant/person will not be tolerated. It is the coach's responsibility to make sure that each child is taught football and cheerleading fundamentals and good sportsmanship along with the help of each and every parent.
3. **Threatening** – There will be no direct threats made towards any player, coach, parent, or volunteer. Comments such as "I will deal with you later" or "We will take care of this after practice" will not be tolerated. Violation of this rule will be taken very seriously as it potentially puts children in danger. You will be asked to leave and/or be removed if necessary.
4. **Fields** – Coaches, players, emergency personal and MCYLA Board members are the ONLY people allowed on the field unless a child is injured. Parents are not allowed on the field, sideline, or track at any time before, during, or after a game. Please remain behind the gated and fenced areas.
5. **Rules** – Any rules or decisions made by the Head Coach or Assistant Coach will be made known to each parent as soon as possible. Disagreements between parents and/or coaches should be worked out amongst themselves away from team players or other children. In the event an agreement cannot be reached, the issue can be brought to the Executive Board for a resolution. Each person is encouraged to use a "cooling off" period prior to speaking with coaches or other parents so that a better resolution can be reached that is mutually beneficial to the child, you and the coach.

Please Note: Any assault on any youth league official, referee, or a coach is a Class I Misdemeanor in the State of North Carolina and can carry 45 days in prison plus fines as mandated by the Judge.

Participants Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

You are acknowledging that your signature covers anyone that accompanies you or your family to an event will adhere to the policy written above.

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Madison County Youth Football League, Inc athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Madison County Youth Football League, Inc their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

MADISON COUNTY YOUTH LEAGUE PARTICIPATION TERMS AND LIABILITY WAIVER

I, parent/guardian/coach/volunteer, involved with MCYL do by my signature below agree to follow, adhere to, and support the rules, regulations, and By-Laws of MCYL.

I understand that the League's Board of Directors and Executive Committee have complete authority to carry out and discharge the duties and business of the League, and I agree that all their decisions regarding operations of the League, including interpretations and enforcement of Rules and By-Laws are final and exempt from any type of appeal that is not specifically provided for in the Rules or By-Laws.

I understand that under no circumstances are the decisions or interpretations of the Board of Directors or Executive Committee subject to an alternative forum of dispute resolution such as arbitration, mediation, or any court or tribunal of any county, city, state, or nation. I hereby voluntarily, fully, and freely waive any right to contest a decision of the Board or Executive Committee, except through the means provided for in the Rules.

I also understand that compliance with the League's Rules and By-Laws is the responsibility of every participant at every level and that a failure to understand or appreciate the Rules or By-Laws will not constitute an excuse or exemption from penalties arising from violation thereunder.

I understand that I may request an electronic copy of these Rules and By-Laws at any time and free of charge by contacting the MCYL President or MCYL Secretary.

I agree that this waiver shall remain in effect worldwide and indefinitely, and that it is irrevocable by its nature.

Participant Name: _____

Parent/Coach/Board Member/Volunteer Signature: _____

Date: _____

Athletic Participation Form

This form is to be completed and filed in the organization's roster book before the student can participate in the WNC Youth Football and Cheerleading Association.

Student _____ Date of Physical _____

Medical History – to be completed by parent

Known history of:

A: Birth deformities (one eye, one kidney etc.)	YES	NO
B: Past illness of more than one week	YES	NO
C: Medical conditions currently under treatment	YES	NO
D: Fractures or other disabling injuries	YES	NO
E: Any permanent deformity or disability	YES	NO
F: Allergy (food, drug, clothing, etc.)	YES	NO
G: Mental disorder or convulsions	YES	NO
H: Respiratory problems i.e. asthma	YES	NO

Explain any above question answered "YES"

I certify that the information in this application is correct, and I agree to abide by the eligibility rules and regulations governing Western North Carolina Youth Football and Cheerleading Association.

Parent or Guardian signature: _____

Examination to be completed by physician:

Blood Pressure	Normal	Abnormal
Eyes	Normal	Abnormal
ENT	Normal	Abnormal
Heart	Normal	Abnormal
Lung	Normal	Abnormal
Abdomen	Normal	Abnormal
Genitalia	Normal	Abnormal
Musculoskeletal	Normal	Abnormal
Neurological	Normal	Abnormal
Skin	Normal	Abnormal
Other _____		

I certify that I have examined the above named student and that such examination revealed conditions/no conditions that would prevent this student from participating in the WNC Youth Football and Cheerleading Association, Inc.

Physician: _____

Address: _____

ID#: _____

The following are considered disqualifying until medical and parental releases are obtained: acute infections obvious growth retardation, diabetes, jaundice, severe visual or auditory impairment, pulmonary insufficiency, organic heart disease or hypertension, enlarged liver or spleen, hernia, musculoskeletal deformity associated with functional loss, history of convulsions or concussions, absence of one kidney, eye or testicle.

Waiver / Permission to participate on advanced age group team

I _____ do hereby grant permission for my child,
_____, to participate on an older age group team. I

understand that the participants are older, and the weight is increased, and I accept the responsibility of
the possibility of injury. I also understand that once my participant is rostered and the season has begun,
he / she will not be eligible to return to the younger team.

I will not hold Madison County Youth League Football and Cheer responsible for any injuries that may
occur due to this sport.

Player Name: _____

Parent Name: _____

Parent / Guardian signature: _____

Date: _____