## **Participants Pledge**

I will:

Promise not to deface equipment, property, etc.

Promise not to use profane language.

Promise to promote good sportsmanship

Promise to uphold the coach's and any other official's orders or decisions.

Promise to maintain at least a "C" grade while in school

Promise not to use illegal drugs or alcohol.

## **Permission To Participate**

I understand by signing this contract, I agree to and will abide by the rules of the BK Youth Football Organization and its affiliated leagues and give permission to my child to participate in all activities associated with this program. I also will explain the participants pledge to my child.

Parenvouardian Signature.	Date
Parent/ Guardian Au	thorization for Medical Treatment
I, the undersigned, do hereby authorize official Program to contact directly the persons name attending physician(s) to render such treatment for health of said child.	
Print Name of Parent/Guardian Relationship:	
Required Signature of Parent/Guardian:	
Date:	
Name of Medical Insurance Plan:	Contract / Group Number:

ALL REGISTRATION FEES ARE NON-REFUNDABLE AND ARE CONSIDERED A DONATION TO THE LOCAL PROGRAM.