

## Parent Guardian Agreement for the Season 2026

Child(ren)'s name: \_\_\_\_\_ Level: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent cell phone: \_\_\_\_\_

Health condition/important information about your child:

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

Emergency contact name: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

\_\_\_\_\_

(other than parent)

**I, as a parent/guardian, have read all the policies, agree and will follow these for myself and my participant(s) and I will initial each to grant my approval. If I have any concerns, I will see a member of the board of directors.**

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_ I hereby voluntarily permit my child to participate within the Fayetteville Midget Football, INC (FMFI) as an athlete for the **FOOTBALL / CHEER** program.

\_\_\_\_ I agree with the Code of Conduct and the Zero tolerance policy, without complaint, to abide by any sanctions or discipline executed by the FMFI and the board of directors. I have been given/offered a copy of this agreement. **I will adhere to a "24-hour rule". I will give the coaches 24 hours after a game to address issues or concerns.**

\_\_\_\_ I and my child(ren) agree with the Athletes Code of Conduct, without complaint, to abide by any sanctions or disciplines executed by the FMFI and board of directors. I have been given/offered a copy of this agreement.

\_\_\_\_ I agree to this Attendance Policy, without complaint, to abide by any sanctions or discipline executed by the FMFI and board of directors. I understand I will remain at practice or have a designated adult on site for my athlete and will inform the coach.

\_\_\_\_ If your player decides not to participate, there are no refunds.

\_\_\_\_ I will complete the parent participation volunteer hours as required for the 2025 season. (6 game day duties) AND return all equipment at the end of the season. \$150 single player or \$200 family uniform/volunteer fee collected at uniform handouts will be refunded.

\_\_\_\_ Participate in fundraising events throughout the season.

\_\_\_\_ I hereby GRANT / **DENY** permission to The Fayetteville Browns to use the image of my child(ren). This includes but is not limited to pictures, videos, digital images to the display, distribution, publication,

transmission, or otherwise. These items may be used in printed materials such as brochures and newsletters, videos, Facebook, website or other social media formats.

\_\_\_\_ Authorization for medical care, in case of a medical emergency, I hereby give permission to FMFI and board of directors; to order treatment for my child, I authorize any necessary medical treatment needed for the above-named child in my absence as signed on the 2024 registration form.

\_\_\_\_ I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISK INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISK OF INJURY OR DEATH AND WILL NOT FMFI, OR BOARD OF DIRECTORS, OR ANY OF THE ORGANIZATION MEMBERS LIABLE.

signature \_\_\_\_\_ -

**THIS MUST BE SIGNED FOR YOUR CHILD TO PARTICIPATE**