



Snowline Youth Football & Cheer

www.snowlineyfc.com



Please Print Legible

Date: _____

Participant Name: _____
First Last

Birthdate: _____ Age: _____

Physical Address: _____
Street City Zip

Mailing Address: _____
(if different than above) Street City Zip

School: _____ Grade: _____ (2020-2021 school year)

School District: **Snowline** or _____

Any known Medical Conditions / Restrictions / Known Allergies (including food)

Parent / Guardian Info:

Name: _____

Cell Phone #: _____ Ok to receive texts: yes / no

Alt. phone #: _____ Email: _____

Name: _____

Cell Phone #: _____ Ok to receive texts: yes / no

Alt. phone #: _____ Email: _____

Alternate Emergency Contact: _____
Name & Phone #

BYFC USE ONLY

Age: _____
as of July 31st

Team Division: _____

Shirt Size:

Youth: XS S
M L
XL

Adult: S M
L XL

Short Size:

Youth: XS S
M L
XL

Adult: S M
L XL

Notes:

SYFC ZERO TOLERANCE POLICY

The SYFC Board has unanimously approved a "ZERO TOLERANCE POLICY" related to inappropriate behavior at practices, games and SYFC sponsored activities; this applies to home and away events. The Board feels that league officials, coaches, players, parents and spectators should be proactive in seeking a safe and instructive environment for children without the threat of violence, inappropriate behavior or language on the sidelines.

While most inappropriate behavior is obvious, the actions that will not be tolerated include, but are not limited to the following:

1. Parents and fans on the field without permission (all volunteers have been cleared and issued a badge by a Chapter's Athletic Director).
2. Inappropriate language or gestures including racial, ethnic or gender-related slurs at any time.
3. Yelling negative comments at the referees, coaches, team staff, players, cheerleaders, or other spectators.
4. Instigating players, cheerleaders, officials, or other spectators
5. Throwing of any object in the spectators viewing area, sidelines, playing field, directed in any manner as to create a safety hazard.
6. Trashing fields
7. Attending events (including parking lots) drunk or smelling of alcohol or under the influence of illicit drugs
8. Physical displays of aggression or threats of physical aggression
9. Any action that officials or coaches deem to be inappropriate, or the individual has previously been asked to stop doing.

Any player, coach, official, parent or fan participating in repeated inappropriate behavior will be ejected from the game. In cases where the offending party does not leave the area, then an SYFC Representative (Board Member) will have authority to immediately call the police and have the offender removed. A league report will be filed, and if the same person is ejected twice, they will no longer be allowed to attend SYFC events. Based on the nature of the offence, charges may be filed against the individual. Threats or physical displays of aggression will be reported to the police. SYFC hopes these policies will ensure a safe, tolerable environment for your family to be around and your children to play in. Thank you for doing your part to help!

- I hereby pledge to provide positive support, care, encouragement and sportsmanship for all players, coaches, volunteers, officials and fans at every game, practice or other youth event.
- I promise to be a respectful fan and remember that the game is for children and not for the adults.
- I have read the Snowline Youth Football & Cheer (SYFC) NO TOLERANCE policy, and will do everything in my power to implement and abide by these rules at all times.
- I understand the guidelines that are outlined not only apply to myself and my football player and/or cheerleader but anyone that comes to watch and support, (siblings, grandparents, extended family and friends, etc...) are all expected to behave accordingly.)

Player Name

Date

Parent Printed Name

Parent Signature

Minor Waiver/Release
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to
participate in any way in the SNOWLINE YOUTH FOOTBALL & CHEER related events and activities, the
Name Of Minor Child/Ward
Legal Name Of Your Sports Program, Ex: League Name
undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, 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 child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS SNOWLINE YOUTH FOOTBALL & CHEER;
Legal Name Of Your Sports Program, Ex: League Name
its directors, officers, officials, agents, employees, volunteers, 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 INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, 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 IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed: _____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARTICIPANT SIGNATURE)

(PRINT NAME)

Date Signed: _____

Adult Waiver/Release
AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY
READ BEFORE SIGNING

In consideration of being allowed to participate in any way in SNOWLINE YOUTH FOOTBALL & CHEER
(Name of Organization)

athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury 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. If, however, I observe any unusual 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 SNOWLINE YOUTH FOOTBALL & CHEER (Name of Organization) their directors, officers, officials, agents, volunteers 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 INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE 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 IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Participant's 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, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

(Parent/Guardian Signature)

DATE SIGNED: _____

Emergency Phone Number: () _____

HEADS UP CONCUSSION ACTION PLAN

HEADS UP
CONCUSSION

IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE THE FOLLOWING STEPS:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

► **"IT'S BETTER TO MISS
ONE GAME THAN THE
WHOLE SEASON."**



CONCUSSION SIGNS AND SYMPTOMS

• Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall

Parent / Guardian (print) _____

Parent / Guardian (sign) _____

Child Name(s) _____

Date _____

Town _____

JOIN THE CONVERSATION AT www.facebook.com/COCHeadsUp