**West Babylon** **PAL FOOTBALL Registration Form**

As parent/guardian of the child named below, I hereby agree to have my child join the West Babylon Youth Football League and participate fully in the athletic program. We shall abide by the rules, regulations and code of conduct of the organization.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_

Age as of 09/01/21: \_\_\_\_\_\_\_\_ Grade in Fall 2020: \_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian**

Mothers Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fathers Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mothers Cell Phone:(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father Cell Phone:(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

Mothers Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fathers Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\* Football players must provide a copy of their birth certificate with this application. Players will not be permitted to participate in practice if a copy of their birth certificate has not been received. The PAL will also require proof of residency. To play football children must be at least 5 years of age by 09/01/2021 and not older than 12 years of age on 09/01/2021 to participate.\*\*

Cost: Registration $250 for tackle and $125 for flag.

Payment: Check# \_\_\_\_\_\_\_\_\_ Amount $\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions: Participation in football requires the ability to run, tackle, block, catch a football and understand the rules of the game. Does your child have any current condition that limits his or her ability to participate in these activities?\_\_\_\_\_\_\_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MINOR WAIVER and RELEASE OF LIABILITY**

In consideration of being able to participate in the activities of West Babylon Police Activities League; I, as a parent, legal guardian, or agent of the above named participant for myself, my heirs, personal representatives and assigns:

1. Represent that the participant and I understand in the nature of the activity in which the participant will be engaging in may involve substantial and serious risk and dangers for property damage and bodily injury, including, without limitations, permanent disability, paralysis, and death. Such risks, and dangers may be caused by among other factors, action or inaction of the participant, action or inaction of others (including, without limitation, other participants, supervisors, or coaches), the condition and which an activity takes place, the condition of the premises on which an activity occurs, the condition of any equipment used in an activity, or the negligence of the releases name below:

2. Release, discharge, covenant not to sue and agree to indemnify and hold harmless, West Babylon Youth Football inc , their respective officers, directors, employees, volunteers, agents and corporate sponsors (each considered to be one of the "releases") from all liabilities, claims, demands, losses, and damages arising, directly or indirectly out of this activity, whether or not caused or alleged caused in whole or in part in by the negligence of any of the releases.

3. At any time, a coach can require medical clearance to be able to participate or play at his/her own discretion.

4. I understand participation may include possible exposure to and illness from infectious diseases including but not limited to MRSA, COVID-19, Influenza, etc. While particular rules and particular personal discipline may reduce this risk, the risk of serious illness and death does exist and 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’s participation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS. I HAVE READ AND UNDERSTAND THE LEAGUE CONCUSSION POLICY. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE LEAGUE IF MY CHILD HAS A CONCUSSION AND HE (SHE) MUST HAVE WRITTEN PHYSICIAN’S CLEARANCE TO RETURN TO PRACTICE/GAMES, AND THAT THE LEAGUE MUST HAVE A COPY OF THIS CLEARANCE. I UNDERTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE LEAGUE IF MY CHILD IS EXPOSED TO COVID-19 AND I UNDERSTAND HE MUST HAVE A PHYSICIANS CLEARANCE TO RETURN TO HIS TEAM OR ATTEND EVENTS AT OUR FIELDS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

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

Signature of Parent/Guardian Date

**CONSENT FOR EMERGENCY MEDICAL TREATMENT OF A MINOR**

I GIVE MY CONSENT FOR ALL EMERGENCY MEDICAL CARE prescribed by a licensed physician for the player identified above. Care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent (the participant). I and the registrant release, discharge, and otherwise indemnify West Babylon Youth Football Inc., their respective officers, directors, employees, volunteers, agents and corporate sponsors, owners/providers of fields utilized by the program (each considered to be one of the "releases") from all liabilities, claims (by or on behalf of the registrant), demands, losses, and damages arising, directly or indirectly out of this activity, whether or not caused in whole or part in by the negligence of any of the releases.

I, as parent/guardian have received, read, and willfully agree to and understand all terms and conditions stated herein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian Date

**AGREEMENT FOR PARTICIPATION**

1. I understand that my child will not be eligible to participate in West Babylon Youth Football activities, if any portion of this form is altered or falsified.

2. I agree that any league owned uniform or equipment issued for participation in this activity must be returned at the end of the season. I understand that if it is not returned I will be held responsible for the replacement cost.

3. I will encourage good sportsmanship by demonstrating positive support and respect for all players, coaches, and officials and other spectators at every game, practice, and other activity.

4. I will place the emotional and physical well-being of my child ahead of my personal desire to win. I will refrain from the use of profanity at practices, games, and other activities and I will be a positive role model. I will remember that THE GAME IS FOR THE KIDS, not the adults. I will support a sports environment for my child that is free of drugs, alcohol, and tobacco, and I will refrain from use at all youth activities.

5. I understand that if I do not follow the direction of League/PAL officials and representatives at games, practice, or any league-related activity that I will be asked to leave, and I will comply. Any failure to do so will result in me or my child being removed from future league activities and programs.

6. I agree to this code of conduct and participation, and understand if not followed could result in the

restriction of attendance at league activities.

7. In the event of low registration, age groups may be combined to field teams. For example, 7 year olds and 8 year olds may play together as a 7/8 team. NO athlete will be allowed to play up more than 1 year in age or division.

8. Refund policy: This league is about the children, not the money. However, per player expenses such as insurance, equipment reconditioning fees, and operating expenses are accrued upon registration. Refunds will be given minus operating costs until June 30th. After June 30th, no refunds will be given unless the league is unable to field a team in your child’s age group.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian Date

Please make sure all information is filled out neatly and all 3 signatures are complete. Mail this form along with a copy of your child’s birth certificate (new players only) and a check made out to the WBYF to the following address:

Eric Outlaw

West Babylon Youth Football

29 Bunnell Place

West Babylon, NY 11704