

WOODMONT YOUTH ASSOCIATION 2023 Fall Sports Registration Form



Follow us on our Facebook page: **Woodmont Youth Association**
Please download the **Band app** to receive individual team information

Tackle Football Season:

July 10- Mandatory Practices begin
(Mon, Tues & Thurs)
August 6- MANDATORY Weigh-ins
August 26 -Games begin
End of October- season ends

Be sure to COMPLETE all required forms to register including Copy of Birth Certificate, Fees and Physical STAMPED & DATED after Jan 1, 2023.

Tackle age group & weight limits

Age Group	Birth Year (on August 31)	Weight Limit
8U Tackle	2014, 2015, 2016	110 lbs
10U Tackle	2012, 2013, 2014	125 lbs
12U Tackle	2010, 2011, 2012	150 lbs

PLEASE NOTE WE REQUIRE A **WHITE** HELMET.

Check:

Tackle Football (7-12 yo) **\$135** Flag Football (5-6 yo) **\$80** Cheerleading (5-12 yo) **\$135**
(Includes game jersey, integrated pants, decal set & trophy) (Includes jersey, shorts & trophy) (Includes top, skirt, bow, pom poms & trophy)

PLAYER INFORMATION		
Legal First Name:	Nickname:	Last Name:
Street address:	City:	Zip Code:
Date of Birth:	School:	
Jersey # requested (Top 3):	Weight (Tackle football only):	
Medical Condition asthma, diabetes, allergies etc.		

LEGAL PARENT/GUARDIAN INFORMATION

Parent 1 Name:	Parent 2 Name:
Phone #:	Phone #:
E-mail:	E-mail:

Initial below

I understand the first \$50 is a non-refundable deposit and until ALL fees are paid with COMPLETED proper paperwork turned in by the deadlines set, my child will not be registered with Woodmont Youth Association.

Photo Release:

I understand that photographs and/or videos of youth participants may be taken during practices, games and events. I therefore give Woodmont Youth Association all rights and permission to use those photographs and/or videos in publicity materials, website and social media posts.

Parent Name (Print) _____ Parent Name (Sign) _____ Date: _____

<u>WYA use only:</u>			
Deposit total paid: \$ _____	Paid Date: _____	Cash or Check # _____	
Balance owed: \$ _____	Paid Date: _____	Cash or Check # _____	Paid in FULL

**WOODMONT YOUTH ASSOCIATION
WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT**

I hereby voluntarily permit my child, _____, to participate in the
(Please Print Child's Name)
Woodmont Youth Association's activities/functions.

I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE.

_____ Initial Here

As consideration for being permitted by the Woodmont Youth Association to participate in this activity, I hereby release and hold harmless The Woodmont Youth Association and its affiliated designated coaches, program officials and supervisors from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any volunteers in connection with my child's participation. I further agree that this waiver, release and assumption of risks are to be binding on the heirs and assigns of the undersigned.

I further agree to indemnify and to hold Woodmont Youth Association (its officers, coaches and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur because of any injury and/or property damage that I or my child may cause or sustain while participating in this activity.

In case of a medical emergency, I hereby give permission to Woodmont Youth Association and Volunteers to order treatment for my child, including any necessary medical treatment and x-rays. I also hereby give permission to Woodmont Youth Association and Volunteers to disclose the information contained on the Emergency Medical Card to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur because of such treatment.

Woodmont Youth Association does not disclose your nonpublic personal medical and financial information, except as required or permitted by law. The Woodmont Youth Association does provide insurance on a case by case basis for athletes only. Our insurance(s) do not cover parents, relatives, siblings, and or personal property.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND WOODMONT YOUTH ASSOCIATION AND SIGN IT OF MY OWN FREE WILL.

Parents Signature

Date



**Woodmont Youth Association
Player and Parent Code of Conduct
2023**

Player:

By signing this pledge, I commit to do my part to ensure my youth sports experience is positive, and accept responsibility for my participation by following the Player's Code of Conduct:

- I deserve to have fun during my sports experience and will alert parents and coaches if it stops being fun.
- I deserve to play in an environment that is drug, tobacco, and alcohol free.
- I will encourage good sportsmanship from my fellow players, parents, coaches and officials at all games and practices by demonstrating positive behavior.
- I will represent my team with respect both on and off the field.
- I will strive to be at every practice and game.
- I will expect to receive a fair and equal amount of playing time.
- I will do my very best to listen and learn from my coaches.
- I will treat my coaches, other players, officials and fans with respect regardless of race, sex, creed or abilities and I will expect to be treated the same.
- I will not use profanity or "trash talk" my opponents.
- I will not use violence to handle conflicts.
- I will encourage my parents to be involved with my team activities.
- I will do my very best in school.
- I will respect the equipment that I play with in my sport.
- I will leave the practice field and game field the way that I found them.
- I will help clean up after each practice and game, even if the trash is not mine.

Player **Printed** Name: _____ Date: _____ Team: _____ Age Group: _____

Parent:

By signing this pledge, I commit to be a positive example to my player about his/her youth sports experience and accept responsibility for my words and actions by following the Parent's Code of Conduct:

- I will encourage good sportsmanship by demonstrating positive support of all players, coaches and officials at every game, practice or other youth sports events.
- I will always strive to keep sports fun in my player's life.
- I will place the emotional and physical well-being of my player ahead of my personal desire to win.
- I will insist that my child play in a safe and healthy environment, free from drugs, tobacco and alcohol.
- I will refrain from using or being under the influence of drugs, tobacco or alcohol while attending games, practices or other youth sports events.
- I will require that my player's coaches be trained in the responsibilities of being a youth coach and uphold the Coaches' Code of Conduct.
- I will support coaches and officials working with my player, in order to encourage a positive and enjoyable work experience for all.
- I will remember that the game is for youth, not for adults.
- I will treat players, coaches, officials, league administrators, and other spectators with respect regardless of race, sex, creed or ability.
- I will refrain from using profanity at any games, practices or any other youth sports events.
- I will ensure that my player follows the Player's Code of Conduct.
- I will handle any conflicts with coaches after 24 hours at an agreed upon time and place.
- I have reviewed and understand all the rules and guidelines above and will abide by them.

Parent Signature: _____ Date: _____

**CONSEQUENCES FOR FAILURE TO ABIDE BY THESE RULES:
These consequences will be determined by WYA Board of Directors on a case by case basis:**

- Verbal warning issued by a WYA Board Member.
- Immediate ejection from the game, practice, or youth sport event.
- Suspension from future games, practices or youth sport events.
- Permanent suspension from WYA.



Greenville County Rec Player and Parent Code of Conduct 2023

Player:

By signing this pledge, I commit to do my part to ensure my youth sports experience is positive, and accept responsibility for my participation by following the Player's Code of Conduct:

- I deserve to have fun during my sports experience and will alert parents and coaches if it stops being fun.
- I deserve to play in an environment that is drug, tobacco, and alcohol free.
- I will encourage good sportsmanship from my fellow players, parents, coaches and officials at all games and practices by demonstrating positive behavior.
- I will represent my team with respect both on and off the field.
- I will strive to be at every practice and game.
- I will expect to receive a fair and equal amount of playing time.
- I will do my very best to listen and learn from my coaches.
- I will treat my coaches, other players, officials and fans with respect regardless of race, sex, creed or abilities and I will expect to be treated the same.
- I will not use profanity or "trash talk" my opponents.
- I will not use violence to handle conflicts.
- I will encourage my parents to be involved with my team activities.
- I will do my very best in school.
- I will respect the equipment that I play with in my sport.
- I will leave the practice field and game field the way that I found them.
- I will help clean up after each practice and game, even if the trash is not mine.

Player **Printed** Name: _____ Date: _____ Team: _____ Age Group: _____

Parent:

By signing this pledge, I commit to be a positive example to my player about his/her youth sports experience and accept responsibility for my words and actions by following the Parent's Code of Conduct:

- I will encourage good sportsmanship by demonstrating positive support of all players, coaches and officials at every game, practice or other youth sports event.
- I will always strive to keep sports fun in my player's life.
- I will place the emotional and physical well-being of my player ahead of my personal desire to win. • I will insist that my child play in a safe and healthy environment, free from drugs, tobacco and alcohol. • I will refrain from using or being under the influence of drugs, tobacco or alcohol while attending games, practices or other youth sports events.
- I will require that my player's coaches be trained in the responsibilities of being a youth coach and uphold the Coaches' Code of Conduct.
- I will support coaches and officials working with my player, in order to encourage a positive and enjoyable work experience for all.
- I will remember that the game is for youth, not for adults.
- I will treat players, coaches, officials, league administrators, and other spectators with respect regardless of race, sex, creed or ability.
- I will refrain from using profanity at any games, practices or any other youth sports events.
- I will ensure that my player follows the Player's Code of Conduct.
- I will handle any conflicts with coaches, officials, or league administrators in private, at an agreed upon time and place. • I have reviewed and understand all the rules and guidelines found in the Greenville County Rec Youth Football Operations Manual found at www.greenvillerec.com.

Parent Signature: _____ Date: _____

CONSEQUENCES FOR FAILURE TO ABIDE BY THESE RULES:

These consequences will be determined by the youth association and/or Greenville County Rec on a case by case basis:

- Verbal warning issued by an Official, youth association or Greenville County Rec.
 - Immediate ejection from the game, practice, or youth sport event.
 - Suspension as stated in the Youth Football Operations Manual or determined by the association and Greenville County Rec.
 - Permanent suspension from all Greenville County Rec Facilities.
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ASSUMPTION OF RISK AND WAIVER OF LIABILITY (TO INCLUDE

CORONAVIRUS/COVID 19) RELEASE FORM

PROGRAMMING ACTIVITIES – PLEASE READ CAREFULLY

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The County of Greenville, acting through its Department of Parks, Recreation & Tourism (“GCPRT”) has put in place preventative measures to reduce the spread of COVID-19; however, the County of Greenville, acting through GCPRT, cannot guarantee that you or your child/ward will not become infected with COVID-19. Further, attending GCPRT programming activities could increase your risk and your child’s/ward’s risk of contracting COVID-19. By signing this agreement, I, as parent/guardian, acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child/ward and I may be exposed to or infected by COVID-19 by attending GCPRT programming activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, and/or negligence of myself and others, including, but not limited to, GCPRT employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child/ward or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child/ward may experience or incur in connection with my child’s/ward’s attendance and/or participation in GCPRT programming activities (“Claims”).

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions of this Assumption of Risk and Waiver of Liability (To Include Coronavirus/COVID 19) Release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulation. 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 and do release and agree to indemnify and hold harmless the County of Greenville, GCPRT, their officers, directors, instructors, agents, employees, representatives, and volunteers from any and all liabilities incident to my minor child’s/ward’s involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

PHOTO RELEASE

Furthermore, I give my permission to have photos and/or video recordings taken of me and/or my child/ward for publicity purposes during GCPRT Programming Activities. I hereby grant and convey unto the County of Greenville and GCPRT all rights, title and interest in any and all photographic images and video or audio recordings made by County of Greenville and GCPRT during my participation and/or my child’s/ward’s participation in GCPRT Programming Activities.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.

I have entered into this document on the basis of my own information and not in reliance upon representations of the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives. I further understand that this document contains the entire agreement and no oral or written agreements limiting or modifying the effect of the terms of this document exist.

I further agree that if any part of this agreement is held to be invalid or unenforceable for any reason, the balance of the agreement remains valid and enforceable.

I have read and understood this document and I agree to be bound by its terms.

Parent/Guardian's Signature: _____

Parent/Guardian's Printed Name: _____

Child’s/Ward’s Name: _____

Date: _____

Program Activity: _____

Program Activity Location:

4806 Old Spartanburg Road • Taylors, SC 29687 • Tel: 864.288.6470 • Fax: 864.288.6499