SOUTHERN OHIO YOUTH FOOTBALL ASSOCIATION, INC.–2018 TEAM AGREEMENT

FULL NAME: _____
First Middle Last

ADDRESS:_____
Street or Road City or Town Zip Code

CONTACT NO.:_____E-Mail (Optional):_____

ELEMENTARY SCHOOL ATTENDED:_____PUBLIC SCHOOL DIST. **(In which you reside)**_____

GRADE FOR THE **2018-2019** SCHOOL YEAR:_____DATE OF BIRTH: _____

MOTHER'S MAIDEN NAME:_____

I AGREE TO PLAY DURING THE CURRENT SEASON WITH_____ORGANIZATION

I will obey the official rules and regulations of the Southern Ohio Youth Football Association, Inc. (hereinafter "SOYFAI") and will not hold the SOYFAI's home organization or team sponsor responsible for any injury i may sustain while a playing member of the above football team or cheerleading team. I have read and understand the concussion information listed on the SOYFAI website.

PLAYER /CHEERLEADER SIGN:_____

To the best of my knowledge my child is physically fit & able to play football or cheerlead. I agree as parent or guardian to furnish a doctor's statement to that effect if requested by the team head coach or league supervisor. It is understood that SOYFAI does not take responsibility for the physical fitness of players and that as the parent or guardian I bear the responsibility for my child's physical condition. I hereby agree that SOYFAI, its members, coaches, league officials, or officers shall not be liable for any injury or loss which my child or children may sustain while participating in activities of any kind, whether sponsored or under the supervision of SOYFAI, & I agree to indemnify & to hold harmless SOYFAI, its members, coaches, league officials, officers or designees of any kind from any claim whatsoever.

CHEERLEADING CONSENT: (To be filled in and signed by parent of player prior to exhibition). My Child _____(child's first and last name) has my permission to participate in the SOYFAI Cheerleading. I understand that the very nature of this activity, cheerleading, and gymnastics carry a risk of physical injury. No matter how careful the participant and the coaches are, how many spotters are used, or what landing surface is used, the risk cannot be eliminated. The risk of injury includes minor injuries such as muscle pulls, dislocation and broken bones from landing or falls on the back, neck or head. I understand these risks and will not hold the SOYFAI, its officers, board Representatives, coaches or the host school responsible in the case of accident or injury at any time.

By signing this contract I acknowledge that I have read, agree with and understand the rules, regulations and penalties of the 2018 Southern Ohio Youth Football Association, Inc. (S.O.Y.F.A.I.). The Official Rules can be found on the website at: http://soyfai.com, then click League Handouts. I understand that I am not being given a hard-copy of these rules and it is my responsibility to review these rules on-line prior to signing this document.

PARENT OR GUARDIAN SIGN:_____ Date:_____, 2016

HEAD COACH SIGNATURE: _____CONFERENCE STAMP: