



## Wilton Youth Football & Cheerleading 2017 REGISTRATION FORM



**PARTICIPANT INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Participant's Email Address \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 School (Fall 2017) \_\_\_\_\_ Grade (Fall 2017) \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
 Address (if different from participants) \_\_\_\_\_  
 Mother's Day Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Mother's Email Address \_\_\_\_\_  
 Father's Day Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Father's Email Address \_\_\_\_\_  
 Alternate Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**VOLUNTEERS:** The Wilton Youth Football program is a volunteer organization that needs the help and support of parents and volunteers to make the program fun and rewarding for the children.

**Please check at least one of the activities listed below that you could help with:**

- |                                          |                                                       |                                     |
|------------------------------------------|-------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Head Coach      | <input type="checkbox"/> Fund Raising & Merchandising | <input type="checkbox"/> Photo Days |
| <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Banquet                      |                                     |
| <input type="checkbox"/> Team Manager    | <input type="checkbox"/> Game Day Assistance          |                                     |

**Registration Ends June 11, 2017** ... a Late Fee will be applied after 6/11 ... Late Registration ends 9/5/17  
**Registration Cancellations** must be received by 9/5/17 and will be subject to a \$50 cancellation fee for Tackle and a \$25 cancellation fee for Flag and Cheer. There will be no registration refunds on or after 9/6/17.

**FEE INFORMATION: (PLEASE Check the program you are registering for)**

- |                                                                                          |                          |                 |                    |                     |
|------------------------------------------------------------------------------------------|--------------------------|-----------------|--------------------|---------------------|
| <input type="checkbox"/> Tackle Registration Fee:                                        | (Grades 3-8 in Fall '17) | <b>\$375.00</b> | (\$475 after 6/11) | _____               |
| <input type="checkbox"/> Flag Registration Fee:                                          | (Grades 1-8 in Fall '17) | <b>\$165.00</b> | (\$215 after 6/11) | _____               |
| <input type="checkbox"/> Cheerleading Registration Fee:                                  | (Grades K-8 in Fall '17) | <b>\$200.00</b> | (\$250 after 6/11) | _____               |
| <input type="checkbox"/> Capital Improvements Fee (\$25 PER FAMILY not per registration) |                          |                 |                    | <u>    \$25    </u> |
| <input type="checkbox"/> Donation to the Wilton Youth Football Program                   |                          |                 |                    | _____               |
| Total by <input type="checkbox"/> charge or <input type="checkbox"/> check # _____       |                          |                 |                    | \$ _____            |

**To Make Credit Card Payment for Registration and/or Donation amounts to MasterCard or Visa, complete below (please print clearly). Your statement will show charge by "Wilton Youth Football":**

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Billing address with zip code (if different from home address) \_\_\_\_\_

**Registration Form must be submitted online or by mail & must be completed prior to equipment distribution.**

**Wilton Youth Football, Inc.**

**Medical Form & Doctor Certification**

**2017 SEASON**

Required for all WYF Participants

**DOCTOR CERTIFICATION**

Player's Name \_\_\_\_\_ Grade (Fall 2017) \_\_\_\_\_

School (Fall 2017) \_\_\_\_\_ Weight \_\_\_\_\_

**I HAVE EXAMINED \_\_\_\_\_ AND FIND HIM/HER PHYSICALLY FIT TO PARTICIPATE IN TACKLE FOOTBALL, FLAG FOOTBALL OR CHEERLEADING ACTIVITIES.**

**ADDITIONAL COMMENTS:** \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**PRINT OR STAMP**

**MEDICAL INFORMATION (to be completed by parent)**

Allergies Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, what \_\_\_\_\_

Medication \_\_\_\_\_

Chronic Conditions Yes \_\_\_\_\_ No \_\_\_\_\_

if yes, what \_\_\_\_\_

**Important for 2017**

**HOLD THIS FORM – DO NOT MAIL**

**WYF Medical and Parent Consent must be hand delivered the day of equipment distribution.**

**EMERGENCY CONTACT INFORMATION:**

1) PRIMARY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_

2) ALTERNATE CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_

# Wilton Youth Football, Inc.

## PARENTAL CONSENT AND WAIVER OF LIABILITY

2017 - 2018 SEASON

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

### **PLEASE READ THIS PARENTAL CONSENT AND WAIVER OF LIABILITY CAREFULLY AND ACKNOWLEDGE YOUR AGREEMENT AND UNDERSTANDING BY SIGNING BELOW.**

#### **A. Permission to Participate and for Medical Treatment**

I/We, the undersigned, hereby give permission for our child, named above, to participate in football/cheerleading activities in the Wilton Youth Football & Cheerleading programs for the 2017 - 2018 Wilton Youth Football season. I/We agree to abide by all the rules and regulations set forth by the team association and the Fairfield County Football League. If any equipment issued to our child should be lost or damaged through our negligence or that of our child, I/we agree to pay to have it replaced. I/We understand that the insurance, which is carried by the team, is secondary to whatever coverage we have. In the event of a claim, I/we agree to submit the claim to our insurance company. If no insurance coverage exists, the insurance coverage provided through the league becomes the primary coverage.

In the event of an injury, I/we hereby give permission for our child, named above, to be transported to a nearby emergency medical facility. Additionally, I/we give permission for medical treatment to be administered as deemed necessary by the medical staff.

#### **B. Waiver of Liability**

I/We acknowledge that I am/we are fully aware of the potential dangers of participation in any sport and I fully understand that participation in football, cheerleading and/or dance may result in SERIOUS INJURIES, PARALYSIS, and PERMANENT DISABILITY AND/OR DEATH. Furthermore, I/we fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless Wilton Youth Football, Inc., Wilton Youth Football & Cheerleading program, Fairfield County Football League and the teams that compose the league and their administrators, board members, coaches, volunteers, and any and all organizers, sponsors, supervisors, participants, and persons transporting the above named participant to and from activities, from any claim arising out of any injury to my/our child WHETHER THE RESULT OF NEGLIGENCE OR FOR ANY OTHER CAUSE.

#### **C. Injuries/Assumption of Risk:**

I/We acknowledge that injuries may occur in the course of any athletic activity, and I/we hereby specifically assume all risk of any injury occurring during the course of our child's participation in the Event.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important for 2017**

**HOLD THIS FORM – DO NOT MAIL**

**WYF Parental Consent must be submitted online AND in Hard Copy at Equipment Pickup.**

**All Registrations are completed online**

# WYF 2017 Emergency Information Form

**All Players Must Complete and Submit this Form Online. If severe limitations exist, please complete a hard copy of the form and submit it at Equipment Distribution**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade 17/18 \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Nanny/Babysitter: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

## Child's Medical Information

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Town: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Town: \_\_\_\_\_

## Allergies: (List & Note Reaction)

Food: \_\_\_\_\_

Bee Stings: \_\_\_\_\_

Environmental (including pets): \_\_\_\_\_

Sensitivity to Medications: \_\_\_\_\_

List Allergy Medications: \_\_\_\_\_

## Known Health Conditions: (List Limitations)

Asthma: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Seizures: \_\_\_\_\_

Other: \_\_\_\_\_

*In the event that I cannot be reached, I authorize the following persons to act on my behalf for the care and transportation of my child; and Wilton Youth Football volunteers have my permission to contact these people:*

1. \_\_\_\_\_  
Name Address Phone

2. \_\_\_\_\_  
Name Address Phone

*If I cannot be reached in an emergency, I authorize Wilton Youth Football volunteers to act on my behalf, administer First Aid and to obtain emergency medical treatment for my child.*

\_\_\_\_\_  
Date Signature of Parent or Guardian

## WYF 2017 PRIVATE EQUIPMENT WAIVER

*All Players Must Complete and Submit this Form (Online) even if you do not have intention to use your own equipment. The form is included in all online registrations.*

### **PLEASE READ THIS SUPPLEMENTAL WAIVER OF LIABILITY CAREFULLY AND ACKNOWLEDGE YOUR AGREEMENT AND UNDERSTANDING BY SIGNING BELOW.**

#### Waiver of Liability Arising Out of Use of Private Equipment

If our child uses equipment not provided by Wilton Youth Football, including but not limited to helmet or pads, (hereinafter the "Private Equipment"), we hereby waive, release, absolve, indemnify, and agree to hold harmless Wilton Youth Football, Inc., Wilton Youth Football & Cheerleading program, Fairfield County Football League and the teams that compose the league and their administrators, board members, coaches, volunteers, and any and all organizers, sponsors, supervisors, participants, and persons transporting the above named participant to and from activities, from any claim arising out of the use or alleged failure of the Private Equipment for any injury to my/our child whether the result of negligence or for any other cause.

This waiver is intended as a supplement and addition to the WILTON YOUTH FOOTBALL PARENTAL CONSENT AND WAIVER OF LIABILITY, not a substitute or replacement thereof. By signing below, both parents/guardians are accepting and agreeing to the above.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## WYF 2017 PHOTO CONSENT WAIVER

*All Players Must Complete and Submit this Form. It is included in the ONLINE registration.*

I grant the Wilton Youth Football and Cheerleading Program (WYF) the right to take photographs of my child during practices and/or games to be used for any lawful purpose, including for example such purposes as publicity, illustration, and Web content.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# WYF 2017 GUIDELINES

The success of our youth football program requires a shared commitment among its coaches, players, parents and volunteers. Our program is intended to be a positive educational experience above all. Winning is worthwhile only if it is achieved within the context of Safety, Fair Play, and Fun.

Youth players should not sign up for the youth football program if they are unwilling to designate football as their priority sport and attend ALL practices and games.

If there is a conflict with another sport, football players are expected to attend their football game or practice. If a player misses a football practice due to participation in another sport, that player may not be allowed to play in the following game. The only excuses for absence at practices and games are illness, bereavement, or school work. Practices & Games are mandatory!

## Parents

- To encourage a commitment to team spirit, discipline, positive attitude, and safety, all of which are necessary both to competitiveness and to FUN.
- To arrange for prompt drop-offs and pick-ups to practices and games. Because football requires a complex integration of many players, individual delays hurt everyone. Like wise, absences from practices and games must be announced in advance whenever possible so that coaches can properly prepare beforehand.
- To assure that Football players arrive at practices and games with proper gear including cleats, mouth guards, athletic supporter & cup and all participants notify coaches of any equipment difficulties so that these can be corrected in advance of practices and games.
- To discuss any concerns about Wilton Youth Football with a Coach or a WYF Executive Officer. (President, Vice President, Secretary or Treasurer)

## Players

- To treat teammates and coaches with courtesy. They are obligated to treat you the same way.
- To maintain discipline in practice and in games. Football involves hitting and tackling, Bumps and bruises. Individual discipline is the only way to maintain team safety. Discipline problems will not be tolerated and could result in being suspended or removed from the team.
- To treat opponents, win or lose, with respect. You represent the town of Wilton. Do it Proudly and people will be proud of you.
- Players are expected to attend practices and games and to be on time. If you cannot make practice or a game, please notify the coach in advance. No surprises, please.
- Players are expected to give their maximum effort and attention at all practices and games.
- Be at all games and practices prior to starting time as directed by the coach.
- No back talk to referees, no swearing, no fighting, and no taunting, etc. is allowed.
- You are a team. Each team member plays a different role and brings different skills to the team.
- Give your teammates positive encouragement.
- Give your best. Honor your teammates. **Have Fun!**

By accepting this agreement, you are acknowledging that you have reviewed it with the player and that BOTH Parents/Guardians accept the agreement.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2017**  
**FAIRFIELD COUNTY FOOTBALL LEAGUE**

**PARTICIPANTS CODE OF CONDUCT**

Fairfield County Football League requires that all participants (football players and cheerleaders) commit and adhere to the following Code of Conduct. FCFL believes in the three “S’s” – Safety, Sportsmanship, and Scholarship and expects student participants to exhibit them both on and off the field. **Any** violation of the following Codes could result in disciplinary action by the Member Organization and/or the FCFL that may result in warnings or suspension. Always remember that the game of football will be an enjoyable, fun team sport only when you conduct yourself as follows:

1. I will attend all practices/games except for illness, bereavement, religious obligations or schoolwork and I will notify my coach immediately if I am unable to attend a scheduled practice/game. Unexcused absences from practices or games (non-participation in a significant portion of one or practice(s) may be grounds for penalty or suspension). Penalties may include game suspension(s) and possible dismissal from the team.
2. I will arrive to practices/games on time, prepared and ready to go. I will participate in each practice to the fullest extent of my ability.
3. I agree to conduct myself with dignity as a participant of FCFL football and as a citizen of the community.
4. I will be fully accountable for my behavior and its outcome. Individual discipline is the only way to maintain team safety. I understand that discipline problems will not be tolerated and could result in my being suspended or removed from the team.
5. I will play by the rules and resolve conflicts without cheating or violence.
6. I will treat all participants including coaches and officials with respect and know that I too will be treated in the same manner.
7. I will not dispute or argue the decision of a coach or official.
8. I will not yell, taunt, or tease a teammate or opponent for any reason.
9. I will not use profane language or gestures.
10. I will avoid use of abusive drugs, steroids, alcohol and/or any other illegal substances, as they will impact my health and my performance on the field in a negative way.
11. I agree to put forth my best effort regardless of the outcome, always knowing that I gave 100%. This includes practice and applies to consistently finishing drills and exercises in preparation for other aspects of practice and / or games and in order to mitigate and prevent, to greatest extent possible, injury to myself and my teammates.
12. I will agree to maintain my studies and respect my teachers and counselors.

---

Participant’s Printed Name

---

Signature

---

Date

**2017  
FAIRFIELD COUNTY FOOTBALL LEAGUE**

**PARENTS CODE OF CONDUCT**

The success of our youth football program requires a shared commitment among its coaches, players, cheerleaders, and parents as well as an acknowledgement and appreciation for the amount of time the coaches volunteer in order that so many children are able to participate in the program. Our program is intended to be a positive educational experience. Therefore, we ask you to pledge to be a positive role model for your child and others and to keep in mind that the coaches and board members are volunteers. The FCFL has always encouraged sportsmanship, responsibility, and good citizenship both on and off the field.

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials.
2. I will ask my child to treat other players, coaches, fans and officials with respect.
3. I will teach my child to play by the rules and resolve conflicts without violence.
4. I will never scorn or yell at any children for making a mistake or losing a game.
5. I will expect that my child's practices and games be held in a safe and healthy environment.
6. I will praise my child for giving his/her best effort regardless of the game outcome.
7. I will respect the coaches' time and ability and will not interfere with practices or games.
8. I will make every effort to ensure my child arrives to practices/games at the required time and I will notify the coaches immediately if my child is unable to attend a scheduled practice/game. In the event of unexcused absences from practices or games, I will accept the respective Coaches' decision regarding any discipline and / or suspension(s). I will arrange for prompt drop-offs and pick-ups. I understand and agree that if my child does not fully participate in practices and / or games to the extent my child is able to do so, then at the coaches' discretion my child may not be allowed to participate in the next practice and / or game as determined by the coaches.
9. I have the obligation to address any concerns that I may have at the time they occur with the Head Coach, member organization's President or FCFL President.
10. I will never enter any part of the playing field to film or take pictures at any time during a game. I will sit in the designated seating area during a game. If a designated area is not available, I will maintain a distance of at least 10 yards from the players.
11. I will volunteer (if at all possible) my time to assist my child's team when asked by either a coach or a team mom. This may include assisting with game day preparations; concession stands, writing newspaper articles, etc.
12. I agree to abide by the aforementioned Fairfield County Football League Parent Code of Conduct and acknowledge that any violation of the above guidelines may subject me to disciplinary actions by the FCFL or my participating member organization, which may include an oral or written warning or suspension from attendance at games and / or practices.

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# RELEASE OF LIABILITY – READ BEFORE SIGNING

## TEAM SPORTS PROGRAM



**National Recreation  
and Park Association**

In consideration of being allowed to participate in any way in the WILTON YOUTH FOOTBALL & CHEERLEADING  
(Name of Organization)  
program, it's related events and activities, I \_\_\_\_\_,  
(Name of Participant)  
acknowledge, appreciate and agree 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 skills, equipment, and personal discipline may reduce the 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 of others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participants. If, however, I observe any unusual significant hazard during my presence or participating, I will remove myself from participating and bring such to the attention of the team and league officials immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Wilton Youth Football & Cheerleading,  
(Name of Organization)  
their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used for the activity ("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 full 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 FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**X** \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
PARTICIPANT'S SIGNATURE AGE DATE SIGNED

### FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE (UNDER AGE 18 AT 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 THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

**X** \_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE EMER. PHONE DATE SIGNED

**THIS FORM SHOULD BE RETAINED BY ORGANIZATION NOTED ABOVE**

**nrpainsurance.com • 800-722-5676 • Fax: 877-752-4415 • Email: info@nrpainsurance.com**