

## APPLICATION TO PARTICIPATE IN THE OBYFCL FOOTBALL PROGRAM

**OBYFCL IS A PARENT-RUN ORGANIZATION.** We have no "staff", our Board of Directors are moms and dads. We are all volunteer parents, just like you and we will ask, and expect your help during the year.

Please print (child information)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(first) (middle) (last)

Address: \_\_\_\_\_ Age on September 1 : \_\_\_\_\_  
(street)

Male: \_\_\_\_ Female: \_\_\_\_

(City) (ST) (Zip)

Last years team: \_\_\_\_\_ Sibling in league? YES NO Name \_\_\_\_\_  
 Age \_\_\_\_\_ Team \_\_\_\_\_

<b>Administrative Use Only</b>											
Weight _____				Height: ____ ft ____ in.							
Jersey -	YXS	YS	YM	YL	YXL	Y2XL	AS	AM	AL	AXL	A2XL
Pant -	YXS	YS	YM	YL	YXL	Y2XL	AS	AM	AL	AXL	A2XL

<u><b>Father/Guardian</b></u>	<u><b>Mother/Guardian</b></u>	<u><b>Emergency Contact</b></u>
Name _____	Name _____	Name _____
Address _____ <small>(street)</small>	Address _____ <small>(street)</small>	Relationship: _____
(City) (ST) (Zip)	(City) (ST) (Zip)	Home phone: (____) _____
Home phone (____) _____	Home phone (____) _____	Cell phone: (____) _____
Cell phone (____) _____	Cell phone (____) _____	Child's medical information:
Email address _____	Email address _____	Allergies: _____
		Medications: _____

**In what areas would you be willing to help?**

- |                                       |                                       |                                       |                                       |                                   |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Fundraising  | <input type="checkbox"/> Coaching     | <input type="checkbox"/> Uniform dist | <input type="checkbox"/> Registration | <input type="checkbox"/> Sponsors |
| <input type="checkbox"/> Assist Coach | <input type="checkbox"/> Board Member | <input type="checkbox"/> Team Mom     | <input type="checkbox"/> Referee      | <input type="checkbox"/> Other    |

Are either you or your spouse a nurse, EMT, CPR certified, etc? \_\_\_\_\_

**Parental Consent: Please read and sign the OBYFCL waiver on the back of this form. It must be signed by one parent or legal guardian prior to participation.**

**Registrations taken after June 6<sup>th</sup> will be put on a waiting list. Participants will be called off this list as needed and will be charged an additional \$20 late registration fee. There is no guarantee of participation.**

<b>Administrative use only</b>			
Birth Certificate _____	Registration Fee: Cash _____	Check # _____	Waiting List Number _____

**WAIVER RELEASE**

1. **Program:** I desire for my child to participate in the activities provided by the Olive Branch Youth Football & Cheerleading League (hereafter OBYFCL).
2. **Risks:** I understand the nature of the physical demands of such activities. I also understand that the activities may result in injury to my child, and that such injury may be severe up to and including death. I have made OBYFCL aware of any and all medical and physical conditions that might affect my child's participation. I understand that reasonable procedures are employed by OBYFCL, but that events may occur, for which OBYFCL, its directors, officers, agents, representatives, coaches, and volunteers can not be held responsible. Should those events could cause harm to my child. I hereby assume all ordinary risks normally incidental to the nature of these activities and programs, including risks which are not foreseeable.
3. **Release;** I unconditionally waive and release the OBYFCL, its directors, officers, agents, representatives, coaches, and volunteers, and agree to hold said personnel harmless from any and all claims, rights or causes of action which may be asserted against OBYFCL, its directors, officers, agents, representatives, coaches, and volunteers by any person as a direct or indirect result of the use of the services, facilities, instruction or premises of the OBYFCL, or as a direct or indirect result of my child's participation, or from any negligence on the part of the OBYFCL or associated persons. Included is any act or failure to act.
4. **Indemnification:** I unconditionally promise and agree to indemnify OBYFCL, its directors, officers, agents, representatives, coaches, and volunteers and to hold said persons harmless from any and all claims, rights or causes of action which may be asserted against OBYFCL, its directors, officers, agents, representatives, coaches, and volunteers as the result of any injuries (regardless of severity), expenses, loss of compensation or loss of experience as a direct or indirect result of the use of the services, facilities, instructions or premises of OBYFCL, or from any negligence on the part of OBYFCL, including any act or failure to act. This agreement to indemnify includes any and all money paid by OBYFCL, its directors, officers, agents, representatives, coaches, and volunteers to, or charged by any person (whether by virtue of a settlement or in litigation), including attorney's fees for any parties to the claim, demand or litigation.
5. **Medical Accident Coverage.** I have been informed, and am aware that OBYFCL has in force an insurance policy to provide insurance against medical and hospitalization costs only which are incurred as the result of injuries sustained by my child while engaging only in the OBYFCL activity for which I have completed this waiver release. I understand this coverage is secondary to my primary medical and hospitalization insurance and will pay only those costs not covered by my own insurance coverage. I understand that OBYFCL requires that each child be covered by a personal medical and hospitalization policy, provided by its parents and/or guardian. I understand that the OBYFCL insurance does not include any coverage beyond the benefits associated with medical and hospitalization expenses.
6. **No Liability Insurance:** I am aware that OBYFCL does not provide, nor is any member of my family covered by any policy of liability insurance which would otherwise serve to compensate my family in the event of an injury, expense, loss of compensation, loss of service or other damage (general or special) which I or any member of my family may experience as a direct or indirect result of the use of services, facilities, instructions or premises of OBYFCL or from any negligence on the part of OBYFCL, its directors, officers, agents, representatives, coaches, and volunteers including any act or failure to act.
7. **Consideration:** I hereby acknowledge the validity and adequacy of the consideration for this release being the offering and provision of OBYFCL.
8. **Binding Effect:** This agreement is binding upon me and upon my spouse, heirs, assigns, dependents, personal representatives, attorneys, and my estates. This agreement is also binding upon my child or children on whose behalf it is executed and upon any legal guardian thereof.
9. **Entire Agreement:** This document constitutes the entire agreement between OBYFCL and the undersigned regarding the subjects covered hereby. There exists no further oral or written representatives, promises, assurances or statements of any kind affecting this agreement except those which are expressly set forth in this document.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

A complete list of rules and regulations can be found on the league website ([www.obyfcl.org](http://www.obyfcl.org)) or a paper copy will be supplied upon request.