

PARTICIPANT APPLICATION					
Separate application for each participant - To be completed, signed & submitted					
Participant's LAST Name:			Participant's FIRST Name:		
Address:					
City	State	Zip	Birth Date:	*Age: on 7/31	Sex: M F
Home Phone:	Current School:	Grade:	e-mail:		
<input type="checkbox"/> Played for another team in past	When		Where		
Participant lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (Please explain)					
Father's Information:			Mother's Information:		
Full Name			Full Name		
Occupation:			Occupation:		
Address: (If different)			Address: (If different)		
City	State	Zip	City	State	Zip
e-mail:			e-mail:		
Hm Ph:	Wk Ph:		Hm Ph:	Wk Ph:	
	Cell Ph:			Cell Ph:	
In Case of Emergency and in the Absence of a Parent, Please Notify					
Name:		Relationship:		Phone:	
<p>In the event of an accident or other medical emergency, when a parent or guardian is unavailable, I hereby authorize a representative of "Premier Youth Football League" to make such arrangements as he or she considers necessary for my child to receive medical or hospital care and transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he or she considers necessary. In the event the said physician is not available at the time, I authorize such care and treatment to be performed by any licensed physician or surgeon. The undersigned hereby agrees to bear all costs incurred as a result of the foregoing.</p>					
Medical Dr.:		Address:		Phone:	
Dentist:		Address:		Phone:	
Health Insurance Carrier:			Ins. #:		
<input type="checkbox"/> NO KNOWN health problems		<input type="checkbox"/> Medication Allergies? Explain on back		<input type="checkbox"/> Physical Limitations? Explain on back	
<p>1. I/We have read, understand and agree, as parent/guardian of the named child to abide by the role of the parent's code of conduct and assume the absolute financial obligation for the child named to participate in this youth program.</p> <p>2. The parent/guardian of the named child, do hereby give my/our approval for participation in Premier Youth Football League activities for the current season.</p> <p>I/We assume all risks and hazards to this participation for any claims arising out of injury to the named child, including, but not limited to, transportation to and from such activities. I/We hereby waive, release, absolve, indemnify and agree to hold harmless, Premier Youth Football League, the league, organizers, managers, coaches, supervisors, participants, person providing transportation & any organization this youth football program may be affiliated with.</p> <p>3. In executing the foregoing release, I/We acknowledge that I/We understand that our personal medical/dental insurance will remain the primary carrier, that insurance offered through this program is secondary in nature and is subject to annual deductible by the carrier. It is understood that any claim for injury arising out of my/our child's participation must be reported to the designated association official within 30 days of the date of injury. It is also understood that the proof of loss must be completed in full and filed within 60 days of receipt by Premier Youth Football League. All the Money</p> <p>I/We have paid to the team do not constitute payment of insurance coverage. I/We do indemnify Premier Youth Football League, the association and the insurance carriers should there be statement(s) by anyone that is in contradiction. I/We attest I/We have read and understand the terms of this contract and any disclosure information required.</p> <p>5. I/We have read and understand fully the provisions of this consent/release authorization, and I/We have voluntarily signed it.</p> <p>6. I/We agree to follow all other provisions as outlined in this document.</p>					
Parent / Guardian Signature:				Date:	
Participant Signature:				Date:	
Office Use Only:					
<input type="checkbox"/> Football			Check #	Playing Age	
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Sponsored	Date Rcvd :	Cash \$	Playing Weight	
<input type="checkbox"/> Returning Player	<input type="checkbox"/> Medical Clearance	Premier Youth Football League:			

Print, Sign & Return pages 1&2 with payment: payable to: _____.

Mission Statement

The mission of the Premier Youth Football League is to inspire the youth and community to practice the ideals of sportsmanship, scholastic improvement and physical fitness, while teaching the fundamentals of football. The Premier Youth Football League organization is committed to excellence by motivating and challenging participants through a partnership of players, coaches, parents and community. Success of our youth will be defined as self-fulfillment with the knowledge that they have done their best on the field and off the field in the community. Our program will always focus on the emotional and physical development of the players. We will strive to create an atmosphere that will instill a hard work ethic, respect for self and others, and a positive attitude while having fun, each of which is a key to success in sports and in life.

Parent Code of Conduct

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents' Code of Conduct:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports event.
- I will place the emotional and physical well being of my child ahead of my personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Conduct.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth sports events.
- I will remember that the game is for youth - not adults.
- I will do my very best to make youth sports fun for my child.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.
- I will read the National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

In signing this document; I agree to abide by all the standards set forth in it:

Participant Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

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