

Wilton Youth Football, Inc.

Medical Form & Doctor Certification

2016 SEASON

Required for all WYF Participants

DOCTOR CERTIFICATION

Player's Name _____ Grade (Fall 2016) _____

School (Fall 2016) _____ 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 2016

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

2016 - 2017 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 2016 - 2017 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 2016

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 2016 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 16/17 _____

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

PARTICIPANT RELEASE AND WAIVER FORM

Every Participant must have a completed and signed release form to turn in at registration on the first day of camp in order to participate.

Squad Type:

- Cheer Dance
 Jr FR JV
 VA ALL-STAR

Minor's Name _____	Name of Parent/Legal Guardian () _____	Camp Dates _____
Address _____	Parent/Legal Guardian Cell Phone Number _____	Location where you will attend camp () _____
City, State & Zip () _____	School / Group _____	Phone Number _____
Phone Number _____	School / Group Address _____	
E-mail Address _____	City, State, Zip _____	

[] Yes, you have my permission to send me updates / newsletters from Varsity !

Liability Release. For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as a parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in the above Camp to be conducted by Varsity Spirit Corporation ("Varsity Spirit") d/b/a Universal Cheerleaders Association ("UCA") and/or Universal Dance Association ("UDA"). I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless Varsity Spirit, Varsity Spirit's Corporate Sponsors (hereinafter "Sponsors"), the Hosting Site, (university, hotel, convention center, high school) on whose premises the Camp will occur, (hereinafter the "Location") the affiliates of Varsity Spirit, the Location, and the respective directors, officers, representatives, members, agents, and employees of Varsity Spirit, Sponsors, the Location and their respective affiliates (hereinafter collectively "Releasees") from any and all liability, whether caused by the negligence of the Releasees or otherwise for any claim, judgement, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic, and/or death) that Minor may incur or sustain during the Camp, all activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss of costs Releasees may have to pay as a result of any such action, claim, or demand.

I hereby warrant that I have read this Liability Release in its entirety and fully understand its contents. I am aware that this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of risk of injury or illness. I further acknowledge that nothing in this Liability Release constitutes a guarantee that the Camp will occur. I have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: X _____ Date: _____

Medical Release. I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the camp. In the event of such illness or injury, I authorize Varsity Spirit to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs.

Appearance Agreement. I understand that Varsity Spirit d/b/a UCA and/or UDA from time to time produces promotional material relating to its programs. I understand that as a participant in and/or a spectator at the Camp, Minor may be included in videotapes, photographs, DVD's, Podcasts and videocasts taken during the camp. Therefore, without reservation or limitations, I, in my own behalf and on behalf of the Minor, hereby assign, transfer and grant to Varsity Spirit d/b/a UCA and/or UDA, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor and to utilize such videotapes and photographs and Minor's name, face, likeness, voice and appearance as part of the Camp, in advertising and promoting the Camp or in advertising and promoting similar future events. I further understand that neither Varsity Spirit nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges. I, in my own behalf and on behalf of the Minor, waive any right to inspect or approve any materials related thereto.

Camp Rules. I further acknowledge and understand that Varsity Spirit has established rules and regulations pertaining to conduct, behavior and activities of all Camp participants by which Minor and I agree to abide during the Camp and that Minor and I will be responsible for her/his/my failure to abide by those rules and regulations. Minor and I have received, read, and understand the Camp rules. Minor and I understand that violation of the rules can result in dismissal from Camp with no refund.

Insurance and Payment. We offer an accident policy to all students for a \$5.00 premium. The policy has no deductible and pays up to \$1,000 of medical expenses, regardless of other insurance coverage. (Charges due to illness and preexisting injuries are not covered and will be billed directly to the parent). All students who do not have insurance must purchase the Camp accident policy. This policy or other proof of insurance, is usually required to obtain medical treatment as we strictly adhere to this insurance requirement. Please check one of the following:

- Yes, I want the camper's accident insurance policy and I will bring \$5.00 premium to registration at Camp. **(Not available at Home Camps)**
 No, I elect not to purchase the camper's accident policy and my insurance company, in the event of an accident, is listed below. If no is checked, complete the information below. WE MUST HAVE THE POLICY NUMBER.

Insurance Company: _____
Insurance Company Address: _____
Medical Insurance Policy Number: _____

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that Minor shall bring medications which Minor is currently taking with him/her to the Camp and that he/she shall consume the prescribed dosage for such medications. **Varsity will not administer or supply any type of medication at camp.**

Medications (if any): _____

Allergic to (if any): _____

I acknowledge that Minor suffers from the following conditions: _____

Family Doctor: _____ Phone Number: () _____

Minor Birthdate: _____

Emergency Information: Name: _____ Address: _____

City, State, Zip: _____

Daytime Telephone: () _____ Evening Telephone: () _____

I, in my own behalf and on behalf of Minor, hereby warrant that I have read this Participant Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Participant Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge that nothing in this Participant Release and Waiver Form constitutes a guarantee that the Camp will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Signature of Parent or Legal Guardian: X _____ Date: _____

Relationship to Minor: _____

I, identified above as Minor, acknowledge that I have read this Release and Waiver form.

Signature of Minor: X _____ Date: _____

Witness Signature: X _____ Address: _____ Date: _____