

Whitman Youth Football And Cheerleading

www.whitmanfootball.com

Player Registration Form

Before this Registration is accepted:

1. Parents must fill out and sign the Medical Permission Form
2. Parents and Players must read and sign the Code of Conduct
3. For Players who did not play last year a copy of their birth certificate must be submitted
4. Registration fee must be paid in full. Checks should be made payable to WYF
5. Please complete 1 form per child

Registration Fee is \$125 for 1 player, \$165 for 2 players and \$185 for 3 or more players.

Childs Name	Date of Birth	Football or Cheerleading	Level Mite/Pee Wee/Midget
_____	___/___/___	_____	_____

Name of other family members registering:

Total Registration Fee _____ **Cash ()** **Check ()**

Fathers Name _____	Home Phone _____	Work Phone _____
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Mothers Name _____	_____	_____
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Mailing Address _____ E-MAIL Address _____

I/We, the parents/guardian of the above participant, who is a candidate for a position on a Whitman team/squad, hereby give my approval for him/her to participate in any and all of the activities for the program during the current season.

I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We further foreby release, absolve, indemnify, and hold harmless the Whitman Athletic Club, Inc., the organizers, the coaches or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child to or from the activities.

I/We, the parents/guardian of the above participant will be responsible for the cost of any uniform/equipment not returned(in the same condition) at the end of the season. All participants must be in their full issued uniform at all WYF sponsored activities.

I/We acknowledge that if my child decides not to continue involvement with the program after completing one day of full equipment practice or three days of cheerleading practice I shall not be entitled to a refund of the registration fee. If your child does not complete three days of practice a refund can be given after all equipment/uniform has been returned.

Due to rising costs(insurance, equipment, etc,) we must set a limit of 135 players. If more than 135 players sign up, we will have try-outs during the first 2 weeks of practice. After that time, the coaching staff of each squad will decide which youths will be on the final roster. Any youth that does not make the final roster will receive a full refund of the registration fee.

Parent/Guardian Signature _____ **Date** ___/___/___

Please check here if you are willing to help the league in any way _____
i.e. Concession stand, admission gate, fundraising, coaching!!

Whitman Youth Football & Cheerleading

Code of Conduct

In an effort to promote good sportsmanship, Whitman Youth Football & Cheerleading has pledged to enforce a code of conduct that we hope will ensure the physical and emotional well being of all its participants. We recognize the physical and aggressive nature of the sport and, as such, we recognize the need for control. As parents and coaches it is our responsibility to lead by example. Therefore, all Parents and Players are responsible to read and sign this Code of Conduct and to adhere to it. All participants who are deemed to be in violation of the Code of Conduct are subject to suspension and/or expulsion from the program. Parents who are found to be in violation may forfeit their child's right to participate in the program.

1. I will attend all practices, games, meetings and any other team function on time or notify my coach if I cannot.
2. I will play by the rules and demonstrate good sportsmanship by showing respect, courtesy, and positive support for all players, coaches, officials and spectators at every game, practice or other event.
3. I will stay in the established areas of the sidelines during games.
4. I will not fight or use foul language with coaches, officials or teammates.
5. I will do my very best to listen and learn from my coaches and learn the rules of the game.
6. I will not encourage or engage in any intentional acts that could result in bodily injury or emotional harm to any person on or about the playing fields of Whitman Youth Football and Cheerleading.
7. I deserve to play in an environment that is free of drugs, tobacco, and alcohol. I will refrain from the use of such substances and also expect adults to refrain from their use at all youth sports events. WYF has a zero tolerance policy for drug and alcohol use. Failure to comply will result in immediate removal from team/squad.

Coaches will be responsible for routine discipline of minor infractions as they incur within their own teams. Any infraction that cannot be controlled at the team level or that the coach believes warrants, will be referred to the President for further action. Coaches are to place the emotional and physical well being of his/her players ahead of his desire to win. Coaches will lead by example in demonstrating fair play and sportsmanship to his players.

Whitman Youth Football & Cheerleading hopes to enhance the development of its participants. Our goals are to benefit the children who choose to participate. The above guidelines are set as a reminder that as parents and coaches we are to act as positive examples for our children to follow. With your help, these disciplinary actions may never need to be imposed.

The Board of Directors
Whitman Youth Football & Cheerleading

I have read and understand the Whitman Youth Football & Cheerleading Code of Conduct.

Signature of parent or legal guardian: _____

Signature of Player _____

Date _____

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MEDICAL PERMISSION FORM

In addition to our regular registration form, you are required to fill out and sign this medical permission form. In the case of an emergency that would require immediate medical attention, your signature on this form would allow the hospital doctor to provide care in the event that you cannot be reached.

Child's Name(s):

Medical Information:

Insurance Name: _____

Policy Number: _____

Local Hospital Preference: _____

Family Doctor: _____ Phone: _____

Please list any allergies and all other pertinent medical information:

Child

Medical Info

Contact Numbers:

Primary Contact:

Name: _____

Address: _____

Home (phone): _____ Work (phone): _____ ext _____

Cell: _____ Relationship: _____

NOTE: If we are unable to contact you, please indicate the name, telephone number, and relationship of the person that you would like us to contact in the spaces provided below.

Secondary Contact:

Name: _____

Address: _____

Home (phone): _____ Work (phone): _____ ext _____

Cell: _____ Relationship: _____

Permission Granted:

(Signature of Parent or Guardian)

(Print)

(Date)