



**MOUNTAIN VALLEY YOUTH FOOTBALL PLAYER/PARENT CONTRACT
TO BE COMPLETED, SIGNED AND SUBMITTED TO THE LOCATION ASSOCIATION
SECTION 1 – GENERAL INFORMATION (PRINT OR TYPE)**

Child's Full Name: _____ Birthdate: _____

Child's Address: _____ City/State/Zip: _____

Phone: _____ Mailing Address: _____
(If different from above)

Email: _____

DOB ____/____/____ Age (as of 07/31/2010): _____ Current Estimated Weight (Football _____

School Attending this Fall: _____ Grade in Fall: _____

Parents Name: _____

Emergency Contact: _____
(Other than parent) Name Relationship Phone

Medical Insurance Carrier: _____ ID #: _____
(Furnish parents Social Security Number if No Insurance)

SECTION 2 – MEDICAL EXAMINATION (OR ATTACH PHYSICAL)

Any known allergies or limitations: _____

While this examination may not constitute a complete medical examination, it does, on this date, based upon my observations, meet the requirements for the above named child to participate in organized tackle football ____ or spiritleading ____ (check one).

Remarks: _____

Physician's Name: _____ Address: _____

Physician's Signature: _____ Date: _____ Phone: _____

SECTION 3 – FINANCIAL RESPONSIBILITY AND PARENTAL/PARTICIPANT CONSENT

1. I/We as parent (s)/Guardian (s) of the above named child, have read, understand and agree to abide by the "Role of the Parent" and assume complete financial responsibility for MY/OUR child to participate in this program.
2. My/Our above named child has read, understand and agrees to abide by the "Players' Code of Conduct".
3. I/We, the parents(2)/guardian(s) of the above named child, do hereby give my/our approval for participation in the Mountain Valley Youth Football activities for the current season. I/We hereby waive, release, absolve, indemnify and agree to hold harmless, MVYF, the league, local team, organizations, managers, coaches, supervisors, participants, person providing transportation and any organizations this youth football program may be affiliated with.
4. In executing the foregoing release, I/We acknowledge that I/We understand that our personal medical/dental insurance will remain the primary carrier, and that insurance offered through this program is secondary in nature and is subject to an annual deductible set by the carrier.
5. Per Team rules there are no refunds
6. I/We understand that any claims for injury arising out of My/Our child's participation must be reported to an association official within 30 days of injury. I/We understand the "Proof of Loss" must be completed in full and filed within 60 days of receipt by us. I/We understand all monies, I/We paid to the team does not constitute payment of insurance coverage. I/We do indemnify MVL, the league, the association, and the insurance carrier should there be statement(s) by "anyone" that is in contradiction. I/We certify I/We read and understand the terms of the "Contract" and any "Disclosure" information required.
7. I/We hereby grant authority to a qualified doctor of medicine, physician, or qualified medical person (E.M.T., RN, LVN) to administer such medical treatment as deemed necessary under emergency circumstances.

Parent/Guardian Signature

Parent/Guardian Signature

Player/Spiritleader Signature