



UNITED YOUTH FOOTBALL AND CHEER



call 1-727-433-UYFL

(PLEASE READ CAREFULLY)

SECTION I _____ **Legal guardian of** _____ *WILL complete all SECTIONS of Athlete contract)*

I paid \$ _____ registration fee for _____ to participate in the [PG Storm Youth Association](#) (UYFL), I paid \$ _____ fundraiser fee, I paid \$ _____ equipment deposit

SECTION II TO BE COMPLETED BY ATHLETE'S & LEGAL GUARDIAN

NO Athlete will be permitted to participate in any UYFL activity until SECTIONS I, II, III, and IV of this Contract has been completed in full. The Athlete agrees that he will faithfully abide by the Rules of the WYF to the very best of their ability.

Athlete's Last Name (print) _____ Athlete's First Middle (print) _____ Birth date (print) _____ Age _____ School & Grade (print) _____

Address (print) _____ City (print) _____ Zip _____

Home phone number _____ Cell number Parent/Guardian _____ Email address of Parent/Guardian (print) _____

SECTION III PARENTAL CONSENT

I/We the parents/guardians of the above named Athlete hereby give my/our approval to his/her participation in UYFL and activities during the winter or summer season, Winter January 15th to July 15th and Summer July 16th to December 20th of current year. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless UYFL/ [PG Storm Youth Association](#) officers and the associated coaches, sponsors, site location, equipment, fields and other related participants, for any injury to my/our child. I/We do understand that [PG Storm Youth Association](#) has provided all insurance for field used and each athlete. I/We do approve UYFL/ [PG Storm Youth Association](#) to use any and all media photo, video, etc. during the UYFL season to be used in further advertisement.

ATHLETE'S EQUIPMENT RESPONSIBILITY

I/We as parent/guardian of said athlete do hereby assume full and complete responsibility to supply our athlete with 1 full water bottle with name FOR EACH PRACTICE AND GAME, also proper Football Helmet, Game/Practice Pants, Game/Practice Jersey, Shoulder Pads, Chin Strap, Mouth piece, Cleats and proper attire according to current weather conditions.

EQUIPMENT USE/PASS-OUT

Helmet: _____ Game Pants: _____ Practice Pants: _____ Game Jersey: _____ Practice Jersey: _____ Shoulder Pad: _____

Shell Top _____ Skirt _____ Optional Spirit Pack: _____

RULES AND REGULATION

I/We as parent/guardian of said Athlete in section II understand it is the responsibility of the parent/guardian, Athlete to comply with any and all rules and regulations of each UYFL conference and their staff. Any noncompliance with rules and regulations shall be cause for removal from the [PG Storm Youth Association](#)/UYFL. I/We have read all section and understand and except all terms of WYF contract.

: Signature _____ Print Name _____ Date _____

RELATIONSHIP TO MINOR: FATHER MOTHER LEGAL GUARDIAN

SECTION IV MEDICAL EXAMINATION (BY QUALIFIED DOCTOR OF MEDICINE)

Blood Pr. _____ Heart Nose Teeth Abdomen Extremities Hernia

REMARKS: _____

() While this examination does not constitute a complete Medical Examination, it does on this date, and based upon my observation, meet the requirement for participation in this youth full contact football league, and or cheerleading

() Individual examined by me this date is considered not physically qualified to participate in this youth football and cheer program for the following reasons: _____

Examining Dr. _____ Office Phone _____ Date _____
(Or see attached note)



SECTION V league Use Only

Player ID# _____ Data Base: Y N Sponsored Y N ADMIN _____

Winter registration _____ summer registration _____ Spirit pack _____

Fundraiser _____ Head Coach verified _____ Birth Cert _____ School _____