

RELEASE AND WAIVER OF LIABILITY

This Release is by the party signing below (herein referred to as "Releasor"), and is given to the WOJFC, Kettering Youth Football and Cheer Organization, Heads Up Football, LLC, USA Football, Inc., and each of their respective subsidiaries, affiliates, divisions, owners, officers, agents, board members, employees, consultants, grantors, sponsors, agents, legal representatives, administrators, assigns, heirs, executors, those for whom each is acting and those acting with any of their authority and permission (collectively as "Releasees").

Initial _____ **RELEASE OF ALL CLAIMS.** Releasor, being of lawful age (or, in the case of a minor, through his/her parent or guardian), in consideration of being permitted to participate in the football and cheer program, including football games, practices, workouts, camps and clinics, jamborees, scrimmages, and post-season competitions (collectively and individually, the "Season"), hereby releases and discharges Releasees from all present and future liabilities, debts, obligations, costs, expenses, damages, losses, charges, judgments, executions, liens, claims, demands, actions or causes of action of whatever nature or description, in equity or at law, whether caused in whole or in part by the Releasees or any other person or thing during the Season while Releasor is present, which the Releasor or his/her child or ward (each a "child"), family, estate, heirs, representatives, executors, administrators, successors or assigns (collectively, "Related Parties") may have, whether known or unknown, suspected, asserted or not asserted, arising out of participation by the Releasor or his/her child in the Season, and agrees that Releasees are not responsible for any of the foregoing arising out of the Season, even if caused by their ordinary negligence. The Releasor understands, acknowledges and accepts that this Release and Waiver is intended to be binding on the Releasor and anyone related to Releasor.

Initial _____ **RISKS ACCEPTED; MEDICAL TREATMENT.** The Releasor further understands, acknowledges and accepts that participation in the Season involves certain inherent risks, including, but not limited to, property damage, economic loss and serious bodily injury (including death), and agrees that the Releasor or his/her child is voluntarily participating in the Season with full knowledge of the risks involved and accepts all risks of participation. The Releasor declares that the Releasor or his/her participating child is physically fit and has the requisite skill level to participate in the Season. The Releasor authorizes [WOJFC] and [KYFCO] to provide medical treatment to the Releasor or his/her child, at the Releasor's cost, should the need arise. The Releasor understands, acknowledges and accepts that he or she must provide his/her own medical insurance for the participant.

Initial _____ **Equipment Rental .** This is an acknowledgement That the **KYFCO** is allowing the use of equipment and will Not held Liable for any **equipment malfunctions** .The rental fee is \$1.00 and will be reimbursed when equipment is returned

The Releasor understands, acknowledges and accepts that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the state(s) in which the Season is taking place and agrees that if any portion of this Release and Waiver is invalid, the remainder will continue in full legal force and effect.

Signature: _____ **Date:** _____

Name (please print): _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Participant Name (please print): _____ **Participant Age:** _____

Club Name: Kettering Youth Football and Cheer Organization

KETTERING YOUTH FOOTBALL AND CHEER ORGANIZATION
P.O. BOX 292054 KETTERING, OH 45429
www.ketteringfirebirds.org

Registration and Medical Release Form

PLEASE PRINT

Child's Name _____ Date of Birth _____ Age on August 1st _____
Address _____ City _____ Zip _____ Home Phone _____
School _____ Grade on 9/13 _____
Height _____ Weight _____

Have you played before? (circle one) Yes No Years played for KYFCO? _____ What squad color and grade? _____
Sibling on another squad (circle one) Yes No Name of Sibling(s) _____

Email Address _____
Mother's Name _____ Home Phone _____ Work Phone _____
Father's Name _____ Home Phone _____ Work Phone _____
Emergency Contact _____ Relationship _____ Phone _____

Squad registering for: Please circle FOOTBALL or CHEER and the grade your child will be in the 2014-2015 school year

Football / Cheer: K 1st 2nd 3rd 4th 5th 6th For Returning Participants Only
Blue Gray White

Please list all allergies and/or health restrictions: _____

First Aid Release: You must circle granted or not granted below

Permission is Granted Permission is Not Granted to render on the spot first aid to my child by appointed personnel in the event of injury and to seek further medical treatment if needed.

Emergency Medical Release: You must circle granted or not granted below

Permission is Granted Permission is Not Granted to have the KYFCO contact local paramedics to examine, provide emergency care, and possibly transport my child to the local hospital in the event that the KYFCO personnel feel "on the spot" first aid is insufficient.

Physicians Release: You must sign below

I, the undersigned, understand and agree that the brief sports physical is not a complete physical examination. I understand that this brief physical is acceptable to the KYFCO and will allow the child to participate in all of the KYFCO; it is in no way meant to replace the routine physical examination administered by the child's physician. I hereby agree that neither the KYFCO nor the attending physician(s) will be held responsible for any physical condition that may exist or develop as a result of the above named child participating in any KYFCO programs.

Parent/Guardian Participation: You must sign below

The KYFCO is a non-profit and volunteer organization. By signing below I understand and agree that I, or my approved designee, will be required to fulfill a minimal number of volunteer hours during the 2014 season. Volunteer duties include, but are not limited to, manning the concession stand and gate during practices and games. If I fail to arrive for my volunteer time, it will result in my child not participating until the time is completed. Volunteer times will be assigned and tracked by team representatives.

Parent/Guardian Agreement: You must sign below

By signing below I certify that all information on the registration form is complete and correct. Additionally I agree to the following: The named child resides within the Kettering City School District; I understand that ALL parents are required to sign and abide by a Code of Ethics; I am responsible for returning all KYFCO issued equipment/uniforms at the end of the season in acceptable condition and will pay the replacement cost for any lost or damaged equipment that was issued to my child; I am aware that there are some additional fees for each team that are unique to and controlled by the individual team (drinks, awards, gifts, etc.).

Signature of Parent/Guardian _____
Relationship _____ Date _____

FOR FIREBIRD USE ONLY

PAID _____ Date _____ Received by _____ Amount Paid _____

Option 1 _____ Option 2 _____ Cash or Check# _____

Special Requests: _____

____ PHY
____ BC
____ PCC
____ MW
____ UB

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P.O. BOX 292054 KETTERING, OH 45429
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Parent Code of Conduct

Purpose: The purpose of this “Code of Conduct” is to proactively eliminate problems and unpleasant experiences in the course of the organization by offering specific guidelines. Each adult party (Parents/spectators, coaches, and officials) has a specific code of conduct. In the opinion of the KYFCO Board of Trustees:

- My child must have a parent or responsible adult present at all practices, games or KYFCO functions. If child’s parents or responsible adult is not present, the child cannot participate in the practice, game or KYFCO function. Parents are responsible for making sure child makes all practices and games unless arrangements are made in advance.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win. I will remember that the objective of this league is for each child to experience practice and game participation, emotional and motor skill development and ultimately a fun, positive, and rewarding Football and Cheer experience.
- I will act as a positive and supporting role model for my child in the course of this league. I will lead by example in demonstrating fair play and sportsmanship to my child.
- I will positively reinforce and not undermine my child’s coaches’ efforts.
- No parent or spectator is allowed to threaten, slander, harass, provoke, or strike a coach, player, board or staff member, game official, or another parent at any time before, during, or after any practice, game, or KYFCO function.
- Do not confront a coach during practice or a game. Parents or spectators are not allowed to interrupt practices or games to speak with the coaching staff. Any concerns you have during a game should be directed to the Athletic Director, who will inform the staff members of the concern requiring their immediate attention. All conversations with the coaching staff are to be pre-arranged and at the coaches availability before or after practices or games.
- Volunteers for chain gang during games must not attempt to coach while working nor provoke or confront the officials or opposing team by words or actions.
- I will treat the KYFCO coaches, officials, staff, league participants, and other parents and spectators with respect, courtesy, and support. If I have a concern with a method, call or league detail, I will discuss the manner with the appropriate person at an appropriate time (away from the practice or game) so as not to disrupt league activities (all unresolved league concerns and/or problems should be brought to the attention of the KYFCO President or Vice Presidents).
- Parents and spectators are to refrain from any derogatory remarks or actions, in any manner, which may result in a confrontation with/by the opposing team or any KYFCO parent of spectator.
- Spectators are to stay in the designated spectators’ area.
- No swearing or foul language will be tolerated at practices, games, or KYFCO functions.
- No drinking of alcoholic beverages or use of drugs is allowed at practice or game fields.
- In order to continue to have the privilege of using the fields, we must keep them clean. We would appreciate the proper use of the trash cans provided for such.
- I will bring my child to practices prepared, and with all the necessary equipment.
- I will remember that I am a youth sports parent, and that the game is truly for the children and not the adults.

It is expected that all parents will abide by these guidelines at all times. This “Code of Conduct” will be strictly enforced. Failure to comply with these rules will result in the following actions:

Step 1: A Verbal Warning given by the Coach or Board Member with written confirmation

Step 2: A Verbal Warning given by the Coach with Athletic Director or Cheer Director present. Written confirmation signed by parent, coach and Athletic or Cheer Director.

Step 3: Parent will be suspended for one game initiated by the President. Written confirmation signed by parent, coach and President.

Step 4: Parent will be suspended from any KYFCO function including practice and games, until the Board of Review meets and presents recommendation to the Board. Written confirmation signed by parent, coach, and President.

We reserve the right to by-pass any step based on the severity of the offense at the discretion of the President and the Executive Board.

I am representing and signing this document on behalf of all the parents and spectators that will be a part of my child’s youth sport experience in the KYFCO.

Child’s Name

Grade / Color

Parent’s Signature

Kettering Youth Football & Cheer Organization - Media Waiver

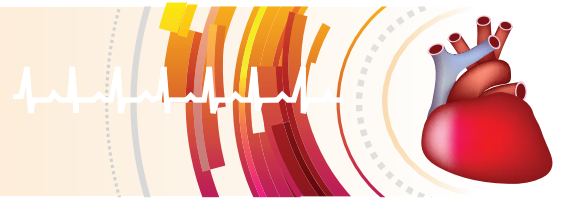
I, _____ grant the KYFCO Firebirds to photograph/film my child _____,
who plays on the _____ (enter grade) _____ (enter color) football or cheer squad (circle one).

I authorize the KYFCO to use and display said photographs in any publication, multimedia production, display, advertisement, or World Wide Web Publication. I also agree that the KYFCO may use name, likeness, or biological information supplied by the undersigned.

Signature _____

Date _____

Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) an heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must review information about Sudden Cardiac Arrest, then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date