

# DANE COUNTY AREA YOUTH FOOTBALL LEAGUE, INC.

visit us at: [www.DCAYFL.us](http://www.DCAYFL.us)

Program Name: Belleville-Albany

Team Name: Bobcats

Grade (fall): \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Objectives:** The objectives of this League shall be to provide wholesome recreation for all eligible persons, to teach sportsmanship and the fundamentals of competitive and contact-tackle football and to operate a football league providing organized and supervised tackle football. The Dane County Area Youth Football League, Inc. ("DCAYFL"), a Wisconsin Non-Stock Corporation, requires that each player in good standing participate in a minimum of 25% of the total number of plays per half.

**Fees:** I agree to pay the player registration fees before the first practice. If I am unable to pay the entire fee with my registration form, I agree to set up a payment plan approved by the Board of Directors. I understand that no fees will be refunded after the final weigh-in and that players whose fees are not paid in full by the first practice will not be allowed to practice until the fees are satisfied in full. I also agree to provide DCAYFL a copy of my child's birth certificate or other acceptable form of identification before the league weigh-in date. I understand that our failure to adhere to this policy could result in my child being removed from the DCAYFL.

**Release of Claims for Personal Injury and Property Damage:** In consideration of granting my child permission to participate in the Dane County Area Youth Football League, I, the undersigned parent or guardian, of said child hereby consent to such participation and specifically agree to the following terms: I hereby release and discharge DCAYFL, its agents, coaches, and Board of Directors from all liability, claims, demands, actions, judgments and executions which the undersigned ever had, or has now, or may have, or claim to have against DCAYFL, its successors and/or assigns, for all personal injuries and injuries to property, known or unknown, caused by or arising out of participation in this football league, including games, team member activities, practices, and/or any activities incidental thereto, during the season. I hereby waive, indemnify, release and forever discharge DCAYFL, its agents, coaches, and Board of Directors from any and all claims for injury, damage, medical costs and other such related costs that may result from my child's participation in this football league.

I understand and am aware of the fact that by participating in the football season, I, on behalf of my child, assume certain risks of injury to my child. I am willing to assume the risks of such injury including, but not limited to any injury which may be caused by other participants or spectators. I understand and am aware that the potential risk of injury from football is significant, including the potential for permanent paralysis, bodily injury, total and partial disability, and death, and while particular rules, equipment and personal discipline exist, the risk of serious injury does exist. By my signing this document and by my child's participation, I knowingly assume all such risks, both known and unknown, that may occur while a participant in this league. I agree that if any claim for my child's personal injury or wrongful death is commenced against the coaches, employees, agents, or Board of Directors of DCAYFL, I shall defend, indemnify and hold them harmless from any and all claims or causes of action by whomever or wherever made or presented for my child's personal injuries, property damage or wrongful death.

I acknowledge that I have read the above paragraphs herein and have not relied upon any representation made by members of DCAYFL, that I am fully advised of the potential dangers of football and understand these waivers and releases are necessary to allow youth football leagues to exist in the present form. Significant exclusions apply to the insurance coverage held by DCAYFL, including limited or no liability coverage for certain claims of personal injury or property damage by a player. If the law renders any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the full extent allowed by the laws of the State of Wisconsin. This agreement affects your legal rights and you may wish to consult an attorney concerning this agreement.

**Sportsmanship:** I understand that I and or my child are to act in a sportsmanlike manner at all times, and agree that my child shall abide by the following: use of acceptable language and social behavior, refrain from use of alcohol, tobacco, or illegal drugs, listen to directions of coaches and show respect towards coaches at all times, attendance of all practices and games. I understand that if my language, behavior or attitude with players, other parents, coaches or officials is repeatedly negative, I will be given one official warning and then asked not to participate in DCAYFL events.

**Medical Information and Emergencies:** See the Medical Emergency Information Form for information and releases.

**My signature below certifies that I have read and understand the requirements of me and my child to participate the Dane County Area Youth Football League.**

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent/Guardian

Athlete

LEAGUE ONLY: Birth Cert.: \_\_\_\_\_ Weight: \_\_\_\_\_ Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_