

BARREN COUNTY YOUTH FOOTBALL/CHEERLEADER ENROLLMENT FORM

LAST NAME	FIRST NAME	DATE OF BIRTH	GRADE (2019-2020)	RETURNING PLAYER YES/NO # OF YEARS PLAYED
STREET ADDRESS	CITY, STATE, ZIP	HOME PHONE	SCHOOL	

*****ABSOLUTELY NO REFUNDS WILL BE ISSUED ON SIGNUP FEES*****

DAD/GUARDIAN	DAD/GUARDIAN ADDRESS	HOME PHONE	CELL PHONE	TEXT Y/N
MOM/GUARDIAN	MOM/GUARDIAN ADDRESS	HOME PHONE	CELL PHONE	TEXT Y/N

I, as parent or legal guardian of _____ give permission for this child to participate in the Barren County Youth Football Program.

By signing this form, I agree that I will not hold the BARREN COUNTY YOUTH FOOTBALL PROGRAM, BARREN COUNTY SCHOOL SYSTEM, BARREN COUNTY FISCAL COURT, nor the GLASGOW/BARREN COUNTY PARKS & RECREATION DEPARTMENT liable for any injury that my child might incur. I agree to waive, discharge claims, release from liability, and hold harmless any officer, director, employee, agent, leader, or entity connected with the teams, programs or fields, resulting in injuries or damages while my child is participating in these activities, including those that will not be limited to negligence or wrongful conduct.

I also understand that in order for my child to be eligible to participate, he/she must be covered by medical insurance.

I understand that scholastic fitness is important and that my child demonstrates satisfactory progress in school.

Equipment issued to my child by the BARREN COUNTY YOUTH FOOTBALL PROGRAM is property of BARREN COUNTY YOUTH FOOTBALL PROGRAM and must be returned in reasonable state of repair when season is ended. I will be responsible for the replacement of any, if not all, equipment that is not returned or is damaged.

I have read this document in its entirety and freely and voluntarily assume all risks of injury or damage. With acknowledgement of this waiver, I agree to abide by it.

Parent/Guardian Signature

Date

EMERGENCY CONTACT (If Parent Cannot be Reached)

NAME	ADDRESS	HOME PHONE	CELL PHONE	TEXT Y/N
NAME	ADDRESS	HOME PHONE	CELL PHONE	TEXT Y/N

By signing below, I am giving legal consent for medical treatment of my child. I understand the hospital will make every effort to contact me, but will not delay treatment. I do hereby state that I am the parent/and or guardian of the minor who resides with me as listed above.

I consent to any necessary examination, anesthetic, medical or surgical treatment, and/or hospital care to be rendered to the above named minor under the supervision and on the advice of a duly licensed physician, surgeon, or dentist during the period of my absence.

Parent/Guardian Signature

Date

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CODE OF CONDUCT

In conjunction with the Barren County Board of Education, Barren County Youth Football Program has instituted a code of conduct for all participants. This includes players, cheerleaders, coaches, parents/guardians, spectators, and game officials. The code of conduct has been established in order to provide an environment of fun and learning for the children, without the interference of offensive behaviors. Behaviors that will not be tolerated include, but are not limited to foul language, unsportsmanlike conduct, excessive physical contact, and harassment of any kind. Any offenses deemed unacceptable by Barren County Youth Football Program officials will be handled on a case-by-case basis, but could include offender being banned from premises for a portion of or entire season.

Player Signature

Date

Parent/Guardian Signature

Date

EQUIPMENT AGREEMENT

As a parent/guardian of child listed on the front of this form, I take full responsibility of making sure that Barren County Youth Football Program receives ALL of the below equipment back to their possession at the end of the season. This equipment will be returned clean and in the same condition it was received (other than use during season participation). This equipment will be returned to the coaching staff or to a Barren County Youth Football Program representative.

The Barren County Youth Football Program will decide if equipment needs to be discarded. This decision is not made by you, the parent/guardian.

If I fail to return ANY piece(s) of equipment supplied to my football player/cheerleader, I will be liable for replacing the missing pieces(s) at FULL REPLACEMENT COST. Any equipment not returned nor replaced will be treated as stolen, and appropriate action will be taken in recovering it.

Mouthpieces are supplied to each football player at the beginning of the season. If the mouthpiece is lost, new ones may be purchased from the Barren County Youth Football Program for \$1.00.

Helmet_____	Size_____	Shoulder Pads_____	Size_____
Game Pants_____	Size_____	Game Jersey_____	Size_____
Practice Pants_____	Size_____	Chin Strap_____	

By signing below, I am acknowledging acceptance of the equipment indicated above, and fully understand and agree to the equipment agreement as stated.

Parent/Guardian Signature

Date

BCYF Program Representative/Coach Signature

BCYF PROGRAM USE ONLY

_____ PAID CHECK# _____

_____ PAID CASH _____

_____ RECEIVED BY _____