

**2008 DIXON YOUTH FOOTBALL & CHEER
FLAG PLAYER/PARENT CONTRACT**

FINANCIAL RESPONSIBILITY AND PARENTAL/PARTICIPANT CONSENT

1. As parent/guardian of the below named child, I do hereby give my/our approval for participation in **Dixon Youth Football & Cheer Flag Football** activities for the current season. I/We understand that the training and supervision of football activities are provided by volunteers, some of whom will be without highly specialized training in physical education. Head Coaches are expected to train and supervise their staff to reduce the incidence of injury, and to respond promptly to emergencies, but coaches in football will range in their abilities from beginner to highly experienced. Not only do I/we acknowledge this situation, I/We assume all risks and hazards to this participation for any claims arising out of injury to the below named child, including, but not limited to, transportation to and from such activities. I/We hereby waive, release, absolve, indemnify and agree to hold harmless, **DYFC** team, organizers, managers, coaches, supervisors, participants, person providing transportation and any organization this youth football program may be affiliated with.
2. There have been many improvements made in protective equipment and teaching techniques to reduce injuries. Even so, it is important for you to know that injuries can occur. 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 by the carrier. It is understood that any claim for injury arising out of my/our child's participation must be reported to the designated association official within 30 days of the date of injury. It is also understood that the proof of loss must be completed in full and filed within 60 days of receipt by **DYFC**. All monies I/We have paid to the team do not constitute payment of insurance coverage. I/We do indemnify **DYFC** and the insurance carrier should there be statement(s) by anyone that is in contradiction. I/We attest I/We have read and understand the terms of this contract and any disclosure information required.
3. I/WE understand that my flag football player will not be allowed to participate in any **DYFC** activities until I provide the required proof of age, and signed **DYFC** forms titled Flag Parent/Player Contract and Adult Code of Ethics.
4. I/We hereby grant authority to a qualified physician to administer such medical treatment, as said physician deems necessary under emergency circumstances in my/our absence. This authorization shall remain effective until the end of the season unless sooner revoked in writing delivered to **DYFC**.
7. I/We have read and understand fully the provisions of this consent/release authorization. I/We have voluntarily signed it.

Parent/Guardian Signature _____ **Date** _____

PARTICIPANT INFORMATION (PRINT OR TYPE)

Child's Full Name: _____ Birth Date _____ Age on 8/1/08 _____

Child's Home Address: _____

City/State/Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mailing Address (if different from above): _____

E-Mail Address: _____

School Attending This Fall: _____ Grade: _____

Parents/Guardian Names: _____

Emergency Contact (other than parent): _____

Name	Relationship	Phone
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Medical Insurance Coverage: _____

(Furnish Company Name – Policy number or parent SS#)

The above information I have supplied is correct to my knowledge and I understand that dogs, alcoholic beverages and tobacco products are not permitted at any DYFC function.

Parent/Guardian Signature _____ **Date** _____