



Centennial Youth Football Association Football Parent/Guardian Waiver

Player Name _____

Year _____

Parent/Guardian Permission

PERMISSION TO PARTICIPATE: I, the parent/guardian of the above-named participant hereby acknowledge that my child is in good general health and I give my approval for my child to participate in Centennial Youth Football. I understand, hereby give my approval for, and I assume any and all risk of my child's participation.

INTENT TO INFORM: I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in the league may result in serious injuries, paralysis, permanent disability and/or death. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I do hereby waive, release, absolve, indemnify, and agree to hold harmless the local, league and any and all organizers, sponsors, supervisors, and participants from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

EMERGENCY MEDICAL AUTHORIZATION: I hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment for any illness/injury/accident resulting from participation in any and all Centennial Youth Football activities.

PLAYER PHOTOGRAPHS: Player photographs are commonly used in websites, social media, and other league related promotions.

☐ I give permission for my child's photograph to be used or released for these purposes or for news media.

☐ I DO NOT give permission for my child's photograph to be used or released for these purposes or for news media.

RULES AND REGULATIONS: In consideration of participation in Centennial Youth Football activities and by my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to be bound by all of the above and that all information provided by me is true and accurate to the fullest extent of my knowledge.

CODE OF CONDUCT: I will model good sportsmanship and follow the code of conduct expectations that every player, coach, referee, CYFA league official and visiting league official be treated with respect, regardless of race, religion, national origin, sex, sexual orientation or ability. Violation of the code of conduct can result in being removed from the team, game, or practice facility.

Parent's Signature: _____ Date: _____

HEADS UP Concussion Waver

Athlete Agreement

☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Signature _____

Parent/Guardian Agreement

☐ I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent/Guardian's Signature _____