

2018 MC YOUTH FOOTBALL REGISTRATION CHECK LIST

☐ **Registration Form** - completed & signed

☐ **Fee Form**

- **Registration Fee**
 - \$165.00 Post Marked before June 30th
 - \$200.00 After June 30th - based on availability
 - Late Registers only: If 26 or more are already signed up for a certain age group, your player will be put on a waiting list until we have 32 to split the age group into 2 teams.
- **Equipment Deposit**
 - **Check only**
 - \$200.00
 - Equipment deposit checks will not be cashed immediately but will be held in a safe deposit box and returned only upon satisfactory equipment return at the end of the season. Return dates TBA.
- **Uniform**
 - Jersey: \$25.00
 - Game Pants: \$20.00

☐ **WFFL Registration Agreement** - completed & signed

☐ **Birth Certificate**

- If played last year, will have on file.
- New Player: **Photocopy of birth certificate**. Need in Player's file.

☐ **Participation Physical** - Original copy of medical physical form, **completed and signed by a physician**
- must be updated each season.

☐ **Proof of residency** - photocopy of utility bill with name and physical address - or similar item - **ONLY RESIDENTS WITHIN THE MCHS BOUNDARIES WILL BE ABLE TO REGISTER** - must be updated each season.

- Petersborough, Mendon, Wellsville, Mt. Sterling, Hyrum, Avon, & Paradise

☐ **MEDICAL INSURANCE** - Photocopy of medical insurance card, proof of medical insurance, or signed copy of medical release waiver form - must be updated each season.

☐ **Equipment Rental Agreement** - completed & signed

☐ **Additional Items you are responsible for:**

- Practice Pants
- Practice Jersey
- Mouth Guard
- Football cleats (recommended)
- Water Bottle for practice (recommended)

General Notifications/updates from MCYF will be from mcyfootball@gmail.com – Please make sure this is not going to junk/spam email. *Any questions: Email the above address or contact: Stacie Luke 435-757-8114, Mike Luke 435-232-7166, or Eric Allen 435-881-8579*

WASATCH FRONT FOOTBALL LEAGUE, INC. REGISTRATION FORM

If mailing forms: Mountain Crest Youth Football P.O. Box 132 Hyrum, UT 84319

AGE as of Sept. 1, 2018 _____ School Attending 2018-2019 _____ Grade _____

Name of Player on Birth Certificate _____ Gender _____

Address _____ Date of Birth _____

City _____ Zip Code _____ Weight _____

Cell # _____ Home # _____ Work # _____

Email Address _____

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian- Print Name _____

In an emergency, if legal guardian cannot be notified, please contact the following:

Name _____ Relationship _____ Ph.# _____

*Registration Fee + Jersey for the 2018 season will be **\$190.00** - Please refer to Fee Form

Parental Statement of Agreement:

I hereby recognize and acknowledge that my participation in the Wasatch Front Football League, Inc. may involve bodily and/or emotional injury to myself and/or my child. In consideration of my child being permitted to participate in such events, I hereby voluntarily and knowingly release, waive, and discharge the Wasatch Front Football League, Inc. its officers, employers, associations, and all others affiliated with the Wasatch Front Football League, Inc. I hereby authorize the Wasatch Front Football League, Inc. program staff to act on my behalf in accordance with their best judgment in case of an emergency, and agree to assume full responsibility for all medical expenses that may arise therefrom.

Parent CODE of CONDUCT:

I will encourage good sportsmanship by demonstration positive support for all players, coaches and officials at every game and practice. I will place the emotional and physical well-being of my child ahead of any personal desire to win. I will insist that my child play in a safe and healthy environment. I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all. I will refrain from the use of foul language and/or negative comments towards any coach, player, referee, league officials or spectators. I will demand a drug, alcohol, and tobacco free environment for my child and agree to assist by refraining from their use at all Wasatch Front Football League, Inc. events. I will remember that the game is for children and not for adults, and I will do my very best to make youth football fun for my child by assisting with coaching, being a respectful fan, providing transportation or whatever I am capable of doing. I will abide by all by-laws, rules, regulations, policies, and procedures.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian-Printed Name _____

***MCYF Representative Use Only: Fees Paid _____ Deposit Check # _____

WFFL Waiver _____ Birth Cert/Played Last Year _____ Physical _____ Residency _____ Insurance _____ Equip Rental _____

Fee Form

Registration Fee (Required)	\$165.00	Cash	Card	Check #
Jersey (Required)	\$25.00	Cash	Card	Check #
Game Pants	\$20.00	Cash	Card	Check #
Total Fees Paid				

Fee Information:

- **Registration Fee:** What does it cover – equipment upgrades, insurance, fields, refs, coach training & registration, helmet stickers, WFFL membership fees, and necessary program expenses.
- **Pants:** We sell a navy blue integrated pants. These do not need to be purchased from MCYF. You are welcome to purchase elsewhere, but they must be NAVY Blue Football Pants.
- **Jersey:**
 - **Required to purchase New Jersey:** Previous vendor went out of business. We had to go with a new design, so all are required to purchase a jersey. Jersey cost is \$50.00, but MCYF will pay for ½ the cost this year only. We pre-ordered jerseys to have them here by first game. Number will depend on returning players and what is available in our inventory.
 - Number Preference but not guaranteed _____
 - Jersey Size _____

These are general jersey sizes. Remember to order your jersey large enough to last for two seasons:

MENS SUBLIMATED SIZING CHART

JERSEY	XS	S	M	L	XL	2XL	3XL
Chest Measurement	28-31	31-34	34-38	38-42	42-44	44-46	46-48

PANTS	XS	S	M	L	XL	2XL	3XL	4XL	5XL
Waist Measurement	26-28	28-30	30-32	32-36	36-38	38-40	40-42	42-44	44-46
Inseam (Shorts)	14	14.5	15	15.5	16	16.5	17		

YOUTH SUBLIMATED SIZING CHART

JERSEY	YXS	YS	YM	YL	YXL	Y2XL	Y3XL
Chest Measurement	26-28	28-30	30-32	32-34	34-37	37-40	40-42

PANTS	YXS	YS	YM	YL	YXL	Y2XL	Y3XL
Waist Measurement	22-24	24-26	26-28	28-30	30-32	32-36	36-38
Inseam (shorts)	13	13	14	14.5	15	15.5	16

***MCYF Representative Use Only:

Equipment Return: Whom Received Equipment Deposit _____ Date _____

WFFL FOOTBALL PLAYER REGISTRATION AGREEMENT

1. PERMISSION TO PARTICIPATE. I certify that: (i) I am the parent or legal guardian of the child (“**Participant**”) being allowed to participate in the Wasatch Football League, Inc. (WFFL) and local Association (the collectively the “**League**”), as part of a youth football league (the “**Program**”) administered by an Association; (ii) I am of legal age and am freely signing this Player Registration Agreement without any inducement or assurance of any nature; and (iii) I have read this form and understand that, by signing this form, I may be giving up certain legal rights and remedies. I agree that the terms of this Player Registration Agreement are binding on both me, the Participant, our family and our heirs.

2. RELEASE OF LIABILITY. In return for the Participant being allowed to participate in the Program, I release and agree not to sue the Association, the League, any officers, agents, employees, and volunteers, from or for, all present and future claims that may be made by the Participant, myself, our family, estate, heirs or assigns, for damage, personal injury or wrongful death arising as a result of the Participant’s participation in the Program, wherever, whenever, or however the same may occur. I understand and agree that the WFFL is not responsible for any injury or property damage arising out of the Program, even if caused by their ordinary negligence. I understand that participation in the Program involves certain risks, including, but not limited to, serious injury, permanent disability or even death. I am voluntarily allowing Participant to participate in the Program with knowledge of the dangers involved and agree to accept all risks of such participation. I certify that the Participant is in excellent physical health and may participate in strenuous and hazardous physical activities, including all aspects of the game of football.

3. RULE INTERPRETATION AND UNDERSTANDING. I understand and acknowledge that I have read and understand the Rules and By-laws of the WFFL. I also understand and certify that the Participant is a legal participant, under the WFFL Rules and By-laws, to play for the Association for which I am registering the Participant. I further understand that failing to abide by the WFFL rules and/or by-laws could result in serious sanctions (including but not limited to, suspension, expulsion, fines and forfeiture of games) against the Participant, myself, the team and the Association.

4. EMERGENCY MEDICAL TREATMENT. Permission is hereby granted for Participant to receive any and all emergency medical/dental treatment and/or first aid, including authorizing any medical treatment facility/hospital to administer emergency treatment for any illness, injury or accident resulting from participation in the Program.

5. AUTHORITY TO REGISTER AND/OR TO ACT AS AGENT. I represent and warrant to the WFFL that I have legal authority to complete this Player Registration Agreement. I represent and warrant that, I am over eighteen (18) years of age, and that, to the extent I am registering a minor child, I am the parent or legal guardian of such child, and I do hereby consent to the collection of such child’s personal information by the Association and WFFL.

6. LIMITATION OF LIABILITY; DISCLAIMER OF WARRANTIES. The WFFL, the Association, USA Football, Inc. and any and all other sponsors and/or participants or officials shall not be liable for any direct, indirect, incidental, special or consequential damages resulting from any and all demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from participation by the participant in the program.

7. INDEMNIFICATION. I agree to indemnify and hold the WFFL, the Association, USA Football, Inc. and all other sponsors, or participants and their officers, agents, employees, and volunteers, harmless from and against any and all damages, costs, claims or demands, including reasonable attorneys’ fees, made by anyone, including any third party due to or arising out of participation by Participant in the Program (including without limitation in connection with any medical treatment offered or given to Participant).

8. APPLICABLE LAW. This Player Registration Agreement shall be governed by and construed in accordance with the laws of the State of Utah and that any legal proceedings related to this waiver and agreement will take place in Utah.

9. SEVERABILITY. I further expressly agree that this Player Registration Agreement is intended to be as broad and inclusive as is permitted by laws in the State of Utah and that if any provision of this Player Registration Agreement shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Player Registration Agreement and shall not affect the validity and enforceability of any remaining provisions.

BY INDICATING MY ACCEPTANCE OF THIS PLAYER REGISTRATION AGREEMENT, I AM AFFIRMING THAT I HAVE READ AND UNDERSTAND THIS PLAYER REGISTRATION AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THE PLAYER REGISTRATION AGREEMENT FREELY AND VOLUNTARILY, AND INTEND BY MY ACCEPTANCE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signed _____

Date: _____

Print Name: _____ Relationship to Minor: _____

W.F.F.L. Physical Fitness Form

To be completed by Guardian:

Name of Participant: _____ Weight: _____

Age : _____ Birth Date: _____ Gender: _____

Check if Child has or has had any of the following:

Asthma	Frequent Nose Infections	Mental Illness
Back Deformity	Frequent Throat Infections	Pneumonia
Back Pain	Hay Fever	Poor Vision
Broken Limbs	Headaches	Rheumatic Fever
Chronic Cough	Hearing Loss	Shortness of Breath
Diabetes	Heart Disease	Skin Conditions
Epilepsy	Heart Murmur	Stomach Pain
Fainting	Hernia	Tuberculosis
Frequent Constipation	Kidney Trouble	Un-descended Testicles
Frequent Nose Bleeds	Liver Trouble	Wears Glasses

Other (list) _____

List Current Medications _____

List Operations: _____

List Hospitalizations: _____

I understand this is not a complete Physical

Legal Guardian's Signature: _____

To be completed by Physician:

Blood Pressure _____	Pulse _____	Weight _____
Lungs _____	Heart _____	Hernia _____
Back _____	Extremities _____	

Physically Fit? YES NO

If NO, reason _____

Eligible to play W.F.F.L. Football? YES NO

Physician's Signature: _____ Examination Date _____

Insurance Information

Player's Name: _____

Age as of September 1st 2018 _____ Grade in School 2018-2019 _____

Primary Insured Person's Name _____

Insurance Company Name _____

Policy # _____ Group # _____

(Photocopy of Insurance Card is also acceptable)

No Insurance. . . Fill out this bottom portion of this page.

I, _____, the legal guardian of _____, am without medical insurance for the above mentioned child. To be allowed to participate in WFFL contact football I understand that I am solely responsible for all medical expenses that may arise therefrom. I hereby recognize and acknowledge that my participation in WFFL football activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of my child being permitted to participate in such events, I hereby voluntarily and knowingly release, waive, and discharge the WFFL and Mountain Crest Youth Football, it's officers, employees, assigns, executors, administrators, suppliers and facilities from any and all liability for illness or injury that may result from my child's participation in such activities. I know of no mental or physical problems that might adversely affect my child's ability to participate in sports activities. I hereby authorize WFFL and Mountain Crest Youth Football program staff to act on my behalf in accordance with their best judgments in case of an emergency, and agree to assume full responsibility for all medical expenses that may arise therefrom.

Parent/Guardian's Signature _____ Date _____

Print Name of Parent/Guardian _____