# **Trans Valley Youth Football League**

### Waiver and Release of Liability - Minor

Participant Name: DOB:							DOB:	
Type:	☐ Cheer	☐ Football	Level: 🖵 J	Ir Novice	☐ Novice	☐ Jr Varsity	☐ Varsity	
footb	all and/or c	•	ne Local Organiza	ation, which	ch is a legally	distinct organ	otball League (TVYFL) in nization not operated or and agrees that:	
activi	ties involve	d in these programs	are significant,	including t	the potentia	l for permaner	OVID-19) to my child from the nt disability and death, and while erious injury and illness do exist; and	ı,
1	unknowi EVEN IF	n, ARISING FROM THE					ALL SUCH RISKS, both known and ne full responsibility for my child's	
2	. I willingly any unus		ern in my child's	readiness	for participa	ation and/or in	onditions for participation. If I observent the program itself, I will remove my diately; and,	
3	. I myself, HEREBY employe lessors o DISABILI	my spouse/partner, RELEASE AND HOLD es, volunteers, othe f premises used to o TY, DEATH, or loss of	my child, and o HARMLESS Tran er participants, s conduct the ever r damage to pers	n behalf ons Valley Yo ponsoring ont ("Releas son or pro	f my/our hei outh Footbal agencies, sp sees"), WITH perty incide	rs, assigns, per Il League; its di consors, advert I RESPECT TO A nt to my child's	rsonal representatives and next of ki irectors, officers, officials, agents, tisers, and if applicable, owners and ANY AND ALL INJURY, ILLNESS, s involvement or participation in the	
4	permitte I, for mys next of k my invol	d by law. self, my spouse/part in, HEREBY INDEMN	tner, my child, ar NFY AND HOLD I	nd on beh	alf of my/ou	r heirs, assigns ve Releases fro	HERWISE, to the fullest extent , personal representatives and m any and all liabilities incident to R NEGLIGENCE, to the fullest	
5	<ol> <li>I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.</li> </ol>							
UNE	ERSTAND 1					-	FULLY UNDERSTAND ITS TERMS, N IT FREELY AND VOLUNTARILY	
Paren	t/Guardia	n Name:		Signa	ature:		Date:	
<u>UNDERSTANDING OF RISK</u> I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.								
Paren	t/Guardia	n Name:		Signa	ature:		Date:	
Teleph	none: Hom	e:	Cel	l:		Work	;	

# **Trans Valley Youth Football League**

## Image Release - Minor

Participant Name:		DOB:
ype: 🗖 Cheer 📮 Football	Level: 🗖 Jr Novice 📮 Novice 🗖 J	r Varsity 📮 Varsity
Football League (TVYFL) official team, is hereby granted the unand/or use my child's/ward's l	child being allowed to participate in any wa al events and activities, the undersigned ag nrestricted right and permission, free from likeness in all media now or hereafter know d which he/she may be included intact or in	rees that TVYFL and/or the local approval or review, to copyright vn, including but not limited to,
Parent/Guardian Name:	Signature:	Date:
Telephone: Home:	Cell:	Work:

#### Valley Vauth Easthall League

Code of Conduct								
Participant Name: DOB:								
Туре:	☐ Cheer	☐ Football	Level:	☐ Jr Novice	☐ Novice	☐ Jr Varsity ☐ Varsity		
	alley Youth	• •	VYFL) and Loc	al Teams will no	ot tolerate ve	erbal abuse of its volunteers, coaches and referees from any		
While 9	99% of the a	•	m will abide b	y this code with mbers as well as	nout being to			
Fans w	ill abide by a	Code of Conduct w	hich includes t			If any of these rules are broken, TVYFL and Local Teams shall		
have th	e authority	to impose a penalty	<i>/</i> .					
Fans sh								
1.			rleaders or coa	ches in front o	f the other s	pectators in the stands, but reserve constructive criticism for		
_	later, in pr		· · · · · · · · · · · · · · · · · · ·					
2.	· · ·	cisions of the game	e officials (inclu	ding referees a	nd coaches)	on the field as being fair and called to the best ability of said		
3.	officials.	ze an opposing tean	n its players co	naches or fans l	ny work of m	outh or by gesture		
3. 4.			•		-	me at the game, practice field, or other TVYFL functions.		
5.					-	rinking alcoholic beverages and the possession or use of any		
٥.		stance on both the			or ana, or a	Triming dicerione beverages and the possession of use of any		
6.		owed on the sidelin						
7.					after games o	or at practice.		
8.	, , , , , , , , , , , , , , , , , , , ,							
Any pa	rent or fan w	vho violates the cod	le of conduct ri	sks the further	participation	of the child in the program. The procedure is as follows:		
1.	•		de of conduct o	or becomes a n	uisance will b	be asked to leave by the head coach and can be suspended		
		am activities.						
2.						urther participation in team activities by the head coach.		
3.		_				n of the suspension is to be longer than one to four weeks or		
					•	on the attitude of the parents.		
4.					-	rticipation of his/her children in the program. Depending on are participation in the program for up to three years.		
						are per an experient at the programmer ap to time of teach		
		aranteed 10 plays in thing staff whose de	n each Regular			PARENTS bowl game. Everything beyond that must be earned in the		
Athlete	e's Code							
		ne ideals of sportsm	nanship, ethical	conduct and f	air plav. Shov	w courtesy to my opponents and officials. Recognize athletic		
	-	•	•			coaches who are the instructional authority for my team.		

Discourage fans, fellow players and parents from undercutting my coach's authority.

I will not: Use profanity or talk "trash" before, during or after any game. Use drugs, alcohol, or tobacco. Criticize my teammates. Act in any way that may incite spectators.

#### Parent's Code

I will: Support my child's team/squad and teach the value of commitment to the team/squad - emphasis the ideals of sportsmanship, ethical conduct and fair play. Help my child and Trans Valley Youth Football League make athletic contests a positive educational experience. Show courtesy to opponents and officials. Direct constructive criticism of my child's athletic program to the League Representative and work towards a positive result for all concerned.

I will not: Criticize officials, direct abuse or profane language toward them, or otherwise subvert their authority. Undermine, in work or deed, the authority of the coach or administration. Intrude onto the field, stand on the sideline, or yell from the bleachers at or to the coaches, referees or administration.

Parent/Guardian Name:	Signature:	Date:
Telephone: Home:	Cell:	Work :

# **Trans Valley Youth Football League**

# Concussion Statement and Acknowledgement Mild Traumatic Brain Injury (MTBI)

Partici	Participant Name: DOB:							
Type:	☐ Cheer	☐ Football	Level:	☐ Jr Novice	□ Novice	☐ Jr Varsity	□ Varsity	
respo organ furthe disclo neces symp	nsibility to r iization's sta er understar ssing all injui ssary to part	participate in a spect all of my in a spect all of my in a spect all of my in and and recognize ries and or illness icipate. I understancomplaints and wities.	njuries and illness not limited to: co that my health a ses, it can not be and that I must p	ses or suspecte paches, team pl and safety is the properly deter provide a full a	ed injuries an hysicians, an e most impor mined if you nd accurate i	nd illnesses to the dathletic traini rtant thing and are in the phy medical history	he ng staff. I without sical condition including any	
By sig	ning helow. I	acknowledge:						
	My organiz (http://ww I ACKNOW I have fully There is a prare cases, A concussion trainer, coat A concussion sleep, and Some of the or days after If I suspect I will not reconcussion	cation has provided w.cdc.gov/concus. LEDGE THAT I HAV disclosed to the stoodsibility that parthese concussions on is a brain injury, ach, parent volunte on can affect my acclassroom performe symptoms of concer the injury.  The ateammate has a seturn to play in a grain to play in a grain do so by a qualificancussion the brain or further damages.	sion) on what a co E READ THE FACT: taff any prior med ticipation in my sp s can cause perma , which I am respo eer, or official. bility to perform enance. Incussion may be not a concussion, I am ame or practice if s. ame or practice ur fied healthcare pro-	incussion is and SHEET on the CE ical conditions a fort may result in nent brain dama insible for report veryday activities of ticed right awaresponsible for I have received antil my symptomofessional.	has given me DC website for nd will also din a head injuring, and eventing to the teats, and affect on while other reporting the a blow to the shave resolve much more li	an opportunity to Parents and Platesclose any future y and/or concuss death.  Imphysician, athemy reaction time asymptoms can stinjury to the staffhead or body that and AND I have we kely to have a re	to ask questions. Eyers. Ele conditions. Sion. In Eletic E	
		dence of concuss s high risk for cor	-	by the CDC fo	otball and ch	neer, among oth	ner sports, have	
unde		ertify that I and nontents, consequ			•		•	
Athlet	es Signatuı	·e:						
	t/Guardian			_ Signature: _		D	ate:	