EC Youth Football, Inc.

(Formerly Edmonson County Youth Football League) Release from Liability for Negligence

This is a legally binding agreement. By signing this agreement, you, your family and personal representatives give up the right to bring any action against the EC Youth Football, Inc., the Edmonson County school system or any of their employees, agents or representatives, for any injury to your child caused by their negligence. You and your child are participating at your own risk.

I understand this is FULL CONTACT football and acknowledge the risks involved in playing football. According to our family physician, my child is physically fit to participate in football. I understand that it is my responsibility to have insurance to cover my child in case he sustains any injury while participating in any League Football activities. I give the League permission to have my child treated by a physician in my absence in case of any injury, accident or illness.

I, the undersigned, and on behalf of my child, my family and my personal representatives, agree to release youth football, the Edmonson County school system, their employees, agents and representatives, for any liability from any claim for injury to or death of my child, as result of my child's participation in youth football activities and due, in any way, to the negligence of youth football, the Edmonson County school system, their employees, agents or representatives.

I understand that my child will be issued equipment to participate in the League and that I am responsible for the upkeep and loss of the equipment. I will assume full responsibility for the loss or destruction of the equipment not related to youth football activities. I understand that I will be charged and billed for the destruction of league equipment at the price of NEW equipment to replace the item. I understand that if any equipment is not returned at the end of the season that I will be billed for the full cost of new equipment (\$225 per player). We do travel to other counties to play and transportation to and from games is my responsibility. I understand that I may be asked to help with fund raisers or game facilitation.

Child's Name (Drint)

Child's Name (Print)	Age Grade
Mothers Name (Print)	Home Phone #
	Work #
Fathers Name (Print)	Home Phone #
	Work #
Phone with Text for updates, cancelation, etc	? Text # and
Email for updates, cancellations, etc?	
Family Physician (Print)	Phone
Has your child played before? Y or N	If so, what position?
Your child's shirt size: Youth sizes (S M L)	Adult sizes (S M L XL XXL) In some years we give the kids shirts.
information is kept in the strict confidence of	sical or any other condition that we should know about? If so, explain. (This the coaches and is released on a need to know basis
By signing this document, you agree to all in profit organization.	formation and acknowledge that you are a member of the EC Youth Football Inc. Non
Signature of parent or guardian	Date
BELOW THIS LINE FILLED OUT BY L	EAGUE STAFF >>>>>>>>>>
Heightinches	Paid \$50.00
Weightpounds	Make check payable to EC Youth Football, Inc.