

**COLUMBIA YOUTH FOOTBALL LEAGUE**

Player Last Name	
Grade	Team

**EQUIPMENT GUARANTEE, PARENTAL PERMISSION, MEDICAL AUTHORIZATION,  
SUPPLEMENTAL ATHLETIC WAIVER and RELEASE OF LIABILITY**

This Form must be completed and signed by a parent or guardian for any CYFL youth sports program or activity participant under age 18, or by the participant, if age 18 or over, before participating in any CYFL activities.

**Name of Participant:** \_\_\_\_\_

Staple \$100 Cash or Check Here

**EQUIPMENT GUARANTEE and \$100.00 DEPOSIT ( ) Initial**

I, the undersigned parent(s) or legal guardian(s), hereby guarantee the safekeeping and timely return or reimbursement of the replacement value of any and all equipment issued to my child by the Columbia Youth Football League. I will not modify or mark the equipment in any manner to make it unusable or undesirable for future participants. I have received in good condition a helmet, shoulder pads, football pants and pads I have issued \$100.00 (check, cash, money order) as an equipment security deposit, understanding the check will be cashed upon failure to return equipment leased from CYFL. Equipment shall be returned as issued, excepting for normal wear and tear, in good condition to CYFL. I understand that failure to return any of the equipment issued at the end of the season or by December 1st of this season will result in the forfeiture of my \$100.00 equipment deposit and my check will be cashed after the last equipment return date. Additionally, I understand that I will forfeit my deposit and will be invoiced a minimum of \$150.00 for the leased equipment not returned. Additional legal action may be pursued to recover unreturned equipment and my player may be prohibited from participating in future CYFL activities.

**CONSENT TO PARTICIPATE AND ALLOW MEDICAL TREATMENT ( ) Initial**

I, the undersigned additionally understand that the risk of injury to my child from the activities involved in this youth sports program is significant, including the potential for permanent disability or death. While particular rules, equipment and personal discipline may reduce this risk, the risk does exist. Additionally, if my child is injured, I authorize the Columbia Youth Football League, Inc. officials, coaches and representatives to obtain immediate medical care for my child. I the undersigned parent(s) or legal guardian(s) and child knowingly and freely assume all such risks associated with this program.

**ATHLETIC WAIVER AND RELEASE OF LIABILITY ( ) Initial**

In consideration of being allowed to participate in the Columbia Youth Football League youth sports program and activities, I the undersigned parent(s) or legal guardian(s), understands that football is a contact sport and the possibility of injury exists to both football players as well as cheerleaders. It is understood and agreed that the Columbia Youth Football League, Columbia Public Schools Board of Education, City of Columbia Parks and Recreation, are not responsible or liable for any personal injury or accident which occurs while participating in any activity sponsored by the aforementioned parties.

**I, THE UNDERSIGNED PARENT(S) OR LEGAL GUARDIAN(S), HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE PROVISIONS CITED ABOVE AND SIGN THIS FORM VOLUNTARILY**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Parent Information**

Signature of Parent/Guardian	Print Name
Address	City, State & Zip
Home Phone	Work Phone
Cell Phone Number	Email

**Official Use Only**

**Deposit Information**

**Official Use Only**

Name on Check	Check #	\$
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**Equipment Checked Out (Circle One)**

<u>Helmet Number</u>	<u>Helmet Size</u>	<u>Shoulder Number</u>	<u>Pad Size</u>	<u>Pants</u>
	XS S M L XL		XS S M L XL	XS S M L XL

Equipment Returned by \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_