



Platte County Youth Football League

Sign-ups and Camp

Sign-ups for football players of all ages will be May 19th at Platte County High School from 9 am to 11 am. There will also be additional sign-ups on July 21st from 9 am to 11 am at the high school.

For more information on the fall season, please visit our website at www.pcyfl.org or call Mark Claire at (816) 820-6882 or Chris Stallo (816) 344-4760.

Join us at the 9th Annual Platte County Youth Football Camp

July 15th-18th, 2012 6:00-8:00 pm
Platte County High School Football Field
Grades K-8, Cost: **\$45.00** (includes Camp T-Shirt)

Complete form below and mail with registration fee (make checks payable to PCYFL)
Platte County Youth Football League
PMB 204, 1302 Platte Falls Rd. Ste. D, Platte City, MO 64079

Name: _____

Parents Name(s): _____

Address: _____

Phone Number: _____ E-Mail Address: _____

Grade (12/13 yr): _____ Shirt Size (circle one): YS YM YL S M L XL

Medical Release: I am fully aware that playing or practicing football or any sport involves risk of injury/illness. I understand that because of the nature of the sport contact and physical exertion will occur during this camp and that injury during practice at camp because of contact or physical exertion is possible. In return for my child being allowed to participate in the camp, I release and agree not to sue any of the players at the camp, the Platte City Youth Football organization, and their staff members, sub-contractors, sponsors, agents, and affiliates from all present and future claims that may be made by the Participant or me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of the Participant's participation in the camp and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the camp, even if caused by their ordinary negligence. I understand that participation in the camp involves certain risks, including, but not limited to, serious injury. I am voluntarily allowing the Participant to participate in the camp with knowledge of the danger 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 the football to be played in the camp. Permission is granted for Participant to receive emergency medical treatment, if needed. I also agree to indemnify and hold harmless those listed above for all claims arising out of Participant's participation in the camp and all related activities. I agree to let the parties use Participant's name and likeness free of charge in any manner and for any purpose without compensation to me or Participant. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the camp is taking place and agree that if any portion of the Agreement is invalid, the remainder will continue in full legal force and effect. I am the parent or legal guardian of the Participant. I am of legal age and am freely signing this Agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies. I represent that I am parent/legal guardian of the child named above and I agree that the terms of this release are binding on me and the Child.

Parent/legal guardian Signature: _____ Date: _____