



## Platte County Youth Football League

### 2016 General Information

It's that time of year again – time to get ready for another exciting season of Platte County Youth Football.

#### **Registration Costs through June 30<sup>th</sup>, 2016**

\$195 for Tackle (3<sup>rd</sup>-8<sup>th</sup>)

\$85 for Flag (K-2<sup>nd</sup>)

#### **After June 30<sup>th</sup>, 2016**

\$210 for Tackle

\$100 for Flag

When you come to sign ups, please bring multiple checks. We will need the following:

1 check for the deposit

1 check for the actual league fees

1 check for fundraisers if you decide to do the buyout option.

**Please do not bring cash to sign ups. Please bring multiple checks (League fees and deposits).**

We need **copies** of the birth certificates. Not the actual birth certificate itself. It needs to be the state issued certificate, not the first one you get from the hospital. Even if you have played PCYFL Football before, we need you to bring a **copy**.

Your child will be issued equipment at the time of signups, please bring them with you to try on their equipment.

Every player, both flag and tackle will need to participate in the Fundraiser. The trash bags literally sell themselves. This fundraiser is what has allowed us to keep the boys in the latest and safest equipment.

All tackle kids will need to have a physical. Please do not check the waiver portion of that section. If they do not have a physical form on file, they will not be allowed to practice. If you are unable to get into your regular doctor in a timely fashion, 4 places in Platte City that handle physicals are the CVS Minute Clinic, Walgreens, the Heartland Clinic, and Direct Medical Care. **Physicals must be valid until November 1<sup>st</sup>, 2016.**

If anyone has any questions about the upcoming season, please contact any board member.

Thank you

PCYFL

[www.pcyfl.org](http://www.pcyfl.org)

MIDLAND EMPIRE YOUTH FOOTBALL  
REGISTRATION FORM

For Office Use On	<input type="checkbox"/>
Deposit Check	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>
Physical	<input type="checkbox"/>

Player's Name: \_\_\_\_\_

Address (including zip code): \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

School Attending Fall 2016 \_\_\_\_\_ Grade \_\_\_\_\_

Both Parents or Guardian Data:

Father/Custodial Parent: \_\_\_\_\_ Mother/Spouse: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Check if address same as player

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile or second phone: \_\_\_\_\_

In Case of Emergency Contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Note: The submission of false information will result in dismissal from the league without refund.**

Weight \_\_\_\_\_

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**LIABILITY RELEASE**  
**TERMS AND CONDITIONS**

**PLEASE READ CAREFULLY:**

**Health and Safety:**

Our youth sport league strongly recommends that each player have medical approval. The League must be informed of any medical condition which may require special treatment or attention. No parent or guardian will register any child whose physical capabilities or general health prevent participation in, or may be impaired by, involvement in the league.

**Privacy:**

**All information given will be for league use only.**

**Release:**

I, the parent or legal guardian of the candidate for a position on a league team, agree to the terms and conditions of this Liability Release Form. I hereby give my approval to participate in all our youth league activities. I waive, release, absolve, indemnify, or agree to hold harmless Midland Empire Football and Platte County Youth Football, its league officers, director, property owner, coordinators, sponsors, and coaching staff for any claim arising out of an injury to my child, except to the extent and in amount covered by accident or liability insurance.

Signature of Parent or Legal Guardian: (X) \_\_\_\_\_



**Platte County Youth Football League**  
**2016 PARTICIPANTS CODE OF CONDUCT**

All players participating in the Platte County Youth Football League must abide by the following Code of Conduct:

1. I will attend all practices, games, meetings and any other team function on time, unless I have been excused by a member of my coaching staff.
2. I will show respect toward all coaches, players and referees at all times.
3. I will demonstrate good sportsmanship on and off of the field.
4. I will not fight, use foul language or argue with coaches or teammates.
5. I will stay within the established areas of the sidelines during games.
6. I will be coachable and ready to learn and have fun.
7. I will be a team player and always put the team first.
8. I will obey the coaches and the rules of the Platte County Youth Football League.
9. I will take excellent care of the equipment I am issued and return it in clean and good condition.
10. I will try my very best to learn and have fun.

I understand that failure to comply with the provisions of this Code of Conduct may result in the suspension or revocation of my privileges to participate in any PCYFL practice, game, or function. Serious or repeated violations may result in my being ban.

I further understand that by signing below, I am acknowledging receipt of this Code of Conduct, and that I have read it, understand it, and agree to comply with its provisions.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Platte County Youth Football League

### 2016 PARENTS CODE OF CONDUCT

All parents/guardians who have children participating in the Platte County Youth Football League must abide by a Code of Conduct that includes the following provisions:

1. I/We agree to support the volunteer coaches in their efforts and never argue with a coach during a practice.
2. I/We agree not to incite or participate in “un-sportsman-like” conduct at any PCYFL function.
3. I/We agree not to use abusive or profane language at any time during a PCYFL function.
4. I/We agree not to criticize, belittle, antagonize, or otherwise incite the opposing team, its players, coaches, or fans by word of mouth or by gesture.
5. I/We agree to accept all decisions of the game officials as being fair and called to the best of their ability.
6. I/We agree to take responsibility for any actions by a guest or relative that violates this Code of Conduct.
7. I/We agree to not smoke at or within sight of a practice or playing field, or in the presence of a gathering of the team/squad.
8. I/We agree to abstain from the possession and drinking of alcoholic beverages and the possession or use of any illegal substance at any PCYFL function.
9. I/We agree to support the trash bag fundraiser by selling the required amount of rolls. Otherwise, be required to pay the buyout amount
10. I/We agree to return all equipment in clean and good condition to my child’s team at the time and place designated by the coaching staff. I understand that failure to do so may result in forfeit of my equipment deposit and/or my child being banned from the league and criminal and/or civil act.

Any violation of these rules may result in one or both of the following actions being taken by the PCYFL Board of Directors:

- The suspension or revocation of privileges associated with a parent/guardian’s attendance or child’s participation in any PCYFL practice, game, or other activity.
- The forfeiture of games and/or wins against teams whose parents and/or supporters consistently fail to comply with this Code of Conduct and/or fail to comply with any subsequent disciplinary action that is imposed.

I/We understand that by signing below, I/we are acknowledging that I/we have received the PCYFL Parent Code of Conduct, have read it, understand it, and agree to comply with its provisions. I/we further understand the consequences of failure to comply with this agreement and acknowledge that I/we are not entitled to a refund of any PCYFL fees as a result of a suspension or revocation of privileges from league activities. I/We understand that by signing below, we are in effect making it applicable for all parents/guardians.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**Platte County Youth Football League**  
**PHYSICAL EXAM STATEMENT OR RELEASE AND**  
**CONSENT TO TREAT MINOR PLAYER**

Name of player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I/We, the custodial parent(s) of the above-named player.

\_\_\_\_\_ Verify that he/she has taken a physical examination by a licensed physician that is valid until November 1, 2015.

\_\_\_\_\_ **FLAG ONLY** - He/she has not taken a physical examination within six (6) months of this date, but we voluntarily waive this league requirement and consent that he may work out with this team without having taken an exam.

I/We, the custodial parent(s) of \_\_\_\_\_ realize that football is a contact sport. We realize an injury, accident or even death may occur.

\_\_\_\_\_ Grade \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR CHILD**

I/We, hereby give authorization to any of the following people (recommend two coaches and one individual who likely will be at practice/games):

\_\_\_\_\_

To consent to unexpected or emergency medical and dental treatment and surgical care for my/our child on my/our behalf, and to consent to hospitalization if, at time of injury or illness, it is recommended by a private physician or consulting physician of their choice.

\_\_\_\_\_ Medical Insurance \_\_\_\_\_ Insurance ID # \_\_\_\_\_ Private Physician \_\_\_\_\_

\_\_\_\_\_ Dentist \_\_\_\_\_ Allergies \_\_\_\_\_ Current Medications \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Please Print: \_\_\_\_\_  
Mother \_\_\_\_\_ Father \_\_\_\_\_

\_\_\_\_\_ Sign below \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Player \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Date \_\_\_\_\_