

Edmonson County Youth Football League

Child's Name (Print) _____ Age _____

Grade Aug 2026 _____ DOB _____

Your child's shirt size: Youth sizes (S M L) Adult sizes (S M L XL XXL)

Childs Physician (Print) _____ Phone _____

Mothers Name _____ Home Phone # _____ Cell # _____

Fathers Name _____ Home Phone # _____ Cell # _____

Parent Volunteer Activity (circle one) Fundraising Field Maintenance Coaching Game Support

Does your child have any special mental or physical needs, allergies, or other conditions that we should know about? If so, explain. (This information is kept in the strict confidence of the coaches and is released on a need-to-know basis only)

Other special
comments _____

Signature of parent or guardian _____ Date _____

Paid \$75.00 cash or check

Make check payable to Edmonson County Youth League Football

Please mail to:
Jon Earl Sanders–Youth Football
101 Wildcat Way
Brownsville, KY 42210
or return to school secretary.

*See back and sign the Release of Liability

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 Edmonson County Youth Football League, 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 the League, 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 League football activities and due, in any way, to the negligence of the League, 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 Little League activities.

We do travel to other countries to play, and transportation to and from games is my responsibility. I understand that I may be asked to help with fundraisers or game facilitation.

By signing this page, the parent or guardian certifies that they have read and understand the following:

1. I am the legal parent or guardian of the child on the reverse side of this form.
2. I agree to the risks associated with Tackle Football
3. I agree to support the league and volunteer as indicated on the reverse side.
4. I will support my Child's team, coaches, and other parents with a positive and constructive approach.
5. I grant permission to ECYFL to conduct or acquire emergency care in the absence of the parent or Guardian.
6. I consent to electronic notification for practices, games, and other events.
7. I agree to manage and care for all equipment issued to my child and return it at the end of the season. If not, I will pay for the equipment.
8. I grant permission for my child's photograph to be included in ECYFL Facebook page or any news coverage: YES or NO
9. Refunds of any kind will be decided by the ECYFL Board of Advisors
10. Returned checks are subject to a \$25.00 fee.
11. As a parent and on behalf of any relatives that attend practice or games, I certify that we will cheer positively and constructively, not yell negative comments to the opposing fans or referees, and let my coaches deal with any negativity encountered.

ABOVE ALL, I WILL SET A POSITIVE EXAMPLE FOR MY CHILD AND OTHER CHILDREN TO FOLLOW.

Signature of parent or guardian _____ Date _____

PRACTICES ARE 6-730 P.M. MONDAYS, TUESDAYS and THURSDAYS GAMES ON SATURDAYS