

Westminster Wildcats Football and Cheer

18U High School 7v7

Fall 2020

Registration Form

PLAYER INFORMATION

First Name _____ Last Name _____

Birth Date _____ - _____ - _____

School (in Fall 2020) _____

Grade (in Fall 2020) _____

Player Team (Check One): JV (9th & 10th Grade) _____ Varsity (11th & 12th grade) _____

Tee Shirt Size: _____

Parent Details

First Name _____ Last Name _____

Phone _____ Cell Phone _____

E-mail is the primary method of communication the Westminster Football and Cheer Association will use to notify you of news and events. Please be sure to enter a valid and correct e-mail address that you check at least once a week so you are always up-to-date with the latest football news.

Email Address _____

If you have any additional e-mail addresses where you would like to receive updates, please enter them here.

Email Address
(Second) _____

Email Address
(Third) _____

PLAYER MEDICAL INFORMATION

Health Insurance _____

Company Policy Number _____

Does your child have any special health concerns? Yes: _____ No: _____

If you answered yes to the above, please explain:

Explain

Emergency Contact Information

In case of emergency, please notify the following individual(s). Note: EVERY attempt will be made to contact the parent

(s)/guardian(s) FIRST. Please list contact(s) here who are not parent(s) or guardian(s).

Emergency Contact Name (1): _____

Phone Number Relationship _____

Emergency Contact Name (2): _____

Phone Number Relationship: _____

Agreements: (Please initial)

I hereby agree to abide by the rules and regulations as established by the Westminster Wildcats and the Carroll County Youth Football League. As a parent, I understand that I must attend the parent, player and coaches' information meetings.

Initials: _____

I understand the Westminster Wildcats does not provide medical or hospitalization insurance whatsoever. The undersigned hereby waives any and all claims against the Westminster Wildcats or any other person affiliated with the Westminster Wildcats for injuries sustained while watching or playing games, traveling to or from organization activities.

Initials: _____

The Westminster Wildcats have my permission to photograph and video my child participating in games and to post on our team website or other forms.

Initials: _____

I hereby state that my child is in good health and I understand my child may be asked to have a letter from my family physician that my child is medically cleared to participate in the football program. It is my responsibility to notify the head coach if any reason should develop that my child should not participate.

Initials: _____

In case of an emergency, I hereby give my permission for a program representative to call 911 and have my child transported to a hospital.

Initials: _____

I understand that no refunds will be issued.

Initials: _____

Medical exceptions may be considered if put in writing by your physician. I further acknowledge that I have read and fully understood the above mentioned facts and I certify that all answers, to the best of my knowledge, are true and correct.

Initials: _____

I understand that no player is guaranteed any type of mandatory play counts.

Initials: _____

CONCUSSION RELEASE FORM

I understand that injuries may occur. I further understand that concussion information is available at <http://www.cdc.gov/headsup/youthsports/index.html>.

Initials: _____

PARENT'S CODE OF CONDUCT

I understand and endorse the purpose of our program: to help boys become men and girls become women of empathy and integrity who will lead, be responsible, and change the world for good.

- I support the coaches by applauding behaviors in my child and teammates that demonstrate characteristics of integrity, empathy, sacrifice, and responsibility.
- I acknowledge and appreciate every player's/cheerleader's growth towards maturity and efforts toward establishing stronger relationships with teammates, coaches, and themselves.
- I affirm my child and teammates when good character, healthy sportsmanship, and other-centered behaviors are displayed. I will not only affirm athletic performance or a victory.
- I serve as a role model for our players/cheerleaders talking politely and acting courteously towards coaches, officials, other parents, visiting team parents, and spectators at practices, games, and meetings.
- I model good sportsmanship. Acknowledge and applaud the efforts of team members and opponents. Accept defeat graciously by congratulating the members of the opposing team on a game well played. Support the team regardless of how much or how little my child plays or what the win-loss record is.
- I encourage my child and teammates with positive statements, even when they make mistakes. At every practice they are growing physically and emotionally. At every practice they are learning moral and ethical lessons. At every practice they are developing character.
- I will refrain from boasting about only my child's accomplishments. When problems or questions arise, I have my child present the problem to the coach. This develops self-advocacy. After meeting with their coach, if the issue requires more clarity, I will contact the coach.
- I realize that no program is perfect and if any concerns arise, I will refrain from posting negative opinions about OUR program on social media sites and will use my coach and the board to resolve any issues properly.
- I understand that I am responsible for all family and friends that attend our events and will ensure that they conduct themselves in the same manner as described above.

Because I am a parent with the power, position, and platform to make a positive difference in the lives of all players and cheerleaders, I commit to this code of conduct. When failing to live up to these standards, I will allow for accountability and take responsibility for my actions.

Initials: _____

SOCIAL MEDIA POLICY

The Westminster Wildcats recognizes the importance of social media in shaping the public's perception of Youth Football and Cheerleading. However, every online post is forever part of one's digital footprint. Recognizing that fact, it is expected that those both parents and players participating in Youth Football and Cheer take responsibility for their online profiles, posts, photos, videos, etc., and that everyone represent their team and organization in a positive manner at all times. Any unsportsmanlike, derogatory, threatening, retaliatory, stalking, harassing, bullying, criticizing, and/or knowingly false comments about teammates, coaches, parents, opponents, officials and/or staff will not be tolerated. Negative posts as described above that are brought to the attention of Westminster Wildcats Board Members will be addressed as stipulated in code of conduct. Disciplinary action may include, but is not limited to: verbal warnings, suspensions, and/or revocations of playing or coaching privileges.

Initials: _____

COVID WAIVER AND RELEASE

Please see attached release form

Signature of player:

Printed Name:

Signature of parent (Is player is under 18 years of age)

Printed Name:

Registration Fee is \$40. Payment can me made in Cash or Check when paperwork is returned.

Checks made payable to: WFCA



**CARROLL COUNTY DEPARTMENT OF RECREATION AND PARKS
WAIVER AND RELEASE – COVID-19**

Name(s) of Participant(s): _____

Name(s) of Recreation Council and Program (operating under Carroll County Department of Recreation & Parks): _____

I, in my legal capacity as parent/legal guardian of the minor(s) named above, or as a participating adult over the age of eighteen (18), recognize and acknowledge that there are certain risks of physical injury, property damages and expenses which my child(ren) or I may sustain as a result of participating in this Program. I further agree on behalf of the minor(s) named above or myself, heirs, representatives, executors, administrators and assigns to assume all risk and agree to fully release, discharge, indemnify, hold harmless and defend Carroll County Government and its employees, volunteers, agents, and servants from any and all claims for personal injury, property damage, death or accident of any kind arising out of or in any way related to the participation in the Program, however the injury or damage occurs.

COVID-19 Information

I, on behalf of my child(ren) or myself, acknowledge and understand that the novel COVID-19 virus is an extremely contagious virus and is believed to be spread mainly from person to person contact and that the Carroll County Government does not warrant or guarantee that you, your child(ren), your spouse, or anyone else will not be exposed to or infected with the COVID-19 virus as a result of my or my child(ren)'s participation in the Program. I have independently evaluated the risks of being exposed to or infected by the COVID-19 virus and have determined to participate or allow my child(ren) to participate in the Program. Finally, understanding those risks, I, for myself, my child(ren), my spouse, or legal representatives, heirs, and assigns, hereby agree to assume full responsibility and liability for the risk of bodily injury, illness, permanent disability, and/or death which may result from exposure to or infection with COVID-19 before, during, and after participating in the Program. Due to the strenuous nature of some activities, the participant, or if the participant is a child, the child(ren)'s parent or guardian is encouraged to consult with a physician concerning the participant's fitness to participate in the Program.



Authorization for Use of Photographic Likeness

I agree to allow the Carroll County Department of Recreation and Parks to take and utilize photographic images of the registered individual(s) for the purpose of promoting and publicizing of the Department's programs and/or events. If I prefer to not allow the above registered participant(s) to be photographed, I will call 410-386-2103 to register my request.

Parent Permission

I, on behalf of my adult self or (we), parents(s) of [or legal guardian(s) for] the above participant, hereby consent to my/her/him participating in this Carroll County Department of Recreation and Parks Program. On behalf of the participant listed above, I accept the waiver of liability and assumption of the provisions of this registration form.

Date

Printed Name

Signature
Adult Self/Parent(s) and/or Legal Guardian(s)