



# 2022 Youth Tackle Football League

Participant's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Grade as of Fall 2022: \_\_\_\_\_ School: \_\_\_\_\_

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

Primary Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address(es): \_\_\_\_\_

Secondary Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address(es): \_\_\_\_\_

## Team Selection:

(All attempts will be made to accommodate requests, but not guaranteed)

Did your child play Youth Tackle Football last year? YES NO

If yes, what Team: \_\_\_\_\_ What age division: \_\_\_\_\_

Coaches Name: \_\_\_\_\_

Would your child like to play on the same team (if in the same division)? YES NO

Please list any additional requests below: \_\_\_\_\_

**Division Selection:** What grade level would you like your child to play? 3/4 5/6  
Please check which grade school the player currently attends.

**Team Selection: Player will be placed on teams based on grade school report card and which triad they attend.**

**Central Triad:** Clawson Davis Deming Freedom Gilchrist Hobbs Jessup Miller

Pioneer Park Prairie Wind Willadsen

**East Triad:** Alta Vista Anderson Baggs Buffalo Ridge Dildine Henderson

Meadowlark Saddle Ridge

**South Triad:** Afflerbach Arp Bain Cole Fairview Goins Hebard Lebhart

Rossman Sunrise

*The mission of the Recreation Division is to enrich the quality of life through providing cost-effective opportunities for recreational activities, focusing on life-long wellness through exceptional programs, activities, and events for all ages in the community.*

**City of Cheyenne Youth Tackle Football League Assumption of Risk, Wavier & Release**

I, the undersigned guardian, agree that there are inherent risks of injury from my child’s participation in the Cheyenne Recreation Division Youth Tackle Football League. Those risks include, by way of example and not limited to cuts, scrapes, bruises, sprains, strains, pulled muscles, and/or broken bones. I recognize that any activity involving motion and contact creates the possibility of serious injury, including permanent paralysis and even death. I agree to make my child aware of the risks of injury, and to instruct my child to always follow the safety rules and the coach’s instructions.

I understand that members of the Cheyenne Recreation Division staff, game officials, or the volunteer coaches might be required to give first aid to me in the event of an injury or illness. I consent to the administration of first aid procedures on myself by the Cheyenne Recreation Division staff, game officials, or volunteer coaches, and the calling of an ambulance to transport me to the hospital if an injury requires more than basic first aid.

Therefore, in consideration of my participation in the Cheyenne Recreation Division Youth Tackle Football League, I fully assume all risks associated with my participation in the Youth Tackle Football League. I waive, release and discharge for myself, my child, my family members, heirs, administrators, personal representatives, successors and assigns, any rights and claims which I have, or which may accrue against the City of Cheyenne, its offices, employees, and volunteers for any and all waiver and release applies to any negligence on the part of the City, its officers, employees and volunteers. I understand that I am relinquishing legal rights. Further, I agree to defend, indemnify, and hold harmless, including paying attorney’s fees, costs and expenses, the City of Cheyenne from any and all liabilities which may result from my participation in the Cheyenne Recreation Division Youth Tackle Football League, and I agree not to initiate any legal proceedings against the City of Cheyenne, its officers, employees, and volunteers.

Also, I hereby grant permission to the Cheyenne Recreation Division Youth Sports Program and its representatives to capture my child’s image and likeness in photographs, recordings, videotapes, or any other forms of media for any lawful purpose, including but not limited to: ensuring the safety and well-being of all coaches, participants, family members, and guests, evaluation of coaches and officials, security, and for other Youth Sport Program promotional, advertising, illustration or web content purposes.

I acknowledge I have read and understand the above, and knowingly and voluntarily agree to be bound by these terms and conditions.

Participant’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian’s Name: \_\_\_\_\_

Guardian’s Signature: \_\_\_\_\_

**YOUTH TACKLE FOOTBALL LEAGUE REFUND POLICY**

1. Upon request, full refunds will be given from time of registration until the uniform order has been placed by the Recreation Division staff.
2. After the start of the season, requests for refunds must be due to a verifiable medical reason (we will request a doctor’s note). Requested refunds will be given, less uniform cost only. Non-medical requests for refunds after the start of the season will not be approved.