

**NORTH EAST KANSAS ATHLETIC ASSOCIATION
YOUTH FOOTBALL CLUB
(A Non-Profit Voluntary Association)
3rd, 4th, 5th & 6th Grade Youth Football Player Contract**

Full Name: _____
Phone – Day / Evening: _____
Address – No PO Boxes: _____
Date of Birth: _____
Age: _____
Grade Entering: _____
School Attending: _____
Play Last Year? Team?: _____

Players' Waiver of Claims and Release

Player Acknowledgement: I recognize that by signing this contract I hereby agree to follow the rules of the North East Kansas Athletic Association. I also agree to conduct myself in a sportsman like manner with respect to my fellow players, coaches, referees and the equipment that I will be using.

Signature of Player _____ Date _____

Parents' or Guardians' Consent, Waiver and Release Agreement

I/We the undersigned, give permission for the player above to play in the North East Kansas Athletic Association Youth Football Club and related activities. I/We acknowledge that it is a full contact game and consent to the above player participating in said activities.

I/We in my own capacity and on behalf of my/our child, agree to hold North East Kansas Athletic Association, its employees, agents, officers, directors and volunteers harmless from all claims, actions, causes of action, damages, suits, debts, dues, sums of money, controversies, judgments, executions, claims or demands whatsoever, in law or in equity, which I/we may now have or hereafter may have, known or unknown, accrued or unaccrued, by reason of any manner, cause of thing whatsoever, as of the date of this agreement and for all other matters that may occur within one (1) year or signing of this agreement. I/We agree to indemnify the voluntary association for all judgments legal expenses, attorneys' fees and other costs or expenses that may arise in the course of litigation where defending any of the above claims. I/We acknowledge that the consideration for the agreement is that the voluntary association is providing a service to the undersigned and my/our child.

I/We the undersigned acknowledge that we have health care insurance that will cover any injuries that my/our above named child may sustain as a result of their participation in full contact football or any other activity related to the voluntary association or that I/we the undersigned will be personally responsible for said medical costs.

This agreement is binding on the parties, their heirs, successors and assigns.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

