

Lexington Colts Youth Sports . Inc.

Circle Team Assigned

R M P

Parents;

Due to the complex problems associated with Football liability, the MS. Youth Football Association and the Lexington Colts , **MUST** have your Complete and Total permission for your child to participate in Division one (1), Division two (2), or Division three (3), Football. You will have to provide a copy of your child's certified Birth Certificate or a copy of your child's permanent school records to verify age. It is **MANDATORY** that you conform and to be responsible for your child's conformity to this league **AND** the Mississippi Youth Football Association rules, regulations and code of conduct. Fill in and sign the appropriate places. All information must be provided. Your signature at the Bottom constitutes agreement and acceptability of this statement.

Players Name _____

Date of Birth _____ Age (as of 9/1) _____ Grade _____

Parents Name _____

Parents Address, (physical) _____

Home Phone _____ Work _____ Cell _____

Emergency Contact, name, number, relationship _____

I, (we), the parents of the above named child who is a candidate for a position on Lexington Colts , one of the MS. Youth Football Association, Inc teams do hereby give my,(our) approval and permission to his (her) permission in any and all activities of the association during the current season. I (we) do hereby release, absolve, indemnify and hold harmless your home league, Lexington Colts Youth Sports, Inc. its coaches, organizers, sponsors, supervisors, officers, the Mississippi Youth Football Association, its Commissioners, its Board and officers any and all of them in case of injury to said child. I (we) further agree that we will deliver and pick up said child to practices and games. I (we) further agree not to leave said child alone "before or after" practice or games. I (we) further understand and agree to assist the association as needed when called upon, especially during home games.

I (we) do further agree and understand that a fee of \$50.00 registration is required .

**ALERGIES or other medical
condistions** _____

Fathers Signature _____ Mothers Signature _____
Medical Release for emergency treatment of your child _____

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WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of (insert name of sports organization) athletic program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (insert name of sports organization) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

Note: This is a sample waiver form only. Final wording should be directed by the insured's legal counsel but must observe the principles represented within the above. The signed waiver/release should be kept on file by the sports organization for at least 7 years and possibly longer if the player has contracted a serious illness.

YOUTH PROGRAMS AND CAMPS DURING THE COVID-19 PANDEMIC



The purpose of this tool is to assist directors or administrators in making (re)opening decisions regarding youth programs and camps during the COVID-19 pandemic. It is important to check with state and local health officials and other partners to determine the most appropriate actions while adjusting to meet the unique needs and circumstances of the local community.

Should you consider opening?

- ✓ Will reopening be consistent with applicable state and local orders?
- ✓ Are you ready to protect children and employees at higher risk for severe illness?
- ✓ Are you able to screen children and employees upon arrival for symptoms and history of exposure?

ANY
NO



**DO NOT
OPEN**

Are recommended health and safety actions in place?

- ✓ Promote healthy hygiene practices such as hand washing and employees wearing a cloth face covering, as feasible
- ✓ Intensify cleaning, disinfection, and ventilation of facilities and transport vehicles/buses
- ✓ Encourage social distancing through increased spacing, small groups, and limited mixing between groups, and staggered scheduling, arrival, and drop off, if feasible
- ✓ Where feasible, adjust activities and procedures to limit sharing of items such as toys, belongings, supplies, and equipment
- ✓ Train all employees on health and safety protocols

ALL
YES



Is ongoing monitoring in place?

- ✓ Develop and implement procedures to check for signs and symptoms in children and employees daily upon arrival, as feasible
- ✓ If feasible, implement enhanced screening for children and employees who have recently been present in areas of high transmission, including temperature checks and symptom monitoring
- ✓ Encourage anyone who is sick to stay home
- ✓ Plan for if children or employees get sick
- ✓ Regularly communicate and monitor developments with local authorities, employees, and families regarding cases, exposures, and updates to policies and procedures
- ✓ Monitor child and employee absences and have a pool of trained substitutes, and flexible leave policies and practices
- ✓ Be ready to consult with the local health authorities if there are cases in the facility or an increase in cases in the local area

ALL
YES



ANY
NO

**MEET
SAFEGUARDS
FIRST**



ANY
NO

**MEET
SAFEGUARDS
FIRST**

**OPEN
AND
MONITOR**



ALL
YES

