

CEDAR HILL YOUTH FOOTBALL & CHEER

ACKNOWLEDGEMENT-WAIVER-CODE OF CONDUCT

PLAYER INFORMATION

1. First Name:	Last Name:	Middle Name:	Birthdate:
2. First Name:	Last Name:	Middle Name:	Birthdate:
3. First Name:	Last Name:	Middle Name:	Birthdate:
4. First Name:	Last Name:	Middle Name:	Birthdate:
TEAM			

AGREEMENT

I ACKNOWLEDGE AND AGREE TO THE TERMS OF THE CEDAR HILL YOUTH FOOTBALL & CHEER – ACKNOWLEDGEMENT- MEDIA USE/CONTENT- WAIVER- AND CODE OF CONDUCT. I ACKNOWLEDGE READING THE FORM’S COMPLETE VERBAGE AND CONTENT AS LISTED AT WEBSITE ADDRESS. I AKNOWLEDGE IT IS UP TO ME TO ACCESS THE WEBSITE ADDRESS TO READ AND GATHER UNDERSTANDING OF THE FORM WHICH IS ALSO LIST AT WEBSITE ADDRESS. I UNDERSTAND CHYFCO HAS A FORM AVAILABLE FOR MY VIEW. I UNDERSTAND I CAN DOWNLOAD THE FORM FROM WWW.CHYFCO.WEEBLY.COM

MY SIGNATURE IS MY AGREEMENT TO ABIDE BY THE WAIVER-MEDIA USE-CONTENT AND CODE OF CONDUCT. MY SIGNATURE IS MY ACKNOWLEDGEMENT. I UNDERSTAND FAILURE TO ABIDE BY AND SIGN THIS FORM WILL IMPEDE MY ABILITY AND CHILD’S ABILITY TO PARTICIPATE IN CEDAR HILL YOUTH FOOTBALL AND CHEER ORGANIZATION. “PARTICIPANTS WITH THE CHYFCO LONGHORNS” I’M UNDERSTAND MY CHILD/PARTICIPANT IS NOT ALLOWED TO JOIN A TEAM WHICH PLAYS IN CHYFCO FOR THE 2016 FOOTBALL SEASON AND UNDERSTAND MY CHILD/PARTICIPANT WILL HAVE TO SIT OUT ONE YEAR PRIOR TO JOINING ANOTHER CHYFCO TEAM. I UNDERSTAND MY CHILD/PARTICIPANT WILL HAVE FIRST OPPORTUNITY TO REGISTER FOR THE UPCOMING 2016 FOOTBALL SEASON WITH THE CHYFCO LONGHORNS. THERE WILL BE PERIOD FOR RETURNING PLAYERS/PARTICIPANTS TO REGISTER PREVIOUS TO ALL OTHER REGISTRANTS

VOLUNTEER / PARENT INFORMATION

1. First Name:	Last Name:	DATE:	SIGNATURE
2. First Name:	Last Name:	DATE:	SIGNATURE