

# GREAT PLAINS YOUTH FOOTBALL LEAGUE

## Parental/Guardian Consent & Pledge Form

### 2020 Season



#### PARENT OR GUARDIAN CONSENT

I, the parent or guardian of the below named player for the Great Plains Youth Football League, hereby give my approval for his/her participation in any and all team or league activities during the current season. I assume all risk and hazards incidental to such participation including transportation to and from activities.

Any player participating in the Great Plains Youth Football League who has a pre-existing condition, been diagnosed with a pre-existing condition, or believes they may have a pre-existing condition, must provide Great Plains Youth Football with a medical release note or form from a licensed medical physician in order to participate in games in the Great Plains Youth Football League. Pre-Existing conditions requiring a licensed medical physicians release include, but are not limited to, asthma, head injury or concussion, immune system deficiency, diabetes, heart problems, Hemophilia, multiple sclerosis, or any injury which occurred prior to the start of practices or games, among others. I understand that, as the parent or guardian of the below named player, I am responsible for reporting, obtaining medical release documents and providing the Great Plains Youth Football League with medical release information pertaining to any pre-existing condition of the below named player. It is the duty and responsibility of the parent/guardian of participant to provide a medical release to the Great Plains Youth Football.

All information provided will be held confidential by the Great Plains Youth Football League and only those officials, including the Great Plains Youth Football League Board of Directors, the player's team coach and the local Program Leader will be made aware of pre-existing conditions. This is to help ensure the safety and well-being of your child.

By signing this form, I hereby waive, release, absolve, indemnify and agree to hold harmless the Great Plains Youth Football League, all program members, all officials, directors, organizers, coaches, and all board members of Great Plains Youth Football and member programs, including program member and organization leaders, administrators, directors, coaches, USA Football and Heads Up Football, LLC., of any liabilities and any and all injuries suffered by my child or any children that I have legal guardianship over through their participation in the Great Plains Football League. I agree to and grant permission to the team or league officials of the Great Plains Youth Football League to authorize and/or obtain medical care from a licensed medical personal, physician, hospital or medical care center (in my absence) should the player become ill or injured while participating in team or league activities. I grant permission to the commissioners of the league to obtain proof of age for my player from school records and/or bureau of vital statistics. I understand that Great Plains Youth Football does not provide Health Insurance for my child and that I am responsible for providing health insurance coverage and am responsible for any and all medical costs in the event of injury or illness to my child.

Parent/Guardian Initials: \_\_\_\_\_

#### PARENT PLEDGE AGREEMENT

The Head Coach for each team is responsible for the actions of his or her coaching staff and the parents and family members of their players. The game officials will not respond to anyone on the field or in the stands except the Head Coach. Great Plains Youth Football requires parents and spectators to act with dignity, maturity and integrity while a spectator at a Great Plains Football sponsored event or activity. Parents and spectators are expected to act as support mechanisms for the children on the field and are encouraged to cheer for all the players, coaches and officials. Parents and spectators are not allowed to make unsportsmanlike comments, profanities, complaints, or gestures, toward any coaches, players, officials or league representative while attending any Great Plains Youth Football sponsored events.

If an official feels they are being treated in an unsportsmanlike manner by a coach or a spectator, a penalty will be enforced and a 15-yard personal foul penalty will be assessed. At this point the Head Official will communicate to the Head Coach of the team violating the Parent Pledge Agreement why the penalty was assessed and stop the game clock for 1 minute so the Head Coach can address the problem. After 1 minute has elapsed, the Head Official will again talk to the Head Coach of the team violating the Parent Pledge Agreement to make sure the problem has been addressed.

If a second penalty occurs for the same team, regarding the same parent or spectator within the same game, the spectator will be removed from the game and the game suspended until the parent or spectator has left the field area. If another infraction occurs during the same game, the team violating the Parent Pledge Agreement will immediately forfeit the game. Additionally, any parent or spectator ejected from a game will not be allowed to attend that team's next league game.

By signing this document, I understand the Parent Pledge Agreement, agree to its' terms and the severity of the punishment to my child's team.

Parent/Guardian Initials: \_\_\_\_\_

#### CONCUSSION AWARENESS EDUCATION

In accordance with Nebraska Statute #LB260 and Iowa Section Code 280.13c, Great Plains Youth Football is required to provide concussion awareness information and educational materials to each player and their parent/legal guardian. Great Plains Youth Football has placed educational information meeting these requirements on our league website at [www.greatplainsfootball.com](http://www.greatplainsfootball.com). By signing this form, I hereby agree to access this information to become educated about concussions, symptoms, treatments and causes and return to play requirements. I also hereby agree that if I, a coach, or league official suspects that my child has suffered a concussion, I will provide a signed medical release statement from a licensed physician before my child is allowed to participate in further conditioning, practices or games in the Great Plains Youth Football League.

Parent/Guardian Initials: \_\_\_\_\_

Player Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Team/Program: \_\_\_\_\_  
(Printed)

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_