

Clinton Seahawks Registration Packet

2019

This check list is to help you prepare to register your child for contact football in Clinton. All items listed below are required for registration.

No partial registrations will be taken. REGISTRATION DEADLINE IS JULY 5th.
Late registrations will go on a waiting list and will not be guaranteed a spot on a team.

Participants Name: _____ Weight: _____

Birth Date: _____ Age: _____

- Registration Fee (\$110.00)
- Uniform Rental Agreement Signed
- Birth Certificate On file (if you played in Clinton last season)
- Proof of Insurance (copy of your current medical insurance card)
- Proof of Residence *
- Signed Participation Agreement
- Guardian Verification (drivers license or other government issued picture id)
- Current Physical (within the last 6 months – due at registration)

Additional forms may be necessary if last name on birth certificate does not match last name on utility bill i.e. marriage license, adoption papers, residency verification etc

IMPORTANT -- READ THIS BEFORE YOU SIGN YOUR CHILD UP

Player: Last Name _____ First Name _____

CLINTON/WFFL CONTACT FOOTBALL

Participation Agreement - 2019

Parents,

This will explain what is involved when signing up for contact football. You must read each item and sign this document before you will be allowed to sign your child up. Contact football through the Wasatch Front Football League, Inc. is different than any other organized sports program that has been offered in Clinton. We hope this information will help you to decide if contact football is right for your child. Thank you for your time and support of youth sports in Clinton.

- **FULL CONTACT SPORT:** Your son or daughter will be put through many drills that involve a maximum level of physical contact. We will provide safety equipment that has been NOCSAE certified, helmet, shoulder pads, pants and pads. Our equipment must be used. You will need to provide cleats, a mouth piece and athletic supporter. Uniform jerseys will also be provided, and may be kept by player. Jersey will have "Clinton" printed on the back. Many youth find that full contact sports are not what they are looking for after all. Because of this we will extend our refund policy. Refunds will be available up to, but not including, the first game. After the first game, NO refunds will be given.
- **PLAYING TIME:** WFFL league rules state that every child must play a minimum of 10 downs per game, (a down is one play, one snap or kick of the ball) this policy is voided if your child is placed on discipline, sick or injured. An injured child may not play at all. A child placed on discipline, sick or other may play at the coach's discretion, no minimum is required.
- **CONDITIONING:** Conditioning begins the week of July 29th (subject to change by the WFFL) and runs for 5 days. Each child is required to have 5 days of conditioning before they may begin full contact practices. This can not be missed. Each conditioning practice will be 45 minutes with 45 minutes of fundamentals, for a total of 90 minutes. Remember to provide water and suitable clothing for these practices. Minimum registration requirements must be met before practicing of any kind may begin. This includes, but is not limited to proof of insurance and current doctors physical.
- **PRACTICES:** Full contact practices will begin August 5th (date subject to change) provided your child has met the conditioning requirements. Full contact practices are 90/120 minutes. These practices are very important to your child and the coaches this is the only time they can practice together as a team. Parents, please limit your questions to the end of practice. Please do not interrupt a practice to talk with a coach unless there is an emergency. Players arriving late, leaving early or missing a practice may be placed on discipline. Practices can not be missed. It is important to your child that he/she learns all that is necessary to keep him/her safe in a team sport of this nature. Some coaches may be flexible with you for a very special or important event. But most require 100% attendance. It is the WFFL and Clinton City's policy to support the attendance policy.
- **DISCIPLINE:** A player may be placed on discipline for several reasons: Attitude, misconduct, arriving late or leaving early, missing practices and more. Please be considerate to your coaches and contact them if you know in advance of a scheduling problem, this usually helps, however if a child misses a practice, he/she may be placed on discipline. Being placed on discipline means that your coach will fill out a form that states why this child is on discipline. It is turned into the association director and signed.

This form must accompany the player to the playing field, so that the weight master can mark the player correctly on the roster. The coach may at his discretion play the discipline player, however he does not have to enforce the minimum 10 play requirement.

- **COACHES:** Coaches are carefully selected and trained. All coaches must pass a full background check and interviews by Clinton Association Directors as well as attend coaching clinics and seminars as required by Clinton City and the WFFL. They put in many more hours than you or your child will in preparation for the football season, and during the course of the season. Please be considerate of this fact. Football is a sport that requires discipline. Please support your coach, in this. If your child does not perform his/her responsibilities on the team correctly he/she may cause injuries to themselves and/or others.

- **LEAGUE RULES:** League Rules that make playing WFFL contact football different are:

Specific city boundaries: Player must live in a designated area to participate in a WFFL association. These are laid out in the league by-laws (www.wffl.com). To play in Clinton you must be a resident of Clinton or Sunset. Clinton and Sunset residents are also prohibited from playing in any other association.

Age and Weight Stipulations: The WFFL is very strict in their weight and age categories, if your child does not meet the league requirements he/she may not play. Participants will be placed by the Clinton association directors onto a team. Parents and coaches will NOT make this decision. We will not allow, sweating down, or starving a child to stay on a team. Each child will play in the appropriate division as determined by the association directors.

Weigh-in & Weight Masters: Every child will be weighed in approximately 30 minutes prior to the game. Each week your child must meet the weight requirements. A designated "Weight Master" will be available at each park, to weight the participants. This individual will have the power to remove any player who does not meet weight, or is found with illegal equipment. The weight master will monitor the plays, checking that each child receives the minimum plays when applicable.

- **PARTICIPATION AGREEMENT:** I acknowledge and agree to be bound by the WFFL bylaws, rules, regulations, policies and procedures as outlined in the current WFFL bylaws and constitution for the 2019 season, a copy of which may be obtained from my association director or found on the league web site www.wffl.com I understand that it is my responsibility to obtain a copy of the bylaws. By signing this document I hereby recognized and acknowledge that I will assume full responsibility for reading, understanding and adhering to all WFFL bylaws, rules, regulations, policies and procedures. In addition to the WFFL policies I agree to adhere to all Clinton Recreation rules, regulations, policies and procedures as may be applied to the Clinton football association from time to time. Which will include; concussion policies, minimum weights and acceptable behavior from players, parents and coaches.

Date _____

Signed _____
(Parent or legal guardian)

Relationship to the participant _____

**Uniform Rental/Usage Agreement
Contact Football**

THIS AGREEMENT is made this _____ (date)
between *Clinton City Corporation, of 1651 W 2300 N Clinton, Utah*, hereinafter called Owner,
and _____ (participants guardian),
of _____ (address),
_____ hereinafter called Renter.

Phone numbers: hm _____ wk _____ cell _____

PROPERTY DESCRIPTION

Helmet	Face Mask	Chin Strap	Helmet Pads & Inserts
Game Pants	Practice pants	Shoulder pads	Uniform Jersey
Other _____			

The Owner warrants that to the best of his/her knowledge and belief the aforesaid property is free of faults or deficiencies which would affect its safe and dependable operation under normal and prudent usage.

RENTAL PERSON

The Owner agrees to rent the above-described property to the Renter for a period of 4 months, beginning _____ (date) and ending _____ (date).

USE OF PROPERTY

The Renter further agrees that the rented property shall (1) not be used beyond any rated capacity; (2) shall not be used for any illegal purpose; (3) shall not be used in any manner for which it was not designed, built, or designated by the manufacturer; (4) will not be used in a negligent manner; (5) will not be operated by any other person without the written permission of the Owner; and (6) will not be removed from the designated area of use or operation.

AREA OF USE OR OPERATION

The Renter agrees to operate/use the above-described property only at the following location (s) or within the following described area (s): *Designated practice and game sites in Clinton and Sunset Cities and WFFL associations and its affiliates, designated practice and game fields during officially scheduled practice and game times.*

INSURANCE

The Renter hereby agrees that he/she shall fully indemnify the Owner for any and all damage to or loss of the rented property and any accessories or related equipment during the term of this Agreement whether caused by fire, theft, flood, vandalism, or any other cause, except that which

shall be determined to have been caused by a fault or deficiency of the rented property, accessories, or equipment.

DAMAGES

In the event of loss of or damage to the rented property and any accessories/equipment during the term of this Agreement, the Renter agrees to pay for repairs or replacement up to \$500.00 as determined by the Owner according to current retail prices. Any married person who signs this agreement expressly agrees that recourse may be had against his or her separate property for all obligations under this agreement.

RETURN OF PROPERTY TO OWNER

The Renter hereby agrees to return the rented property and any accessories/equipment to the Owner at 1651 W. 2300 N. Clinton (equipment shed) no later than _____ (date). A \$5.00 fee will be charged for every item that has not been cleaned and free of stickers, and if logo stickers have been removed from the sides of the helmets. If property is not returned by the above date a service fee of \$175.00 will be charged to the Renter. If said property and any accessories/equipment is not returned, legal action will be taken to secure said property and damages. Renter will pay for all legal fees, service fees, and repair or replacement costs incurred.

INDEMNITY

Renter will indemnify Owner against, and hold Owner harmless from, all claims, actions, proceedings, damages, and liabilities, including attorneys fees, arising from or connected with Renters possession, use, and return of the rented property.

TERMINATION OF AGREEMENT

It is mutually agreed that the Renter shall have the right to terminate this Agreement at any time by returning said property and any accessories/equipment in good condition, (ordinary wear and tear resulting from proper use of the property excepted) during the term of this Agreement.

CHOICE OF LAW

This Agreement shall be deemed to have been executed and entered into in the State of Utah and shall be construed, enforced and performed in accordance with the laws thereof.

EXCLUSION OF ORAL STATEMENTS

This instrument contains all the agreements of the parties. No oral or other statements shall be binding on either of the parties hereto.

IN WITNESS WHEREOF, the parties hereto hereby execute this Agreement.

Renters Signature

Date

Owners Signature

Date

W.F.F.L Physical Fitness Form

TO BE COMPLETED BY PARENT

Name of Participant: _____ Weight _____
Age _____ Birth date _____ Gender _____

CHECK IF CHILD HAS OR HAS HAD ANY OF THE FOLLOWING

- | | | |
|----------------------------|------------------------|----------------|
| Rheumatic Fever | Shortness of Breath | Epilepsy |
| Skin Conditions | Heart Murmur | Fainting |
| Chronic Cough | Heart Disease | Hernia |
| Tuberculosis | Broken Limbs | Back Pain |
| Poor Vision | Back Deformity | Headaches |
| Wears Glasses | Stomach Pain | Pneumonia |
| Hearing Loss | Kidney Trouble | Asthma |
| Frequent Nose Bleeds | Frequent Constipation | Hay Fever |
| Frequent Nose Infections | Liver Trouble | Diabetes |
| Frequent throat Infections | Un-descended Testicles | Mental Illness |

Other (list) _____

List Current Medicines _____

List Operations _____

List Hospitalizations _____

I understand this is not a complete physical
LEGAL GUARDIANS SIGNATURE _____

TO BE COMPLETED BY PHYSICIAN

Blood Pressure _____ Pulse _____ Weight _____
Urine: Albumin _____ Sugar _____
Lungs _____ Heart _____ Hernia _____
Back _____ Extremities _____

Physical Fit ? YES NO

If NO, reason: _____

Eligible to play W.F.F.L Football YES NO

Physicians Signature _____ Examination Date: _____

For office use only

Franchise: Clinton City Division _____ Coach Name _____