

# GOLD COAST YOUTH FOOTBALL LEAGUE

PLAYER CONTRACT SEASON: **2025** CHAPTER: **SAUGUS SPARTANS**

**PLEASE READ CAREFULLY – OTHER THAN SIGNATURE/PLEASE PRINT ALL INFORMATION**

Section I. No Participant will be permitted to take part in any league activity prior to all information on this form being completed.

“I will faithfully keep and abide by the following rules and carry them out to the best of my ability.”

1. I agree that I will maintain at least a “C” average through out the school year.
2. I will play ANY position assigned to me and will always do the best for my team.
3. When my team is not playing, I will stay off the playing field completely and will not interfere with those playing.
4. I solemnly pledge that I will not in any way damage or deface any property, building, or equipment.
5. I agree to abide by all decisions of game officials and will not create any un-sportsmanship like gestures at any time.
6. I agree that I will refrain from using any foul language.
7. I agree that I will remain a member of the team until properly released.
8. I agree to return, upon request the uniform and all equipment issued to me, in good condition as received except for normal wear.

Place Photo Here  
Inside the Boundaries

  
  

Photo will be taken by the  
Chapter

Player’s Full Name – Last, First, Middle Initial		Date
Street Address		Email Address
City, Zip		Home Phone Number
Emergency Contact (Name)		Emergency Contact (Phone #)
Player’s Grade This Fall (August)	Age as of 7/31 This Year	Player’s Date of Birth

GCYFL CERTIFICATION ONLY

Paperwork: \_\_\_\_\_

Weight: \_\_\_\_\_

Only Football Players need to complete status, weight and division information

New Player?      Yes            No            Weight (at sign ups)     

Last Season's Division            This years assigned division based on Registration Information      (Circle One)      MM      Bant      Fresh      Soph      JR      Senior

**Section II. Risk Warning – Informed Consent.**

GCYFL is concerned about the health and welfare of all participants. Although there are low rates of incidents and accidents for youth participating in athletic activities, we feel that you should be aware that the safety equipment and protective gear, “Cannot guarantee it will prevent all injuries”. For the protection of your child pre-participation examinations are required before any participating may begin. Joining an athletic team is a privilege, not a right.

I have been advised of the risk of sports, I realize that my child may be at an extra risk due to the following medical conditions:

List any Condition(s): \_\_\_\_\_

I Have Read and Understand the Above: Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section III. Parental Consent & Medical Treatment Authorization.**

I/We the parents/guardians of the above named participant, hereby give my/our approval for participation in any and all GCYFL & Local Chapter activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from such activities; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the local team, chapter, league, and other organizations this football program is affiliated with, the organizers, sponsors, supervisors, coaches, and other participants, and persons transporting my/our child to and from such activities or games for any claim out of injury to my/our child.

The League has “Secondary Excess Accident Medical Group Insurance Coverage” only, over any valid collectable coverage provided by the parent’s separate personal or employee’s dependent group insurance.

In executing the forgoing release, I/We the undersigned acknowledge and represent that (A) I/We understand that any claim for injury must be reported to the players coach and/or an authorized organization/GCYFL official within 30 days of the injury. (B) I/We understand that any monies I/We paid to the team/Chapter our child is affiliated with, does not constitute a premium payment for insurance coverage.

Name of our Personal or Group Insurance Carrier is: \_\_\_\_\_ Group # \_\_\_\_\_ Plan # \_\_\_\_\_

I/We hereby grant authority to a qualified Doctor of Medical or Physician such medical treatment, as said Doctor or Physician deems necessary under the circumstances.

\_\_\_\_\_  
Parent/Guardian Signature      \_\_\_\_\_      Print Name      \_\_\_\_\_      Relationship      \_\_\_\_\_      Date

Chapter USE Only	Fees: Paid      (Circle One)      Cash      Check #      _____      Amount      \$      _____      Balance Due:      \$      _____
	Credit Card