2011
DE SOTO YOUTH FOOTBALL
AND CHEERLEADING ASSOCIATION

KAW VALLEY FOOTBALL AND CHEERLEADING

WAIVER FORM

PLAYER INFORMATION

Player Name: _____
(LAST) (FIRST)

Age: _____ (as of 9/1/09) Grade: _____ (2009 school year).

My signature acknowledges I am the parent or legal guardian of the above listed minor. I understand that the above named minor will be participating in a program run through the De Soto Youth Football Cheerleading Association ("DYFCA"), as a league member of Kaw Valley Football and Cheerleading ("KVL"), an affiliate of NYSSO.

I understand that medical insurance is not provided with DYFCA or KVL programs. I release the DYFCA and KVL from any and all liability whatsoever resulting from participation in KVL activities. I authorize those in attendance to act according to their best judgment in emergency situations requiring medical attention.

I hereby waive and release the NYSSO, KVL, and DYFCA its staff, agents, sponsors, and/or coaches from any and all liability that may occur from accident, injury or illness sustained by my son/daughter during participation in these activities. I understand that photographs taken of all NYSSO, KVL or DYFCA events may be used by such organizations for brochures, promotions and advertising without any further permission.

I acknowledge all information and waivers contained herein.

_____ _____
Parent/Guardian Signature Date