

SUNDANCE YOUTH FOOTBALL



Mission and Purpose:

Sundance Youth football under the city of Sundance recreational department is an organization aimed at offering the youth of Sundance an opportunity to participate in an instructional football program. Our focus is on helping our youth build character, sportsmanship, responsibility, self-confidence, and how to work as a team in a positive and safe environment. Our goal is to teach fundamental football with an emphasis on developing proper techniques. We strive to provide opportunities for all participants to develop individual skills while also continuing to work in a competitive team environment. It is very important to Sundance Youth Football program that as an organization we are guiding our athletes to becoming positive contributors to our community and teams.

Coaching Staff: Sundance Youth Football coaches are completely volunteer based. If you are interested in helping feel free to contact any of the current coaches.

Fee: 1st-2nd: \$25 3rd-5th: \$35
Checks can be payable to City of Sundance.

Equipment Replacement cost if not turned in. Total Cost: \$365

Helmets: \$125

Shoulder Pad: \$100

Practice pants with pads: \$40

Game/Practice Jersey: \$50

Equipment Bag: \$50

Games/ Tournament: Parents are responsible to get players to games or make arrangements for them. Schedule may change due to weather or other conflicts; changes will be addressed at practice by coaches and is responsibility of the student to relay the information to the parent and also will posted on the BAND App and Facebook page.

SUNDANCE YOUTH FOOTBALL



FLAG: 1st -2ND

TACKLE: 3rd-5TH GRADE

We are excited to start another year of SUNDANCE YOUTH FOOTBALL! Here are a few notes and reminders.

❖ **Registration cost is 1st-2nd: \$25 and 3rd-5th-\$35**

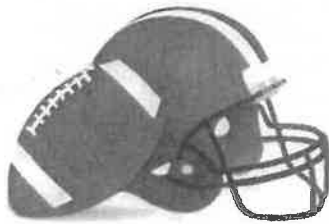
Checks can be payable to City of Sundance

- ❖ **First Practice is August 24th after school-5:30 for 3rd-5th and after school-5:00 for 1st-2nd grade. We are working on finalizing the schedule. We will practice twice a week. Scrimmages will also be during the week. We will have a tentative schedule the night of registration.**
- ❖ **Players are asked to meet in the elementary gym on practice days so we can all go together over to the field. We have volunteers willing to walk the group over.**
- ❖ **We are working on scheduling games so please be patient if the schedule does change. We have to coordinate with other towns plus making sure our coaches are available. This season for 3rd-5th we are looking to coordinate hopefully one or two games with Newcastle and one or two scrimmages as a team. 1st and 2nd will have two scrimmages as a team.**
- ❖ **Communication will be sent through the **BAND app**. We have set up a new account.**

Please go to the <https://band.us/n/a8a098zdVfO3g> to sign up or download the app. All communication of changes in schedule, important events, or any reminders will be sent through this app. We will also post the same information on the Sundance, WY Youth Sports FB Page.



- ❖ **Facebook Page: Search for Sundance, WY Youth Sports**
- ❖ **Coach's Contact: Reggie Gaylord 290.0002 and Heidi Mills 746.8130**



Sundance Youth Football
City of Sundance



Child's Name: _____ Birthdate: _____ Grade: _____

Parent/Guardian Name(s): _____

Physical Address: _____

Mailing Address: _____

Mother/Guardian Work Phone: _____ Cell Phone: _____ Home Phone: _____

Email address: _____

Father/Guardian Work Phone: _____ Cell Phone: _____ Home Phone: _____

Email address: _____

Child's Cell Phone: _____

Emergency Contact and Pickup Permission (someone other than primary guardian):

Names and Phone number(Best reached during the day):

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Does your child have Health and accident insurance? Yes or No

Please list Allergies/Special/Medical/Other Needs:

X _____

Please sign for Medical Permission: In case of an emergency, the staff of Sundance Youth Football has my permission to take my child to the Emergency Room for any necessary treatment.

X Parent Signature: _____ **Date:** _____

**SUNDANCE YOUTH FOOTBALL
UNIFORM CONTRACT**

NAME: _____

I agree to return the uniform and equipment back to the Sundance Youth Football at the end of the season.

If not returned or if there is damage to the equipment/uniform, I will reimburse Sundance Youth Football for the uniform at the cost listed on our information sheet. I also agree to follow the care instructions on the uniform to prevent damage during washings.

Care instructions:

1. WASH ON DELICATE
2. DO NOT USE FABRIC SOFTENER
3. DO NOT PUT IN THE DRYER

PARENT SIGNATURE: _____

PARENT PHONE NUMBER : _____

DATE: _____

SUNDANCE YOUTH FOOTBALL

Parent/Guardian Contract

The Sundance Youth Football will strive at all times to exhibit good sportsmanship on and off the field. Respect for others, a positive attitude, and exemplary behavior are a must for all involved. Therefore all parents will agree to follow certain code of conduct. This code will be in effect for all practices, travel, and games for the season.

1. I will maintain a positive attitude and emphasize the cooperative nature of the sports.
2. I will encourage hard work and honest effort that will lead to improved performance and participation.
3. I will encourage and respect officials and coaches and their integrity.
4. I will be supportive of all attempts to remove verbal and physical abuse from organized youth football activities, including inappropriate language.
5. I will make sure that my child makes it to practice and games on time, communicating with the coach if this is not going to be possible.
6. I will be complimentary of my child and other team members and their play.
7. I will encourage my child to follow the coach's plan and follow their direction.
8. I will encourage my child to communicate with his/her coach in regard to his/her play expectations, frustrations and problems.
9. I will support and encourage my child's coach, communicating any problems or concerns with the coach in a professional, adult manner.

I/We have read and understand the above code of conduct and agree to follow the above code of conduct.

Parent/Guardian Signature

Date

SUNDANCE YOUTH FOOTBALL

Player Contract

The Sundance Youth Football Players will strive at all times to exhibit good sportsmanship on and off the field. Respect for others, a positive attitude, and exemplary behavior are a must for all team members. Therefore all players will agree to follow certain code of conduct. This code will be in effect for all practices, travel, and games for the season.

1. I will exhibit respect toward anyone with whom I come in contact. This means there will be no verbal or physical abuse toward any coach, player, official, worker, parent or patron from this or any other club, or tournament.
2. I acknowledge that my attendance and attitude may effect my playing time.
3. I will not fight, curse or participate in inappropriate yelling or screaming.
4. I will not engage in any inappropriate running, chasing or horseplay at practices or games.
5. I will remember that I am a representative of my club and will not engage in behaviors that would reflect negatively on the Sundance Youth Football, my coach or my team members.
6. I acknowledge that I am part of a team and that I will attend all practices and games. I realize that if I do not, that I am letting down all team members of the team and realize that abuse of this could result in decreased playing time.

I have read and understand the above code of conduct. I understand that I will be expected to follow the above code and fully agree to do so.

Player's Signature

Date

Sundance Youth Football Parents/ Guardians
Agreement of Waiver of Liability, Indemnification &
Medical Release and Photo Release

Said undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees on behalf of the participant and his/her executors, administrators, heirs, next of kin, successors, and assigns, to:

- a. **UNDERSTAND AND AGREE** that the risk of injury from the activities involved in Sundance Youth Football, hereinafter SYF, are significant due their physicality, aggressive nature, including but not limited to the potential and risk of the following: (1) falls, sprains, ligament damage, broken bones, paralysis, neck/spine and back injury, and even sudden death; (2) intentional and unintentional contact with other players or coaches; (3) injuries associated with extreme heat, humidity, cold and other uncertain weather conditions inherent in a game played outdoors; (4) concussions and head and brain injuries.

I FURTHER UNDERSTAND AND AGREE that while particular rules, training of all concerned, properly fitted and certified helmets and equipment may reduce these risks, the risk of serious injuries still exists. The uncertainty and risks of injury are significant since SYF and its member Teams, including its Board and coaches, are operated by many volunteers and untrained persons with limited resources, training and abilities.

I UNDERSTAND AND FREELY ASSUME ALL RISKS, both known and unknown, and assume full responsibility as a coach, or parent/guardian of the minor child below in accordance with Wyoming's Recreational Safety Act, Wyo. Stat. Ann. & 1-1-121 et seq.

- b. **UNDERSTAND AND AGREE** to comply with all of the stated, customary terms and conditions for participation by SYF and its Teams. If I observe at any time, a symptom of a concussion of any other health issue or hazard, I will remove myself or my child from participation immediately and notify the appropriate Team Board member/coach and SYF, I consent, for no compensation, to the use of my (or my child=s) name, likeness, image, picture, or videos in any advertising, promotion, or review by SYF and its member teams.

- c. **WAIVE, RELEASE, AND DISCHARGE** from any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which my hereafter accrue to participant and his/her estate, City of Sundance, its employees, and agents as well as the Sundance Youth Football program and its sponsors, officers, agents, and employees.
- d. **INDEMNIFY AND HOLD HARMLESS** City of Sundance, and its employees, and agents as well as the Sundance Youth Football program and its sponsors, officers, agents, and employees from and against any and all liabilities and claims made by other individuals or entities as a result of participant's participation or actions during this activity or event.

The undersigned further consents to and authorizes medical treatment to the participant, which may be deemed advisable in the event of injury, accident or illness during this activity or event.

This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

By signing, I allow league or camp photos of my child to be used on social media outlets by City of Sundance and Sundance Youth Football.

I, the undersigned, acknowledge that I have read, understand, and agree to the above release and waiver.

Player/ Participant Name: _____

Parent/Legal Guardian Name: _____

Parent Signature: _____

Insurance Company: _____

Insurance Policy Number: _____

Date Signed: _____

Sundance Youth Football

Concussion Liability Waiver

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away

Symptoms may include one or more of the following:

- | | |
|--|---|
| <input type="checkbox"/> Headaches or "Pressure in head" | <input type="checkbox"/> Fatigue or low energy |
| <input type="checkbox"/> Drowsiness | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Nervousness or anxiety | <input type="checkbox"/> Blurred, double, or fuzzy vision |
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Sadness |
| <input type="checkbox"/> Amnesia | <input type="checkbox"/> Feeling sluggish or slowed down |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Repeating question or comment |
| <input type="checkbox"/> Neck pain | <input type="checkbox"/> Feeling foggy or groggy |
| <input type="checkbox"/> "Don't feel right" | <input type="checkbox"/> Sensitivity to light or noise |
| <input type="checkbox"/> More emotional | <input type="checkbox"/> Concentration or memory problems (forgetting game plays) |
| <input type="checkbox"/> Balance problems or dizziness | |
| <input type="checkbox"/> Change in sleep patterns | |

Signs observed by teammates/parents/coaches include the following:

- | | |
|--|--|
| <input type="checkbox"/> Appears dazed | <input type="checkbox"/> Is unsure of game, score, or opponent |
| <input type="checkbox"/> Can't recall events prior to hit | <input type="checkbox"/> Seizures or convulsions |
| <input type="checkbox"/> Answers questions slowly | <input type="checkbox"/> Moves clumsily, displays incoordination |
| <input type="checkbox"/> Confused about assignment | <input type="checkbox"/> Vacant facial expression |
| <input type="checkbox"/> Any change in typical behavior or personality | <input type="checkbox"/> Can't recall events after hit |
| <input type="checkbox"/> Slurred speech | <input type="checkbox"/> Shows behavior or personality changes |
| <input type="checkbox"/> Forgets plays | <input type="checkbox"/> Loses consciousness |

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and **may not return** to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and **received written clearance** to return to play from that health care provider.

You should also inform your child's coach if you think that your child may have a concussion. Remember it is better to miss one game than miss a whole season. **And when in doubt, the athlete sits out.**

For current and up to date information on concussion you can go to
<https://www.cdc.gov/headsup/youthsports/index.html>

I certify that:

- 1.) I have been provided with information on concussions in youth sports.
- 2.) I understand that on a yearly basis, the concussions in youth sports information sheet shall be signed and returned to the Sundance Youth Football by myself (or my parent or legal guardian if I am under the age of eighteen (18) years old) prior to my initiating practice or competition. If any player/participant is suspected of suffering a concussion or brain injury, the player will be removed from practice or competition and not returned to practice or competition until cleared in writing by a licensed health care provider trained in the evaluation and management of concussions (Medical Doctors, Doctors of Osteopathy, Advanced Registered Nurse Practitioner, Physicians Assistants, and Certified Athletic Trainers).

Signature of PARENT/GUARDIAN

Printed Name of Parent

Date

Signature of PLAYER

Printed Name of Player

Date

Homecoming Parade Permission Slip

I (Parent/Guardian Name)_____ give permission for (Student Name)_____ to ride on the Sundance Youth Football Float for homecoming. I understand and acknowledge that the coaches for Sundance Youth Football will pick up my child from Sundance Elementary School to ride on the float and then drop them back off at Sundance Elementary School after the parade is done.

Parent Signature:_____

Date:_____