



Mount Kisco
Junior Football League, Inc.
Post Office Box 181
Mount Kisco, New York 10549

Officers

Stanley Greene
President
Mike McLaughlin
Vice-President
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Board of Directors

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5th & 6th Graders:

The 2017 Football season is just around the corner and we are asking all players to sign up early so we can order any new equipment that we might need.

Practice will begin on Monday, August 14th at 4:00 pm to 6:00 pm at Leonard Park, Mt. Kisco. Practice will run Monday thru Friday until school starts. Please try to arrange vacation around this time.

Please fill out the enclosed forms & mail them along with your check for \$ 165.00 (Payable to Mt. Kisco Jr. Football League) to:

Mt. Kisco Jr. Football League
P.O. Box 181
Mt. Kisco, New York 10549

A copy of your birth certificate is a MUST!!

If any parents would like to assist with coaching, be on the Board of Directors, or if you have any questions, please call Mr. Greene at 241-1553.

OFFICIAL WEIGH-IN

115 lbs and less.....All Positions
116 – 145 lbsInterior Line Only
146 – 160 lbsOnly 1 can play at a time
161 and above Exception player

Thank you,

Stanley Greene

WYFBL Tackle Player Authorization Form

Grade 3/4 5/6

Player photo here (do not staple)

Town/Team _____
Head Coach _____
Player Name _____
Age of child as of September _____ Date of Birth _____
Grade as of September _____
Location of Weigh In _____ Date _____
Weight _____ X XX EX
Signature _____

Waiver

I state that my child/registrant is in satisfactory health with no specific health problems. As guardian for my child/registrant, I hereby acknowledge that I am aware of the risks involved in the sport for which I am registering my child/registrant and that by enrolling in the program, I am expressly assuming all risks. I agree that I have adequate medical insurance coverage if the risk of injury occurs. I also giving permission, in case of injury, for a coach to take my child/registrant to a hospital for treatment, including the evaluation of injuries, x-rays and needed care. I hereby release the Westchester Youth Football League, its Board and all volunteer coaches, employees and volunteers of any liability whatsoever in connection with any injuries my child/registrant may sustain as a result of participation in the program sponsored by the Westchester Youth Football League.

Parents Code of Conduct

I pledge to support my child's /registrants participation in youth sports by agreeing to the following: I will remember that youth sports are for the children. I will encourage good sportsmanship by behaving in a courteous manner and demonstrating positive support for all players, coaches and officials. I will place the emotional and physical wellbeing of the children ahead of any personal desire to win. I will demand an environment that is free from tobacco, alcohol and drugs and I will refrain from their use at all youth sports events. I will require my child to treat other players, coaches, fans and officials with respect. I acknowledge that I am accountable for my own conduct, as well as the conduct of those attending on my behalf or at my invitation. If at any point I have a concern about my child's wellbeing, I will privately contact my child's coach or a member of the organization running the sport and will follow the grievance procedures established by the organization running the sport. I will never air a concern on the field of play or in the presence of the children. I have read and understood this Parents' Code of Conduct and I acknowledge that failure to abide by it will result in my removal from an event and possible suspension from participation in The Westchester Youth Football League programs.

As legal parent/guardian of the participant described in this certification, I hereby verify by my signature below that all the information is true and accurate. I understand that falsifying any information in this document potentially endangers the reputation and financial status of the league as well as the health and safety of the players in the league. I understand that falsifying information may be subject to legal action. Your child is participating on a team that has players that may be older or one grade level above his own. I am aware of the risks and waive any liability with the Westchester Youth Football League, its Board Members or Volunteers. (Please check with your head coach or league Representative if you have any questions)

PLEASE PRINT CLEARLY

Parents Name _____

Parents Cell Phone _____

Parents Email _____

Parents Address _____

Parent Signature _____

Date _____

MT. KISCO MAROONS JR. FOOTBALL LEAGUE MEDICAL RELEASE FORM

Child's Name: _____
Last First M.I.

Address: _____
Street Town Zip

Home Phone: _____ Age: _____ Date of Birth ____ / ____ / ____

Mother/Guardian's Name: _____ Work #: _____

Father/Guardian's Name: _____ Work #: _____

IN CASE OF EMERGENCY CONTACT:

Name: _____ Phone #: _____

Relationship to Player: _____

Any allergies or medical problems? _____ Explain: _____

Medicines child is taking (if any): _____

Child's Doctor: _____ Phone #: _____

Parent's Doctor: _____ Phone #: _____

Insurance Company: _____ ID #: _____

I authorize an adult of the Mt. Kisco Maroons who resides in the State of New York to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the above named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the Continental United States, when the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful.

Mother/Guardian's Signature: _____ Date: _____

Father/Guardian's Signature: _____ Date: _____