



VOLUNTEER & COACHING APPLICATION

Year	Region	Host Organization:
First Name	Middle Name	Last Name
Date of Birth	Drivers License or ID #	State Of Issue
Cell Phone:	Home Phone:	
Address		State/Zip

Email Address

Primary Title	Secondary Title
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Physical Examination I, the Volunteer, believe to the best of my knowledge that I can withstand the rigors of a football or cheerleading season. I, the Volunteer, believe there is nothing physically/mentally wrong with me. I, the Volunteer, hereby state that I will participate in the upcoming season **without** a physical examination which is recommended by TYFA. I assume all risks and hazards incidental to such participation without a physical and do hereby waive, release, absolve, indemnity and agree to hold harmless, TYFA, the host organization, the sponsors, supervisors, participants, volunteers and any other persons involved in TYFA.

Insurance YES I, the Volunteer am covered by my own Health/Injury Insurance. NO I, the Volunteer, do not have my own Health/Injury insurance coverage. I assume all risks and hazards incidental to such participation without Health/Injury insurance coverage and do hereby waive, release, absolve, indemnity and agree to hold harmless, TYFA, the host organization, the sponsors, supervisors, participants, volunteers and any other persons involved in TYFA.

Volunteer Understanding YES NO My picture or likeness may be displayed on the TYFA/host organization websites. I understand that football as well as cheerleading is a dangerous sport that may result in serious injury or even death. I assume all risks and hazards incidental to such participation including transportation to and from such activities, and I do hereby waive, release, absolve, indemnity and agree to hold harmless the Texas Youth Football Association (TYFA), the Host Organization, the sponsors, supervisors, participants, volunteers and persons transporting my child to and from activities for any claim arising out of injury to my child.

Conduct: I understand that I am expected to conduct myself in a civil manner at all Texas Youth Football Association (TYFA) events, and failure to do so could result in expulsion from the event by the host organization and or League officials. **I understand that the consumption of alcohol and tobacco products is strictly prohibited at TYFA games and events as is the use of profanity or inappropriate gestures.**

Medical Treatment Authorization: In the event of injury to myself, I hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances.

Equipment Liability: I understand that I am responsible for the return of all equipment issued to me by the organization. The equipment will be returned clean and in good condition to the host organization. And that I will be responsible for reimbursement to the host organization any cost of lost or excessively damaged equipment.

Background/Sexual Offense Check: As a condition of volunteering, I give permission to TYFA and my host organization to conduct a background check. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on the check. I hereby release and agree to hold harmless from liability, TYFA, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, TYFA is not obligated to appoint me to a volunteer position. If appointed, I understand that prior to the expiration of my term; I am subject to suspension and removal by the Executive Board for violations of TYFA policies and principles.

I have read and understand everything on this form. My signature shows my acceptance to all items on this form.

Volunteer Signature	Date
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