



CYFA

Player Protection Agreement

Claremore Youth Football Association

I, _____, Parent / Guardian
of, _____,
do agree and give permission to CYFA to allow my son / daughter to participate
for the _____ season on the team of _____
(Year) (Grade, Color, Coach)

Once this agreement is handed in to the CYFA Office, it will be considered complete and both the parent and head coach will be bound to the agreement for the duration of the season.

No player can be protected if he / she played on a different CYFA team the previous year. All applications will be screened and confirmed by the Board of CYFA.

Both signatures of Head Coach and Parent / Legal guardian must be contained on this agreement.

Head Coach

Parent / Legal Guardian

CYFA USE ONLY

Approved By CYFA Official: _____ Date: _____
Entered into Database By: _____