

EAST COUNTY YOUTH FOOTBALL (2025)

Candidates Name: _____
Candidates Address: _____
Home Phone Number: _____ Alternate Phone Number: _____
Email: _____

Division:

☐ JR PEE WEE ☐ PEE WEE ☐ JR. VARSITY ☐ VARSITY

The parent/guardian whose signature is listed below, certifies that the equipment checked below has been issued to their candidate and they agree to return all equipment listed at the end of the season or sooner if the candidate quits or fails to make the team. It is understood that the equipment is not to be altered in any way, with the exception of the face mask which may be switched with an approved face mask purchased by the candidate. The original mask must be returned attached to the helmet. No candidate shall receive duplicate pieces of equipment (extras). Any equipment damaged during normal use will be replaced at no cost. Equipment that is damaged due to neglect, misuse, or that is lost, will be paid for at the price listed below before another one is issued.

No candidate will be allowed to participate without a complete set of equipment.

ITEM	REPLACEMENT COST	SIZE	ISSUED	RETURNED	LOST	DAMAGED
Helmet	\$300					
Shoulder Pads	\$150					
Practice Jersey	\$30					
Red Game Jersey #	\$85					
Red Game Pants	\$75					
White Game Jersey #	\$85					
White Game Pants	\$75					
Total	\$800					

I WILL USE MY OWN: HELMET SHOULDER PADS

***YOU MAY NOT USE YOUR PERSONAL EQUIPMENT UNTIL YOU HAVE COMPLETED AND SUBMITTED THIS FORM TO EAST COUNTY YOUTH FOOTBALL.**

On my own behalf, and on behalf of the child I am registering, I release East County Youth Football, herein known as ECYF, and its Board, insurers, and agents from all liability or responsibility for injury caused by or related to ECYF equipment, including equipment provided to my child and other candidates. I understand all candidates participating in football are required to wear helmets during all practices and games. ECYF provides helmets for use by all candidates participating in football, but ECYF makes no warranty for the use of any equipment provided, including helmets; the only warranties are those that may be provided by the manufacturer. If I choose to provide my child with his or her own helmet, I fully release ECYF and its Board, insurers, and agents from all liability or responsibility for injury caused by equipment I provide and certify that the equipment or helmet meets National Operating Committee on Standards for Athletic Equipment (NOCSAE). ECYF reserves the right, but is not required, to inspect helmets and other safety equipment, regardless of who provided the equipment. Players with defective equipment must notify ECYF as soon as practical so replacement equipment may be issued.

Equipment Deposit Amount **\$500.00**

As the parent/guardian of the candidate listed above, I the undersigned do agree to the terms herein outlined.

CHECK NUMBER: _____

Volunteer Deposit Amount **\$450.00**

CHECK NUMBER: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guarding Print Name: _____

Both checks will be returned when all equipment is returned, and volunteer time has been completed.