



ATTENTION!

Completion of the SDYFCC Participation Contract and the SDYFCC Physical Form does not guarantee placement in any Association or on any team/squad.

The original and two copies of the forms must be taken to your Associations regularly scheduled registration dates.

Three copies of the final report card and copies of utility bills (i.e. Phone Bill-SDG&E-Cable or Satellite) for address verification are also required.

Check your Associations website for the date, time and place for scheduled dates, and to see if there are other documents that may be required by your Association for completion of the Registration process.



FOR OFFICIAL USE ONLY

San Diego Youth Football and Cheer Conference
Members of American Youth Football, Inc. an NFL Youth Partner

200__ Season Contract Football Cheer Color: _____
DIVISION (CIRCLE ONE): F MM JPW PW JM M UNL

Place 1x 1
Picture Here

Certified Weight

Executive Director

ASSOCIATION NAME: _____

SECTION I: NO CANDIDATE WILL BE PERMITTED TO PARTICIPATE IN ANY ACTIVITY UNTIL ALL PAPERWORK IS COMPLETED IN FULL

LEGAL NAME: _____ DATE OF BIRTH _____ Age _____
LAST (PRINT) (AS ON BIRTH CERTIFICATE) FIRST (AS OF JULY 31ST)

ADDRESS: _____ CITY: _____ ZIP: _____ PHONE: _____

School _____ Fall Grade _____ Emergency Contact Name: _____ Phone: _____

Medical Insurance Co Name: _____

Section II PARENTAL CONSENT

I/WE THE PARENTS/LEGAL GUARDIANS OF THE ABOVE NAMED CANDIDATE FOR A POSITION ON A SDYFCC TEAM/SQUAD HEREBY GIVE MY/OUR APPROVAL TO PARTICIPATE IN ANY AND ALL SDYFCC ACTIVITIES DURING THE CURRENT SEASON. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES AND WE DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE LOCAL TEAM, THE RESPECTIVE ASSOCIATION AND THE CONFERENCE, NATIONAL AFFILIATE, THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS, AND PERSONS TRANSPORTING MY/OUR CHILD TO AND FROM ACTIVITIES, FOR ANY CLAIM ARISING OUT OF INJURY TO MY/OUR CHILD. I/WE HEREBY AUTHORIZE AND DIRECT THE TEACHERS AND/OR ADMINISTRATORS OF ANY SCHOOL EVER ATTENDED BY MY/OUR CHILD TO RELEASE ANY AND ALL INFORMATION CONTAINED IN SAID SCHOOLS RECORDS IF REQUESTED BY THE ASSOCIATION PRESIDENT, ELIGIBILITY DIRECTOR OR THE EDUCATION DIRECTOR OF THIS CONFERENCE. IN CONSIDERATION OF MY/OUR MINOR CHILD TO PARTICIPATE IN THE SDYFCC PROGRAM, RELATED EVENTS AND ACTIVITIES, I GIVE MY PERMISSION THAT MY CHILDS LIKENESS MAY BE PHOTOGRAPHED OR VIDEOTAPED AND THAT SUCH IMAGE MAY BE PUBLISHED IN ANY OUTLET USED TO PROMOTE OR PUBLICIZE THE ASSOCIATION OR CONFERENCE FLAG, TACKLE OR CHEER PROGRAMS. I/WE WILL BE FINANCIALLY RESPONSIBLE TO THE RESPECTIVE ASSOCIATION FOR EQUIPMENT/UNIFORM ISSUED TO MY/OUR CHILD FOR LOSS OF SAID EQUIPMENT AND I/WE WILL REIMBURSE THE ASSOCIATION.

SECTION III INSURANCE STATEMENT

I/WE UNDERSTAND THAT MY/OUR INSURANCE IS PRIMARY AND ANY SDYFCC INSURANCE BECOMES SECONDARY. (IF YOU HAVE NO INSURANCE SDYFCC INSURANCE IS THE PRIMARY CARRIER, DEDUCTIBLE MAY APPLY PLUS YOUR PORTION OF THE CHARGES)

SECTION IV PARENTAL MEDICAL TREATMENT AUTHORIZATION

IN THE EVENT OF INJURY OR ILLNESS TO MY/OUR CHILD (LEGAL NAME ABOVE IN SECTION I) I/WE HEREBY GRANT AUTHORITY TO A QUALIFIED PHYSICIAN TO RENDER SUCH MEDICAL TREATMENT AS SAID PHYSICIAN DEEMS NECESSARY UNDER THE CIRCUMSTANCES.

SECTION V HELMET WAIVER (FOR FOOTBALL PARTICIPANTS)

WE ACKNOWLEDGE AND WE UNDERSTAND THE RISKS INVOLVED IN OUR CHILD PLAYING FOOTBALL, WHICH IS A COLLISION SPORT; THE NCSAE COMMITTEE HAS ADOPTED THE FOLLOWING WARNING TO BE READ BY AND SIGNED BY THE PARENT/GUARDIAN. "DO NOT USE THIS HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER. THIS IS IN VIOLATION OF FOOTBALL RULES AND CAN RESULT IN SEVERE HEAD, BRAIN OR NECK INJURY, PARALYSIS OR DEATH AND POSSIBLE INJURY TO YOUR OPPONENT. THERE IS A RISK THAT THESE INJURIES MAY ALSO OCCUR AS A RESULT OF AN ACCIDENTAL CONTACT WITHOUT INTENT TO BUTT, RAM OR SPEAR. NO HELMET CAN PREVENT ALL SUCH INJURIES."

*****PARENTS(S)/GUARDIAN MUST INITIAL HERE X _____ PARTICIPANT MUST INITIAL HERE X _____

SECTION VI PARENT/LEGAL GUARDIAN ONLY (PROOF OF LEGAL GUARDIANSHIP REQUIRED)

I/WE AS PARENTS (OR LEGAL GUARDIAN) AGREE TO/AND UNDERSTAND SECTIONS I, II, III, IV, AND V OF THIS LEGAL DOCUMENT.

PRINT NAME _____ SIGNATURE _____ DATE _____

SECTION VII FOR OFFICIAL USE ONLY

Mothers Maiden Name from BC: _____ Original Birth Certificate Verified 2 Proof of Residency (Copies held by Association)

I certify that all required paperwork was completed in full Prior to this applicant's participation in any of the teams' activities.

President/Eligibility Dir or Cheer Dir. Signature: _____ Date: _____

THE PLAYER/CHEERLEADER LISTED ABOVE HAS BEEN GRANTED A BOUNDARY WAIVER AND IS A FREE AGENT FOR THIS SEASON ONLY. ASSOCIATION PRESIDENT OR APPROVED POINT OF CONTACT MUST SIGN.

President or POC Signature: _____