

SOUTHERN CALIFORNIA JUNIOR ALL AMERICAN CONFERENCE, INC.
2018 PLAYER'S SEASON CONTRACT
(PLEASE READ CAREFULLY)

Rev. 1/16

SECTION I

SCJAAFC Chapter APPLE VALLEY Team Name REBELS

CHECK STATUS NEW RETURNING

CHECK DIVISION: FLAG JR. MICRO MICRO JR. PEE WEE PEE WEE
 MIDGET CHEERLEADER

SECTION II

TO BE COMPLETED BY CANDIDATE PLAYER & PARENTS

NO CANDIDATE will be permitted to participate in any activity until SECTIONS II, III, and VII of this Contract has been completed in full. The CANDIDATE PLAYER agrees that he will faithfully abide by the Rules of the SCJAAFC to the very best of his ability.

Last Name	First	Middle	Birth date	Age	School & grade
Address			City		Zip
Home phone number		Cell number Parent/Guardian	Cell number Parent/Guardian		Email address

SECTION III

EQUIPMENT RESPONSIBILITY

I/We as parent/guardian of said candidate do hereby assume full and complete for the proper care and maintenance of all equipment loaned by Local Chapter to said candidate. I understand all equipment is to be used for SCJAAFC activities only and that all equipment remains the legal property of Local Chapter. I agree to reimburse Local Chapter for any and all equipment that is lost, damaged or stolen for the full replacement cost of said equipment, with payment due when equipment is requested by Local Chapter, or immediately upon the withdrawal of said candidate from Local Chapter.

RULES AND REGULATION

I/We as parent/guardian of said candidate understand it is the responsibility of the parent/guardian, candidate, team and chapter to comply with any and all rules and regulations of SCJAAFC and Local Chapter. Any noncompliance with rules and regulations shall be cause for disciplinary action to be taken against said candidate, parent/guardian, team or chapter by SCJAACF

SCJAAFC.PARENT/GUARDIAN: **Signature** _____ **Print Name** _____ **Date:** _____

CHECK **RELATIONSHIP TO MINOR** FATHER MOTHER LEGAL GUARDIAN (LEGAL PROOF ATTACHED)

SECTION IV

PROOF OF AGE (to be completed by Athletic Director)

FULL Legal Name: _____ Birth date _____
(No Nicknames) (Please print!) (Month, Day, Year)

Proof of Age: Birth Cert Abstract Gov't ID Record of foreign birth School Record

SECTION V

FOR RESPONSIBLE CHAPTER AND TEAM OFFICIALS ONLY

In approving the above Candidate's Player Season Contract, we hereby certify that the Birth Certificate/ Proof of Age submitted does correspond with the name and birth date shown in Sections II and IV. In addition, we hereby certify that the Parental Consent and the attached Medical Treatment Authorizations, was completed, and, together with the Medical Examination, was completed by the qualified Doctor of Medicine listed, prior to the Candidate's participation in any manner with this team. We certify that we have explained fully the procedures to follow in the event of injury, and that injury/insurance reporting must be performed in accordance with SCJAAFC rules and procedures. Finally, we certify that a copy of the Player Season Contract was furnished to the Parent(s) or Guardian, as applicable.

Responsible Chapter Official	Date	Certifying Team AD	Date
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Team/ Division/ Chapter	Team/ Division/ Chapter
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ABOUT THE CONFERENCE/LEAGUE INSURANCE COVERAGE

SECTION VI.

PARENTAL CONSENT

I/We the parents/guardians of the minor named in Section II Candidate for a position on a SCJAAFC Team, hereby give my/our approval to his/her participation in any and all SCJAAFC activities during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from such activities. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the team, the Chapter, and the SCJAAFC including sponsors and other related participants, for any injury to my/our child. SCJAAFC has advertising, modeling and photo copyrights.

MEDICAL TREATMENT AUTHORIZATION

The SCJAAFC has Secondary Excess Accident-Medical Group Insurance coverage, with a deductible amount for each injury incurred. The SCJAAFC group insurance is "**SECONDARY EXCESS COVERAGE**," over any valid collectable coverage provided by the parent's separate personal or employee's dependent group insurance. The SCJAAFC secondary group covers one year from date of first treatment, for each injury, with dental coverage, for sound natural teeth, including dental X-rays. Abdominal hernia and pre-existing conditions are excluded. In executing the foregoing release, I/we, the under- signed acknowledge and represent that I/we understand that any claim for injuries which arises out of our child's participation, must be reported to the Team or Chapter Officials "**IMMEDIATELY**". The insurance claim form must be filled out and delivered to the Conference Insurance Commissioner "**WITHIN 30 DAYS**" from the date of injury. I/We have read the foregoing release, understand it and signed it voluntarily.

THE NAME OF OUR OWN AND/OR EMPLOYMENT GROUP INSURANCE COMPANY IS:

POLICY NUMBER:

(IF NO INSURANCE, List Father's or Mother's Soc. Security No.)

In the event of injury to MY/OUR Child, I/We hereby grant authority to a qualified Doctor of Medicine to render such medical treatment as said Doctor of Medicine deems necessary under the circumstances. **PLEASE LIST ALL**

ALLERGIES

A. IMPORTANT NOTICE (State required "Disclosure" statement; C.I.C. Section 10270.2)

THIS IS AN EXCESS PLAN – The Medical Expense Benefit of this Plan (Program) is an "EXCESS" type benefit that picks up where other coverage leaves off. If you have any other individual, franchise, blanket or group (except automobile medical payments insurance) coverage which provides benefits of services for, or by reason of, medical or dental care or treatment, then this Plan (Program) will pay ONLY the medical expenses not provided or reimbursable under your other coverage. The premium for this Plan (Program) has been reduced, taking this into account.

If you have any other coverage, you should first submit you claim under that coverage. You should submit a claim under this Plan (Program) only if you have no other coverage or if your other coverage does not fully provide or pay for your medical care or treatment. Failure to submit the claim to your primary carrier can result in delaying payment by SCJAAFC insurance carrier.

B. The Conference/League insurance is "EXCESS" only. This means that the Parents/Guardians OWN INSURANCE MUST BE NOTIFIED OF THE INJURY. If the Parents/Guardians have insurance WITH PRE-PAID MEDICAL PLANS, such as Kaiser or Ross Loos, the injured person MUST BE TAKEN TO THE PRE-PAID MEDICAL FACILITIES, for treatment.

C. If insured's Parent's/Guardians HAVE NO OTHER 1st OR PRIMARY INSURANCE; the Conference/League group insurance may be used. BUT THERE IS A \$1000.00 DEDUCTIBLE FOR EACH INJURY.

D. The Conference/League group insurance PAYS ONLY TO THE HOSPITALS AND DOCTORS unless receipts are submitted showing proof of payment by Parent/Guardian to the Hospital/Medical Treatment center. The following forms are required to process the claim. 1. Insurance Claim Form. 2. Chapter AD report of injury. 3. Copy of Parent/Guardian Insurance card. 4. Hippa Form (on www.scjaaf.com). 5. Copy of any medical bills. 6. Copy of player's contract.

E. Any and all claims MUST be reported to your Chapter AD. The Chapter AD will then notify SCJAAF.

Name (Please Print)

Relationship to Minor (Parent or Legal Guardian)

Signature

Date Signed



ZERO TOLERANCE POLICY

This policy is to inform the participant and the parents of participants of the Apple Valley Rebels Youth Football and Cheer program of our "**Zero Tolerance Policy**". The Rebels' Board of Directors has given full discretion to coaches and board members to enforce this policy. The following will not be tolerated:

- Possession/consumption of alcoholic beverages, possession/use of illegal substances on the premises at any Association, League or Conference function, including home or away games, and practices or events where the children are present.
- Protesting a game official, judge or Commissioners decision in an aggressive demonstrative manner, or any behavior which might incite negative, violent or aggressive fan involvement.
- Use of abusive or profane language or actions at any time at any Association, League, or Conference function.
- Treatment of the program, board members, coaches, all children and adults while at any Association/League/Conference function with disrespect.
- Any physical violence, or verbal abuse or harassment towards any parent, coach, official, board member or player.

Failure to follow this policy will result in immediate dismissal from the event and/or season for a participant and/or his/her parents. Depending on the gravity of the incident, dismissal may be immediate for a participant or parent with the possibility of notification given to the local police departments and/or local recreation departments.

By signing below, I am representing myself and my entire family and/or any friends who may attend the event that my child is participating in. I will enlighten my friends & family and enforce this policy.

I acknowledge receipt of the Apple Valley Rebel's Zero Tolerance Policy. I will abide in accordance with the policy or risk dismissal of participation of my child/children.

(Player's Signature) (Date) (Print name)

(Parent's Signature) (Date) (Print name)

PHOTO RELEASE

I agree to give the Apple Valley Rebels, a chapter of the Southern California Junior All American Youth Football & Cheer Conference, permission to use photographs or video of my child in any publication, media release, promotional announcement or advertisement, electronic or otherwise.

I understand that such image is the property of the Apple Valley Rebels, and I agree that neither my child, nor I, will receive any compensation if such image appears in such publication, media release, promotional announcement or advertisement, electronic or otherwise, if the use or publication is directly related to or in support of the Apple Valley Rebels.

Parent/ legal guardian (signature) _____ Date _____



REFUND POLICY

The Board of Directors of the Apple Valley Rebels Football & Cheer Association hold a financial responsibility to all its members in upholding our mission and league standards. Decisions and expenses for every upcoming season occur months before players even step onto the practice field. In return, we ask that all of our families recognize their commitment to our program, and adhere to our refund policy outlined below.

- The \$100 deposit is **NON-REFUNDABLE**
- Refunds on the remaining balance will **ONLY** be issued for medical reasons or change of address. Requests for partial refunds up until equipment issue will require proper documentation **AND** board approval.
- There will be no refunds after equipment issue. **NO EXCEPTIONS!**
- **NO REFUNDS** on cheer uniforms will be issued after their scheduled uniform fitting date. **NO EXCEPTIONS!**

I, the parent or guardian of _____
(Player name)

agree to the terms of the Apple Valley Rebels Football & Cheer Association's Refund Policy.

(Parent signature)

(Date)



Cheer Pledge

Participating on our game or competition teams requires a full commitment from each team member. Attendance is vital to our choreography and stunt groups. Please review our league and/ or conference rules listed below with your child.

- Cheerleaders will not be able to participate in competition if they miss more than 2 scheduled Conference games (or 4 halves).
- **Competition** practices are mandatory! Girls who are absent to more than 2 **competition** practices (whether excused or unexcused), are subject to dismissal from their competition teams.
- In order to safeguard the hundreds of girls in attendance on the day of competition, no cheerleader will be allowed to leave early from our competition event. In doing so, competition teams will be subject to automatic disqualification and any fines that might be determined by conference.
- Anyone jeopardizing team participation or competition placement will be responsible for any imposed league fines, and face possible suspension from any future league activities for the rest of the current season.
- All cheerleaders must continue cheering for their game team during playoffs. Since playoff games are subject to single game elimination, attendance at each post-season playoff game is mandatory.
- If your game team has been eliminated in the playoffs, each cheerleader is required to continue cheering for a different team until all teams in our league have been eliminated.

We thank you for your support and commitment to the success of our girls and cheer program. By signing below, you are confirming your commitment to the team, and acknowledging the consequences of non-compliance outlined above.

Parent signature

Date

Player signature

Date

Jr All American of Southern California Conference
Mandatory Medical Release Form

Chapter Name Apple Valley Rebels Division _____

This form must be **dated AFTER March 23, 2018 or 4 months prior to first day of practice** and submitted to your Local Chapter. Section I must be completely filled out by the parent or legal guardian. Section II must be completed in its entirety ONLY by a duly qualified Doctor of Medicine, Doctor of Osteopathy, Nurse Practitioner, or Physician's Assistant. **A Doctor of Chiropractic and a Registered Nurse are not considered to be qualified to give a physical to a player and a physical will not be accepted from one**

Section 1: FILLED OUT BY PARENT OR LEGAL GUARDIAN (Legal name must match proof of age)

Last: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Age _____ DOB: _____ Circle M / F

PARTICIPANTS MEDICAL HISTORY

- | | | | |
|---|---------|--|----------|
| 1. Are there any injuries requiring medical attention? | Yes/ No | 6. Are there any past surgeries/scheduled surgeries? | Yes / No |
| 2. Is the participant currently under the care of a doctor? | Yes/ No | 7. Is the participant currently taking any medication? | Yes / No |
| 3. Does the participant have any allergies (bee sting, penicillin)? | Yes/ No | 8. Does the participant have asthma/require inhaler | Yes / No |
| 4. Is the participant diabetic/ require medication for Diabetes? | Yes/ No | 9. Does the participant wear glasses or contact lenses? | Yes/ No |
| 5. Does/ has the participant have/had seizures? | Yes/ No | 10. Does the participant have any physical limitation/ medical condition | Yes/ No |
| | | 11. Does the participant wear a brace or other medical support | Yes/ No |

If you answered YES to any question above, please provide the question number and an explanation below:

I hereby certify that this information is accurate to the best of my knowledge. I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it is my responsibility to obtain written clearance from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

Signed _____ Print Name _____
Relationship to Participant _____ Dated _____

Section II: THIS SECTION IS TO BE COMPLETED ONLY BY A STATE LICENSED MEDICAL PROFESSIONAL
If there are any cross outs, white out, or information written over on this form, this form will be denied and a new physical required

Participant's Name: _____
(Please check the following if healthy or note otherwise): Height _____ Weight _____ (lbs) B/P _____
Ears _____ Mouth _____ Nose _____ Throat _____ Respiratory _____ Cardiovascular _____ Neurological _____
Eyes _____ / _____ Hernia(optional) _____
Notes: _____

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in SCJAAF Football or Cheer Program. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in SCJAAF Football activities for the 2018 season. I am therefore clearing this individual for athletic participation without limitation.

Signed _____ Print Name _____
Date: _____ Date Physical was actually performed: _____

A Doctor of Chiropractic and a Registered Nurse are not considered to be qualified to give a physical to a player and a physical will not be accepted from one

Address _____ Mandatory Dr. Stamp Here:
City _____ State _____
Telephone _____

