

SOUTHERN CALIFORNIA JUNIOR ALL AMERICAN CONFERENCE, INC.
2019 PLAYER'S 7 ON 7 SEASON CONTRACT
(PLEASE READ CAREFULLY)

Rev. 1/16

SECTION I

SCJAAFC Chapter APPLE VALLEY Team Name REBELS

CHECK STATUS NEW RETURNING
CHECK DIVISION: JR. MICRO MICRO JR. PEE WEE PEE WEE MIDGET

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
Team/ Division/ Chapter		Team/ Division/ Chapter	

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 SCJA AFC Team, hereby give my/our approval to his/her participation in any and all SCJA AFC 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 SCJA AFC including sponsors and other related participants, for any injury to my/our child. SCJA AFC has advertising, modeling and photo copyrights.

MEDICAL TREATMENT AUTHORIZATION

The SCJA AFC has Secondary Excess Accident-Medical Group Insurance coverage, with a deductible amount for each injury incurred. The SCJA AFC 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 SCJA AFC 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 SCJA AFC 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 SCJA AF.

Name (Please Print)

Relationship to Minor (Parent or Legal Guardian)

Signature

Date Signed

MASTER AGREEMENT FOR INDEPENDENT STUDY

Student Name:	Student ID #:	Grade Level:
Address:	Age:	Birth Date:
City:	Zip Code:	Home Ph Cell Ph
Email:		
School of Enrollment/Program Placement for Independent Study:		
Duration of Agreement:	Beginning	End Date:

Objectives: The student will complete the courses listed below. All course objectives will be consistent with the established programs governing board and are consistent with program standards as outlined in the programs subject/course descriptions. Assignment and Work Record (ARW) forms will include additional descriptions of the major objectives and activities of the courses of study covered by this agreement including the evaluations of student work and are incorporated herein. The term "Course Value" refers to the number of credits (secondary education) or weeks of work (elementary education) the student will attempt.

Schedule:

Category	Course Value	Category	Course value

Additional Courses: May be added to the agreement as needed if the agreement is re-signed and re-dated by the teacher and the student.

Reporting: Students are required to report to their teacher as scheduled. Manner of reporting: One on One, Time: TBD, Day TBD, Frequency: At least once every 20 school days. Duration: Full Year, Location: TBD

Board Policies: According to the Board Policy for grades K through 12 Grade, the maximum length of time allowed between when the assignment and the date the assignment is due is 20 school days, unless an exception is made in accordance with the Board Policy. After 5 missed assignments, as per Board Policy, an evaluation will be made to determine whether independent study is an appropriate strategy for this student.

Voluntary Statement: It is understood that independent study is an optional educational alternative in which non pupil that be required to participate. In the case of a pupil who is referred or assigned to any school, class or program pursuant to Education Code Section 48915 or 48917, instruction may be provided for a student through independent study only if the student is offered the alternative of classroom instruction.

Methods of Study: Specific methods of study will be designated on the Assignment and Work (AWR) Record and are incorporated herein. Examples of methods of study for the student will include Independent Reading, Textbook Activities, Problem Solving, Study Projects, Drill & Practice, Computerized Curriculum, Web/Internet Research, Library Research, Field Trips, Learning Center Courses

Specific Resources: The school will provide appropriate instructional materials and personnel necessary to the achievement of the objectives and must include resources that are normally available to all students on the same terms as the terms on which they are available to all. Assignments and specific resources will be designated on the Assignment and Work Record (AWR) and are incorporated herein.

Methods of Evaluation: Academic evaluations will be designated on the Assignment and Work Record (AWR) and are incorporated herein. Examples of acceptable methods of evaluation include, but are not limited to: Teacher Made Tests, Student Conferences, Progress/Report Cards, Chapter/Unit Test, Work Samples, Observations, State Standards Testing, Quizzes, Labs, Finals.

Signatures and Dates: I have read and I understand the terms of this agreement, and agree to all the provisions set forth.

Student: _____

Date: _____

Parent/Guardian: _____

Date: _____

Supervising Teacher: _____

Date: _____