

SOUTHERN CALIFORNIA JUNIOR ALL AMERICAN CONFERENCE, INC.
2023 PLAYER'S SEASON CONTRACT
(PLEASE READ CAREFULLY)

Rev. 4/21

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 7v7 League

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 SCJAAF.

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



ZERO TOLERANCE POLICY

The Apple Valley Rebels Youth Football and Cheer Program (AVRYFC) wants to make our league activities an enjoyable experience for everyone. To help create this positive environment we established a "Zero Tolerance Policy" that everyone in the league is required to acknowledge and uphold.

Zero Tolerance Rules:

1. No possession/assumption of alcoholic beverages, use of any tobacco substances, use of e-cigarette/vaping devices, possession/use of illegal substances on the premises at any Association, League, or Conference function, including home or away games, practice fields and any event where children are present.
2. Nobody (not a parent, child, spectator, coach or assistant) may approach a referee, game official, judge or Commissioner to argue a call or play made. There is an established process to protest a game if a situation develops, the coach will handle this.
3. Any actions, statements, or behavior by players, coaches, or spectators that are disrespectful to anyone present shall NOT be tolerated. This includes comments directed towards game officials, the Program, board members, coaches, all children and adults.
4. No individual is to say anything to opposing players unless it is a positive comment.
5. All parents must sign a Zero Tolerance Register, which acknowledges that you have read and understand your obligation(s) under AVRYFC Zero Tolerance Policy.
6. No child may play until their parents have signed the AVRYFC Zero Tolerance Policy.

Violation of Rules:

1. Anyone breaking any of the above rules and/or creating a scene will be asked by the game official(s) and/or an AVRYFC Board Member to leave the game. At this point you must leave the field immediately. Depending on the gravity of the incident, the notification to local police departments and/or recreational departments may be a possibility.
2. The game will not continue until said person departs the premises completely.
3. All other spectators are asked to refrain from comments directed at that person as it may result in their being asked to leave also.
4. The Game Official and/or an AVRYFC Board Member shall direct the situation.
5. A Game Official and/or AVRYFC Board Member shall document the situation for review by the AVRYFC Board of Directors.
6. Upon review by AVRYFC, further penalties may apply such as a one game suspension or banned for the entire season, without any refund.
7. Any one or repeated violations may result in being banned from playing at AVRYFC permanently.

By signing below, I am representing myself, my entire family and/or any friends who may attend an AVRYFC event. I will enlighten my family and friends of the expectations and enforce this policy. I acknowledge I received, read and understand the AVRYFC Zero Tolerance Policy. I agree to abide in accordance with the policy or risk dismissal of participation of my child/children and/or self.

Player's Signature

Date

Print Name

Parent/Guardian Signature

Date

Print Name

Parent/Guardian Signature

Date

Print Name



Refund Policy

The Board of Directors of Apple Valley Rebels Football and 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 out of the local area. 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/guardian of _____, agree to the above terms of the Apple Valley Rebels Football and Cheer Association's Refund Policy.

Parent's Signature _____

Date _____



EQUIPMENT GUIDELINES

All equipment issued to each player is property of AV Rebels Football and Cheer and shall be returned un-modified or un-tampered with in any way. Failure to do so will result in charges to replace damaged equipment at the . ***Modifications include, but are not limited to:***

HELMET

- Replacement of supplied facemask
- Replacement of supplied inner pads/liner
- Any type of paint applied to inside/outside of helmet
- Drilling of helmet for face shield or any other shield

SHOULDER PADS

- Drilling of pads for lower back installation
- Replacement of foam
- Modification of foam
- Replacement of original buckles and/or straps

Periodic equipment checks will be performed at practices and throughout the season.

Any equipment not returned upon at the end of your season will result in outstanding fees to replace any missing and/or damaged equipment and prevent your player from returning to the organization in the future until equipment is returned or paid for.

Print Participant's Name _____

Print Parent Name _____ Parent's Signature _____

Date _____

PERSONAL SAFETY EQUIPMENT

If you and/or your player decide to use your own safety equipment, it MUST be properly fit by REBELS equipment personnel to ensure proper fit. This is to ensure the safety of your player. If helmet and shoulder pads do not properly fit, they will not be signed off and will not be permitted for use at practices or games.

Signature _____

Date _____



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I hereby assume all of the risks of participating in Apple Valley Rebels Football & Cheer Preseason Conditioning (hereinafter referred to as "Preseason Conditioning"), including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this Preseason Conditioning. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organizers of the Preseason Conditioning in which I may participate and that it will govern my actions and responsibilities at Preseason Conditioning.

In consideration of my application and permitting me to participate in this Preseason Conditioning, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this Preseason Conditioning. THE FOLLOWING ENTITIES OR PERSONS: Apple Valley Rebels Football and Cheer, and/or their coaches, agents, representatives or volunteers.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this Preseason Conditioning, whether caused by negligence or otherwise.

I acknowledge that this Preseason Conditioning may carry with it the potential for death, serious injury, and personal loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, and lack of hydration.

I consent and agree that Apple Valley Rebels Football and Cheer and/or their coaches, agents, assistance, medical personnel, or volunteers may take photographs or digital recordings of me, a participant during this event and use these in any and all media for training or promotional purposes. I further consent that my identity may be revealed therein or by description text or commentary. I waive any rights, claims or interest and I understand that there will be no financial or other remuneration.

The accident waiver, release of liability and image release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT ON MY OWN FREE WILL.

Print Participant's Name and Age _____ Date _____

Participant's Signature (if under 18 years Parent or Guardian must sign below) _____

PARENT/GUARDIAN WAIVER FOR MINORS (under 18 years old)

The Undersigned parent and or natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the Preseason Conditioning, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect on lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Parent/Guardian Signature _____ Date _____



Apple Valley Rebels Photo Release

I hereby authorize Apple Valley Rebels Football and Cheer, hereafter referred to as "Rebels," to publish photographs and/or video take of me during my participation in any Rebels activity/event, and my name and likeness, for the use in the Rebels' print, online and video-based marketing materials, as well as other Rebels publications.

I hereby release and hold harmless Apple Valley Rebels Football and Cheer from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs and/or video or participation in company marketing materials or other Rebels publications. I acknowledge and agree that publication of said photos and/or video confers no rights of ownership or royalties whatsoever.

I hereby release Apple Valley Rebels Football and Cheer, its contractors, its members, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Authorization:

Print Participant's Name _____

Print Parent Name _____ Parent's Signature _____

Date _____