



FOR OFFICIAL USE ONLY

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

20__ Season Contract Football Cheer Color: _____
 Division: F TM MM JPW PW JM M
 Association: _____

Picture Here (1 X 1)	Certified Weight
	Executive Director

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

ADDRESS CITY ZIP Phone

School Fall Grade Emergency Contact Phone

Medical Insurance Company Parent Email

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. 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 OR ELIGIBILITY 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, A DEDUCTIBLE MAY APPLY PLUS YOUR PORTION OF THE CHARGES)

SECTION IV PARENT 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 NOCSAE 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."
 *****PARENT(S)/GUARDIAN MUST INITIAL HERE X _____ PARTICIPANT MUST INITIAL HERE X _____

SECTION VI PARENT/LEGAL QUARDIAN 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: _____

Boundary Waiver

THE PLAYER/CHEERLEADER LISTED ABOVE HAS BEEN GRANTED A BOUNDARY WAIVER AND IS A FREE AGENT FOR THIS SEASON ONLY

President or POC Signature: _____ Date: _____ From Association: _____ To Association: _____