

PACIFIC YOUTH FOOTBALL LEAGUE

PLAYER / CHEERLEADER SEASON CONTRACT Season 2008 Chapter SCVAA

PLEASE READ CAREFULLY - OTHER THAN SIGNATURE, PLEASE PRINT ALL INFORMATION

IF YOU DO NOT RESIDE WITHIN THE BOUNDARIES OF THIS CHAPTER, IT IS THE PARENTS RESPONSIBILITY TO OBTAIN A WAIVER FROM THE CHAPTER WHERE YOU LIVE BEFORE YOU SIGN UP, OR YOU WILL NOT PLAY!

Section I. No Participant will be permitted to take part in any league activity prior to all information on this from being completed.

"I will faithfully keep and abide by the following rules, and carry them out to the best of my ability."

1. I agree that I will maintain at least a "C" average throughout the school year.
2. I will play ANY position assigned to me and will always do my best for the team.
3. When my team is not playing, I will stay off the playing field completely and not interfere with those playing.
4. I solemnly pledge that I will not in any way damage or deface any property, building or equipment.
5. I agree to abide by all decisions of game officials and will not create any unsportsmanship gestures at any time.
6. I agree that I will refrain from using any foul language
7. I agree that I will remain a member of the team until properly released.
8. I agree to return, the uniform and all equipment loaned to me, in good condition except for normal wear.

Place Photo Here

Inside the Boundaries

Photo will be taken by the Chapter

PYFL Certification Only

Paperwork: _____

Weight: _____

Participants Full Name - Last, First, Middle Initial		Players Signature		Date	
Street Address		Player's Date of Birth		As of 12/2/08 AGE	
City, Zip Code		Home Phone Number			
Emergency Contact		Emergency Phone #			
As of 12/2/08	School	As of 12/2/08	Grade	Email Address	
PYFL New Player? Yes <input type="checkbox"/>		No <input type="checkbox"/>		Weight (at sign ups) <input type="text"/>	
Last Years Division		This years assigned division based on Registration Information		(circle one) Pee Wee Bantam Midget Junior Senior	

Section II. Risk Warning-Informed Consent

The PYFL is concerned about the health and welfare of all participants. Although there are low rates of incidents and accidents for youth participation in athletic activities, we feel that you should be aware that the safety equipment and protective gear "Cannot guarantee it will prevent all injuries". For the protection of your child pre-participation examinations are required before any participation may begin. Joining an athletic team is a privilege, not a right.

I have been advised of the risk of sports, I realize that my child may be at an extra risk due to the following medical condition:

List any Conditions: _____

_____ I have read and understand the above. Parent/Guardian Signature _____ Date

Section III. Parental Consent & Medical Treatment Authorization

I/We the parents/guardians of the above names participant, hereby give my/our approval for participation in any an all PYFL & local Chapter activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from such activities; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the local team, chapter, league, and other organizations this football program is affiliated with, the organizers, sponsors, supervisors, coaches, and other participants, and persons transporting my/our child to and from such activities or games for any claim out of injury to my/our child.

The League has "Secondary Excess Accident Medical Group Insurance Coverage", only, over any valid collectable coverage provided by the parent's separate personal or employee's dependent group insurance.

In executing the forgoing release, I/We the undersigned acknowledge and represent the (A) I/We understand that any claim for injury must be reported to the players coach and/or an authorized organization/PYFL official within 30 days of the injury. (B) I/We understand that any monies I/We paid to the team/Chapter our child is affiliated with, does not constitute a premium payment for insurance coverage.

Name of our Personal or Group Insurance Carrier is:	Group #	Plan #
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I/We hereby grant authority to a qualified Doctor of Medical or Physician such medical treatment as said Doctor or Physician deems necessary under the circumstances.

_____ Parent/Guardian Signature _____ Print Name _____ Relationship _____ Date

League / Chapter USE only	Fees Paid	Circle One	Cash	Check#	Amount	Balance Due
	Date Receiver	Time Received				