



Snowline Youth Football & Cheer

Email: dbackfootball@yahoo.com

Fees and Refund Policy

- **The cost to participate in football is \$250, with a \$100 deposit at registration:**
This covers a game jersey, basic picture packet, trophy, secondary insurance, rental of safety equipment (i.e....helmet, pads, guardian cap, integrated practice and game pants, etc), field use and maintenance
- **The cost to participate in cheer is \$325, with a \$100 deposit at registration:**
This covers cheer uniform, bow, shoes, basic picture packet, trophy, secondary insurance, field use and maintenance
- **Extra & Buyout Fees**
\$25 Fundraiser buy out or participate in fundraiser
\$20 Opt-Out of snack bar duty or work 1 hour in snack bar at a home game

Snowline Youth Football and Cheer's refund policy is as follows:

- A full refund is available up to the first Friday of the first week of practice (July 31, 2020).
- From August 1-14, 2020, the registration can be refunded minus \$100 in order for S.Y.F.C. to cover expenses.
- After August 14, 2020 there will be no refunds, only in an extreme circumstance (minus \$100) will only be considered on a case-by-case bases.
- All refunds requests need to be written or typed and can be given to the Chapter A.D./Treasurer/Team A.D. or emailed to dbackfootball@yahoo.com. Please include player/cheerleader name, division, reason for no longer continuing and parent/guardian name and contact information.
- All refunds are board approved and need to be voted on at a regularly scheduled SYFC board meeting (2nd Tuesday of the month).
- Approved refunds will only be given when all loaned equipment is returned.
- Refunds will be issued in check form, to the parent/guardian named in the request unless otherwise noted.

SYFC USE ONLY

Name of Participant

Division

Date

Balance Owed

SYFC Treasurer Signature



Snowline Youth Football & Cheer

www.snowlineyfc.com



Please Print Legible

Date: _____

Participant Name: _____
First Last

Birthdate: _____ Age: _____

Physical Address: _____
Street City Zip

Mailing Address: _____
(if different than above) Street City Zip

School: _____ Grade: _____ (2020-2021 school year)

School District: **Snowline** or _____

Any known Medical Conditions / Restrictions / Known Allergies (including food)

Parent / Guardian Info:

Name: _____

Cell Phone #: _____ Ok to receive texts: yes / no

Alt. phone #: _____ Email: _____

Name: _____

Cell Phone #: _____ Ok to receive texts: yes / no

Alt. phone #: _____ Email: _____

Alternate Emergency Contact: _____
Name & Phone #

SYFC USE ONLY

New

Returner

Football

Cheer

Age: _____
as of July 31st

Weight: _____

Team Division:

Tm Fr Soph

Jr Sr

Physical turned in:

Received by

Notes:

Revised 03/25/2019



Snowline Youth Football & Cheer

Player Safety & Volunteer Policy

The SYFC Board considers our first priority to be the safety and well being of the players and cheerleaders in our program. In accordance with this, we have established the following policies for the upcoming season:

Player Safety

Parent
Initials

- Ten hours of conditioning (2 hours for 5 days) must be done before a player can participate in hitting drills.
- If a player misses 3 days or 6 hours of practice in a row, they may need to recondition and possibly be ineligible to play in the game.
- In order to be eligible to participate in games, it is mandatory for players to practice 2 days or 4 hours a week.
- If a player is injured the Team and/or Chapter Medic, not a Coach or Parent has the final say so to whether a player may return and participate in a game or practice. Depending on the injury a player may need to get clearance from a medical doctor.

Mandatory Volunteer Agreement

S.Y.F.C. is a successful program because of the tireless effort put forth by our coaches, staff and board members who donate a large amount of their time without compensation. We also appreciate the sacrifices and dedication that all our players, cheerleaders and their families put forth.

We are confident that you will help us continue the commitment of running a successful program by donating one hour of your time working in the snack bar at a home game. You will NOT be asked to work during your child's game.

- *One hour, per season, per player or cheerleader (max 2 hours per family). To opt out of the mandatory volunteer hour, it is a \$20 buyout per player/ cheerleader (max \$40 per family).*

Team Moms will be scheduling volunteers as soon as we have our season schedule.

By signing below I agree to work my assigned shift or will pay the opt-out. I understand the policies put forth and promise to adhere to them.

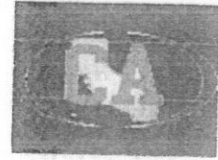
Name of Participant

Date:

Parent/Guardian Printed Name

Parent/Guardian Signature

SoCal Elite Youth Football and Cheer Code of Conduct



SoCal Elite Conference Code of Conduct.

In accordance with SoCal Elite Youth Football and Cheer each participating parent/legal guardian must sign and agree to adhere to this parent Code of Conduct. Please read carefully and initial each rule and sign at the bottom. SoCal Elite Youth Football and Cheer has the right to use Conference discretion with interpretation of this Code of Conduct.

- ☐ 1. I shall place the emotional and physical well-being of my child ahead of my personal desire to win.
- ☐ 2. I shall inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
- ☐ 3. My guest and I shall not engage in the use of profanity, smoking, illegal drugs, or drink alcohol at any practice or game in accordance with the SoCal Elite rule book.
- ☐ 4. My guest and I shall be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and other spectators at every practice, game, or SoCal Elite event.
- ☐ 5. My guest and I shall not engage in any unsportsmanlike conduct with any coach, player, official or parent such as booing, and taunting, refusing to shake hands, using profane language or gestures, or any other disruptive behavior.
- ☐ 6. My guest and I shall support coaches and officials working with my child in order to encourage a positive enjoyable experience for all.
- ☐ 7. My guest and I shall treat other parents, players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability.
- ☐ 8. My guest and I shall never yell at or ridicule my child or other participants for making a mistake or losing a competition.
- ☐ 9. My guest and I shall respect the coaches and officials, and their authority during games and will never question, discuss, or confront coaches or officials at the game field, and will take time to speak with the coaches after the 24 hour cooling off period, at an agreed upon time and place.
- ☐ 10. I shall refrain from coaching my child or other players during practice and games unless I am one of the official coaches of the team.
- ☐ 11. I promise to make a commitment to volunteer and assist SoCal Elite when asked, making time whenever I can.
- ☐ 12. I understand that the President, Director of Football Operations, Commissioner and/or Athletic Director has the right to question and/or intercede on behalf of the league or parents/legal guardians of any player/member in SoCal Elite.
- ☐ 13. I understand that SoCal Elite has the right to suspend or expel my participation from the organization for rule violations in accordance with its bylaws.
- ☐ 14. I have/will read the CIF Rule book in its entirety and agree to follow the rules as specified.

___ 15. I shall make sure that my child is not left unattended at any practice, game or SoCal Elite event. It is my responsibility to make sure there is always someone of proper age responsible for my child and notify the coach, team Mom, or AD of who this person is.

___ 16. I understand this document acts as my verbal warning and if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that may include, but not limited to the following:

___ 17. I acknowledge SoCal Elite Board Officials have final say during game day in reference to all aspects on and off the field. I agree to respect their decision and file a complaint through the Conference complaint page if I feel the issue needs further resolution.

All punishments are at the discretion of Conference and will be assessed on a case by case bases. Examples of punishments for infractions are:

1. Written warning
2. One-week parental practice, game and SoCal Elite events suspension.
3. Parental suspension for the remainder of the season.
4. Parental/Legal guardian or Guest Permanent

If a parent/legal guardian attempts to attend a suspended practice, game or SoCal Elite event, he/she will be required to leave the premises. The child of the parent/legal guardian involved will not be allowed to participate until the parent/legal guardian has left the premises. All incidents will be kept on file.

I have read and agree to abide by the SoCal Elite Parent Code of Conduct:

Parent/Legal Guardian Printed Name

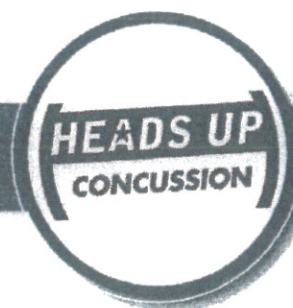
Date

Parent/Legal Guardian Signature

Date

Player Name: _____ Season: **2020**

HEADS UP CONCUSSION ACTION PLAN



IF YOU SUSPECT THAT AN ATHLETE HAS A CONCUSSION, YOU SHOULD TAKE THE FOLLOWING STEPS:

1. Remove the athlete from play.
2. Ensure that the athlete is evaluated by a health care professional experienced in evaluating for concussion. Do not try to judge the seriousness of the injury yourself.
3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion.
4. Keep the athlete out of play the day of the injury. An athlete should only return to play with permission from a health care professional, who is experienced in evaluating for concussion.

► **"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON."**



CONCUSSION SIGNS AND SYMPTOMS

Athletes who experience one or more of the signs and symptoms listed below after a bump, blow, or jolt to the head or body may have a concussion.

SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall

Parent / Guardian (print) _____

Parent / Guardian (sign) _____

Child Name(s) _____

Date _____

Team _____

JOIN THE CONVERSATION AT ➡ www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO ➡ WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

Minor Waiver/Release
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to
participate in any way in the SNOWLINE YOUTH FOOTBALL & CHEER related events and activities, the
undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** SNOWLINE YOUTH FOOTBALL & CHEER;
Legal Name Of Your Sports Program, Ex: League Name
its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.**
5. I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY INDEMNIFY AND HOLD HARMLESS** all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, **EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.**

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed: _____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARTICIPANT SIGNATURE)

(PRINT NAME)

Date Signed: _____

Adult Waiver/Release
AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY
READ BEFORE SIGNING

In consideration of being allowed to participate in any way in SNOWLINE YOUTH FOOTBALL & CHEER
(Name of Organization)

athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS SNOWLINE YOUTH FOOTBALL & CHEER (Name of Organization) their directors, officers, officials, agents, volunteers and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Participant's Signature)

DATE SIGNED: _____

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

(Parent/Guardian Signature)

DATE SIGNED: _____

Emergency Phone Number: () _____

SOCAL ELITE FOOTBALL AND CHEER PLAYERS CONTRACT

(PLEASE READ CAREFULLY)

SECTION I (Chapter Officials WILL complete SECTION I AFTER candidate has been assigned a specific Team, League, and Division)

SCEFC Chapter SYFC-Snowline Team Name Diamondbacks

DIVISION: ☐: TINY MITE ☐: FRESHMAN ☐: SOPHOMORE ☐: JUNIOR ☐: SENIOR ☐: CHEER ☐: NEW ☐: RETURNEE

SECTION II

TO BE COMPLETED BY CANDIDATE PLAYER & PARENTS

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

Last Name	First	Middle	Birth Date	Age as of July 31st	School & Grade
Address			City	Zip	
Home Phone Number	Cell Number Parent/Guardian		Cell Number Parent/Guardian	E-Mail	

SECTION III

EQUIPMENT RESPONSIBILITY

I/We as parent/guardian of said candidate do hereby assume full and complete responsibility 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 SCEFC 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 SCEFC. Any noncompliance with rules and regulations shall be cause for disciplinary action to be taken against said candidate, parent/guardian, team or chapter by SCEFC.

PARENT/GUARDIAN: Signature _____ Print Name _____ Date _____

RELATIONSHIP TO MINOR: FATHER: ☐ MOTHER: ☐ LEGAL GUARDIAN: ☐

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 ☐: Red Roster

SECTION VI

FOR RESPONSIBLE CHAPTER AND TEAM OFFICIALS ONLY

In approving the above Candidate's Player Season Contract, we hereby certify that the Birth Certificate submitted does correspond with the name and birth date shown in Sections II and III. In addition, we hereby certify that the Parental Consent and Medical Treatment Authorizations, Section III, 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 SCEFC 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 Signed	Certification Official	Date Signed
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SOCAL ELITE FOOTBALL AND CHEER

Waiver of Liability, Release

For and in consideration of the undersigned participant's registration with **SOCAL ELITE FOOTBALL AND CHEER** (Organization) and being allowed to participate in events and member activities, participant and the parent(s) or legal guardian(s) of participant waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant or participant's parent(s) or legal guardian(s) arising out of participation in events, or sports, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant and/or participant's parent(s) or legal guardian(s) may have are hereby waived, released and relinquished, and participant and participant's parent(s)/guardian(s) do so on behalf of their heirs, executors, administrators and assigns.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume all risks relating to events or sports participation and activities incidental thereto, and understand that activities incidental thereto involve risks to participant's and participant's parent ('s)/guardian ('s) person including bodily injury, partial or total disability, paralysis and death, and damages which may arise there from and that we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant, participant's parent(s)/guardian(s) or the negligence of others, including the organization, its affiliates, members, event hosts, other participants, other parents and legal guardians, coaches, officials, sponsors, advertisers, owners and operators of the premises used to conduct any event and each of them, their officers, directors, agents and employees (collectively, "releasees"), and include risks arising from the conditions and use of facilities and related premises. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time.

Participant and participant's parent(s)/guardian(s) acknowledge, understand and assume the risks, if any, arising from the conditions and use of facilities and related premises, whether as a participant or a spectator, including without limitation, the risks involved with participating in the Organization's activities. Participant and participant's parent(s)/guardian(s) further acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said facilities, for negligent selection of certain releasees, or negligent supervision or instruction by releasees.

Participant and participant's parent(s)/guardian(s) acknowledge, understand The Organization reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of the Organization and may be used for publicity and promotional services.

Consent to Medical Treatment of Minor: I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that the Organization provides no medical insurance for such treatment under its liability insurance coverage. Medical benefits for such treatments/injuries may be provided with proof of medical coverage purchased through the Organization. The location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Participant and participant's parent(s)/guardian(s) agree if any claim for personal injury or wrongful death is commenced against releasees, he/she shall defend, indemnify and save harmless from any and all claims or causes of action by whomever or wherever made or presented for his/her personal injuries, property damage or wrongful death.

Participant and participant's parent(s)/guardian(s) acknowledge that they have been provided and have read the above paragraphs and have not relied upon any representations of releasees, that they are fully advised of the potential dangers and risks and understand these waivers and releases are necessary to allow the activities of the Organization to exist in its present form.

Print Participant Name

Print Parent or Guardian Name

Parent or Guardian Signature

Date Signed

ABOUT THE CONFERENCE/LEAGUE INSURANCE COVERAGE

SECTION VII

PARENTAL CONSENT

I/We the parents/guardians of the minor named in Section II Candidate for a position on the SCEFC Team, hereby give my/our approval to his/her participation in any and all SCEFC 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 SCEFC including sponsors and other related participants, for any injury my/our child. SCEFC has advertising, modeling and photo copyrights.

MEDICAL TREATMENT AUTHORIZATION

The SCEFC has Secondary Excess Accident-Medical Group Insurance coverage, with a deductible amount for each injury incurred. The SCEFC 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 SCEFC 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 injury 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 SCEFC 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, 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 \$500.00 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. 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 SCEFC.

Name (Please Print)

Relationship to Minor

Signature

Date



Snowline Youth Football & Cheer

P.O. Box 293203, Phelan, CA 92329

Payment Plan Agreement

All information will be kept confidential.

This form is to establish a payment plan and represents an agreement between Participant's Parent/Guardian and Snowline Youth Football & Cheer.

Name of Participant: _____

(Circle One):

Cheer / Football

(Circle Division):

Tiny Mites

Freshman

Sophomores

Juniors

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Contact Phone #: _____

Proposed Payment Schedule:

Date		Amount Paid	Balance Due
	1 st Payment - Deposit		
	2 nd Payment		
	3 rd Payment		
	4 th Payment		
Snack, Fundraiser, & Volunteer Opt-Out can be paid to Team Moms			
	Fundraiser Buy Out (\$25)		
	Volunteer Opt Out (\$20)		

****Please note: Final payment is due prior to uniform handout**

By signing this Payment Plan Agreement, I agree to make payments on the specified dates and the agreed upon amounts stated on the payment schedule listed below. I understand that consequences will be brought against me if the agreement is violated. This includes, but is not limited to, suspended participation in SYFC program.

Parent/Guardian Signature

Date: