



Snowline Youth Football & Cheer

Please Print Clearly

Date: _____	Circle One: Football Cheer	
Participant Name: _____ First Last		
Birthdate: _____ Age: _____		
Physical Address: _____ Street City Zip		
Mailing Address: _____ If different than above		
School: _____ Grade: _____ (2021-2022 school year)		
School District: Snowline or _____		
Any known Medical Conditions / Restrictions / Known Allergies (including food): _____ _____		

Parent / Guardian Info:

Name: _____

Cell Phone #: (____) _____ Alt. phone #: (____) _____

Email: _____

Name: _____

Cell Phone #: (____) _____ Alt. phone #: (____) _____

Email: _____

Alternate Emergency Contact: _____
Name & Phone #

SYFC USE ONLY

New / Returner

Football / Cheer

Age: _____
as of July 31st

Weight: _____

Jersey # Choice

1. _____
2. _____
3. _____

Team Division:

Turned In

- ☐ Physical
- ☐ Proof of Age
- ☐ Proof of Address
- ☐ Contract

I have read and received the information provided on the CDC Concussion Fact Sheet.

Parent's Printed Name

Parent's Signature

Date

SYFC ZERO TOLERANCE POLICY (2021)

The SYFC Board has unanimously approved a "ZERO TOLERANCE POLICY" related to inappropriate behavior at practices, games and SYFC sponsored activities; this applies to home and away events. The Board feels that league officials, coaches, players, parents and spectators should be proactive in seeking a safe and instructive environment for children without the threat of violence, inappropriate behavior or language on the sidelines.

While most inappropriate behavior is obvious, the actions that will not be tolerated include, but are not limited to the following:

- Parents and fans on the field without permission (all volunteers have been cleared and issued a badge by a Chapter's Athletic Director).
- Inappropriate language or gestures including racial, ethnic or gender-related slurs at any time.
- Yelling negative comments at the referees, coaches, team staff, players, cheerleaders, or other spectators. *(Per California Association of Youth Football and Cheer Conference – If there is an ongoing incident the offending team could be in danger of forfeiting.)*
- Instigating players, cheerleaders, officials, or other spectators
- Throwing of any object in the spectators viewing area, sidelines, playing field, directed in any manner as to create a safety hazard.
- Trashing fields
- Attending events (including parking lots) drunk or smelling of alcohol or under the influence of illicit drugs
- Physical displays of aggression or threats of physical aggression
- Any action that officials or coaches deem to be inappropriate, or the individual has previously been asked to stop doing.
- Per California Association of Youth Football and Cheer Conference - artificial noise makers (i.e... -air horns, cowbells, etc....) are not allowed at football games. *The **one and only exception** to the use of artificial noisemakers is the end of the season Cheer Competition.*

Any player, coach, official, parent or fan participating in repeated inappropriate behavior will be ejected from the game. In cases where the offending party does not leave the area, then an SYFC Representative (Board Member) will have authority to immediately call the police and have the offender removed. A league report will be filed, and if the same person is ejected twice, they will no longer be allowed to attend SYFC events. Based on the nature of the offence, charges may be filed against the individual. Threats or physical displays of aggression will be reported to the police. SYFC hopes these policies will ensure a safe, tolerable environment for your family to be around and your children to play in. Thank you for doing your part to help!

- I hereby pledge to provide positive support, care, encouragement and sportsmanship for all players, coaches, volunteers, officials and fans at every game, practice or other youth event.
- I promise to be a respectful fan and remember that the game is for children and not for the adults.
- I have read the Snowline Youth Football & Cheer (SYFC) NO TOLERANCE POLICY and will do everything in my power to always implement and abide by these rules.
- *I understand the guidelines that are outlined not only apply to myself and my football player and/or cheerleader but anyone that comes to watch and support, (siblings, grandparents, extended family and friends, etc... are all expected to behave accordingly.)*

Player/ Cheerleader Name

Date

Parent Printed Name

Parent Signature



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:

Parent
Initials

Player Safety

- 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 \$25 buyout per player/ cheerleader (max \$50 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 Player/Cheerleader

Date:

Parent/Guardian Printed Name

Parent/Guardian Signature

MINOR & ADULT WAIVER/RELEASE

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

AMATEUR ATHLETIC WAIVER & RELEASE OF LIABILITY

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in **SNOWLINE YOUTH FOOTBALL & CHEER** athletic sports program, related events and activities, my child/ward _____

Name of Minor Child/Ward

and the undersigned, acknowledges, appreciates, and agrees that:

1. The risk of injury to my myself, spouse or child/children/ward(s) 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.
2. I, MYSELF, SPOUSE AND CHILD/CHILDREN/WARD(S) 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 my child/ward's participation.
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 participation and bring such attention of the nearest official immediately. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such attention of the nearest official immediately.
4. I, for myself, my spouse, my child/ward, and behalf of my/our heirs, assigns personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS SNOWLINE YOUTH FOOTBALL & CHEER; 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 myself and/or 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/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all of the above Releasees from any and all liabilities incident to my child/ward's 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 INDUCEMENT.

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

PARTICIPANT SIGNATURE

PRINT NAME

DATE

PARENT/GUARDIAN SIGNATURE

PRINT NAME

DATE

CALIFORNIA ASSOCIATION OF YOUTH FOOTBALL & CHEER (C.A.Y.F.C.)

PLAYERS CONTRACT

(PLEASE READ CAREFULLY)

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

CAYFC Chapter SNOWLINE (SYFC)

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 I, 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 CAYFC 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 CAYFC. Any noncompliance with rules and regulations shall be cause for disciplinary action to be taken against said candidate, parent/guardian, team or chapter by CAYFC.

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 I 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 CAYFC 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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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 CAYFC Team, hereby give my/our approval to his/her participation in any and all CAYFC 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 CAYFC, including sponsors and other related participants, for any injury my/our child. CAYFC 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 CAYFC 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 herni 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 CAYFC 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 CAYFC.

Name (Please Print)

Relationship to Minor

Signature

Date

CALIFORNIA ASSOCIATION OF YOUTH FOOTBALL & CHEER (C.A.Y.F.C.)

Waiver of Liability, Release

CALIFORNIA ASSOCIATION OF YOUTH

For and in consideration of the undersigned participant's registration with **FOOTBALL & CHEER (C.A.Y.F.C.)** (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

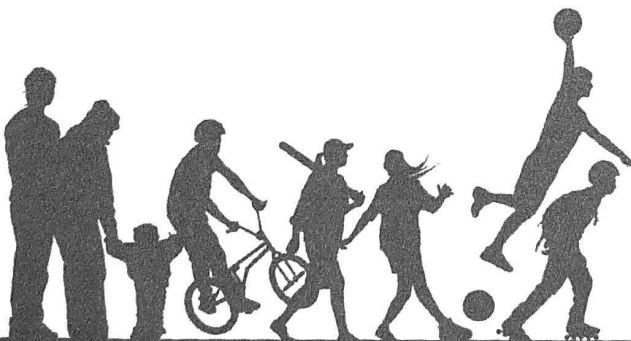
HEADS UP CONCUSSION ACTION PLAN



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

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

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



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 Seniors

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Contact Phone #: _____

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:

.....
SYFC USE ONLY

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 (\$25)		

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



Snowline Youth Football & Cheer

Email: dbackfootball@yahoo.com

Fees and Refund Policy

- **The cost to participate in football is \$275, 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 \$350, 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.
\$25 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 23, 2021).
- From July 24, 2021 - August 6, 2021, the registration can be refunded minus \$100 in order for S.Y.F.C. to cover expenses.
- After August 6, 2021 there will be no refunds, only in an extreme circumstance will one be considered on a case-by-case basis. (minus \$100)
- **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.
- 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