

**Official Use Only**

**Athletes Name** \_\_\_\_\_

**Veteran**  **New Registrant**

**Siblings** (Name(s), Team/Team Level): \_\_\_\_\_

**Participants:**

1. Certify for one team only in the same calendar year:      **Football or cheer**
  - 8U
  - 10U
  - 12U
  - 14U
  - 6U Cheer
2. Current league player card (typed) W/ Photo digitally inserted.
  - Parent needs to submit a headshot picture of their athlete
3. Signed legal guardians consent
  - Enrollment packet
4. Medical clearance to participate (dated after Apr, 1st of current year)
  - SYF Physical Form (provided in Enrollment Packet)
5. Code of conduct form signed by all participants and legal guardians
  - Included in Enrollment Packet
6. School enrollment form (current) for all, or previous SYF player card
  - Demographic Page in Aeries (contact school or district office)
7. Valid residential address
  - current address
8. SYF Waiver and release signed by all participants and legal guardians
  - Included in Enrollment Packet
9. CIF Concussion Information Sheet & Opioid Factsheet form signed by all participants and legal guardians
  - Included in Enrollment Packet
  
11. Mandatory Fundraiser:
  - Fill in the Football/Bow

**Completed card due August 3rd , athletes who do not turn will not be eligible to participate in games until it is submitted.**

**Initial** \_\_\_\_\_

**2026 Registration Fees/Deposits and Refund Policy:**

***Please make checks payable to Orland Junior Trojans***

- Registration fees:** Fees must be paid in full by first day of practice

\$450 per Athlete Football & Cheer if paid in full (6U Cheer \$350)

\$150 of the registration fee is non-refundable

If a payment plan is needed, a non-refundable deposit of \$150 per athlete is required to hold athletes' spot(s) on the roster. Full payment must be received before or on the day of first season practice in order to participate. *This \$150 goes towards the \$450 registration fee (football, Cheer) and \$350 (6U Cheer).*

- Volunteer hours deposit- Post dated Check.**

We ask each registered FAMILY to do **10hrs** of Volunteer time. We require them to turn in a \$300.00 posted check dated November 15th. **If they do not complete the 10 hrs per family or no-shows for two scheduled shifts, they will NOT receive the deposit** and the Orland Jr Trojans association will consider it a donation towards the program expenses for next year's season. If they fulfill their full hours, we will return the deposit to them at the end of the season.

- Gear/ Uniform deposit- Post dated Check.**

We ALSO require a gear/ uniform deposit for both football and cheer in the amount of: \$400 for Football, \$350 for Cheer (except 6u cheer). Once all of the Athletes gear (uniform, helmet, shoulder pads, game and practice uniforms, etc) is turned in at the end of the season, that deposit will be returned as well. If there are any missing pieces at final turn in, the deposit will **NOT** be returned and the Orland Jr Trojans association will consider it a donation towards the program expenses for next year's season. *See below regarding Gear/Uniform not returned.*

\*Gear/ Uniform deposits are less than the actual cost to replace missing items, therefore, if gear/uniform is not turned in and deposit has been donated, the program **will not** allow your athlete to participate in the Orland Jr Trojans association for the following season until all items are returned, if items are returned after new season registration begins, we **will not** refund the deposit due to the reason of new uniform/gear being in the works of replacement.

\*If Athletes' registration is planned to be paid by a sponsor, the \$150 non-refundable deposit is still required upon registration date to hold athletes' spot on the roster. Gear/Uniform deposit and Volunteer Hours deposit will be the responsibility of the registrant's signee unless a sponsor has chosen to help with this expense as well.

**Refund due to Athlete Dropping out:**

\*If the Athlete drops after the close of sign-ups **there will be no refund** due to the association having to pay for athletes gear, and insurance.

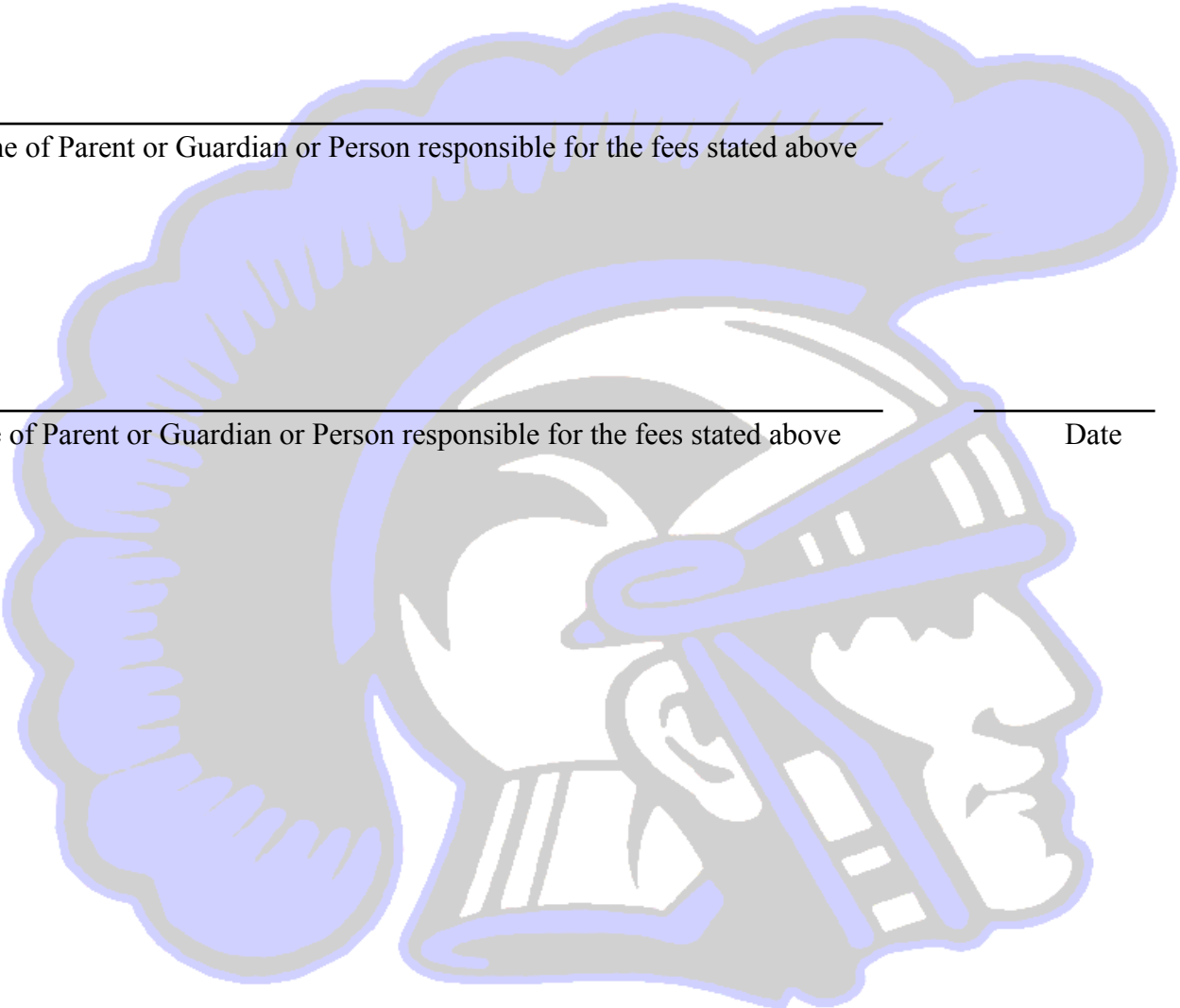
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Print name of Parent or Guardian or Person responsible for the fees stated above

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Signature of Parent or Guardian or Person responsible for the fees stated above

Date



**Parental Consent Form Orland Youth Football and Cheer**

Athlete Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/ Guardian Email \_\_\_\_\_ Phone number \_\_\_\_\_

**Emergency Contact Details:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical information:**

Name of Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Does your athlete suffer from any condition requiring medical treatment including medication?

If yes, please specify \_\_\_\_\_

Does your athlete have any food allergies? Yes No

If yes, please specify \_\_\_\_\_

**Please initial and sign below:**

\_\_\_\_\_ I give permission for my child to take part in the activities provided by Orland Youth Football and Cheer.

\_\_\_\_\_ I give permission for OYF to use photo/video footage taken during association activities.

\_\_\_\_\_ I give permission for medical attention to be sought in case of emergency.

\_\_\_\_\_ I understand that OYF cannot take responsibility if your child does not abide by the Rules.

\_\_\_\_\_ I give permission for my email and/or mobile number to be shared with OYF Volunteer Staff.

**The following forms are attached to this registration packet:**

\_\_\_\_\_ I have read, agreed and consent to the SYF Amateur Athletic Waiver & Release of Liability.

\_\_\_\_\_ I have read, agreed and consent to the SYF Code of Conduct.

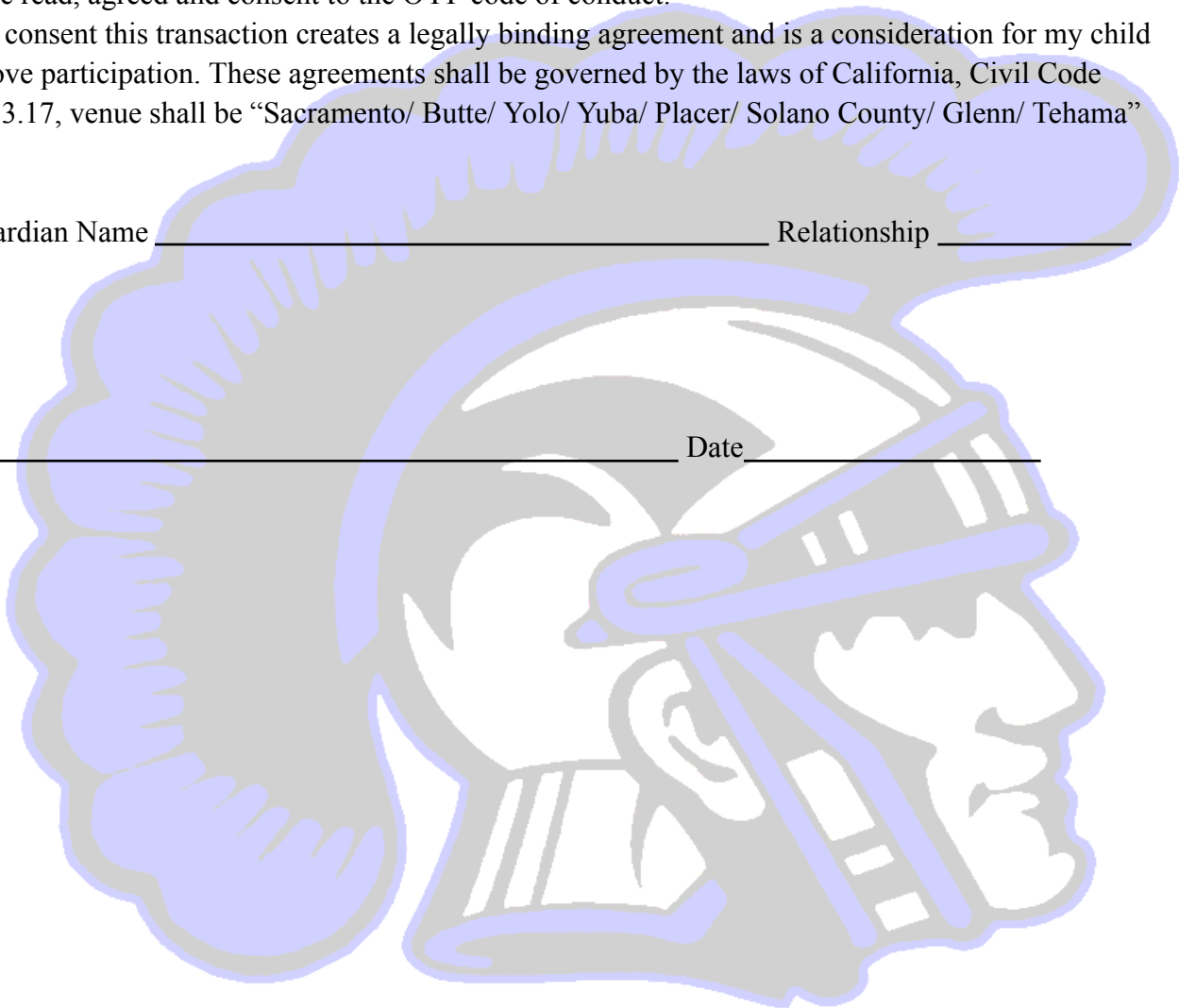
\_\_\_\_\_ I have read, agreed and consent to the SYF/CIF Concussion Awareness Information Sheet.

\_\_\_\_\_ I have read, agreed and consent to the OYF code of conduct.

I agree and consent this transaction creates a legally binding agreement and is a consideration for my child (named above participation. These agreements shall be governed by the laws of California, Civil Code 1633.1-1633.17, venue shall be "Sacramento/ Butte/ Yolo/ Yuba/ Placer/ Solano County/ Glenn/ Tehama"

Parent/ Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Photo Video Release

I, the parent or legal guardian of \_\_\_\_\_, hereby grant permission to Orland Jr. Trojans, located in Orland, California, to use photographs, video recordings, and/or audio recordings of my child. This includes my child's image, likeness, and voice, whether recorded in video, audio, or still photographs, without compensation or other consideration.

I understand that these materials may be edited, copied, published, displayed, or distributed by Orland Jr. Trojans. I waive the right to inspect or approve the final product in which my child's likeness appears, as well as any right to compensation related to the use of these materials.

These images and recordings may be used for purposes including, but not limited to:

- Social media
- Websites and online platforms
- Videos and presentations
- Promotional or informational materials

Any use beyond the purposes listed above will require additional consent.

I understand that there is no time limit on this release and no geographic restriction on where these materials may be used or distributed. By selecting Yes below, I confirm that I have read, understand, and agree to the terms of this release. I hereby release and hold harmless Orland Jr. Trojans from any claims related to the use of these images or recordings.

Yes, I agree to the Photo/Video Release.

No, I do not agree to the Photo/Video Release and do not want my child's photos or videos posted on Orland Jr. Trojans' official social media platforms. I understand that Orland Jr. Trojans cannot control photos or videos taken and shared by spectators, parents, or third parties

Parent/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 (SYF - AYF)**

**ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT**

In consideration of being allowed to participate on behalf of; (SACRAMENTO YOUTH FOOTBALL – SYF) football and cheer athletic programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death 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 as regards protection against infectious diseases. If, however, I observe and any unusual or 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 (insert name of sports organization) their officers, officials, agents, 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 ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF 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 IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: \_\_\_\_\_

Participant 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, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_ Parent

guardian/signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Note: The signed waiver/release should be kept on file by the sports organization for at least 7 years and possibly longer if the player has contracted a serious illness.

## **SYF CODE OF CONDUCT**

AS A PARENT, COACH, or ADMINISTRATOR, I hereby pledge to provide positive support, care, and encouragement for

my child and/or the athletes in youth sports by following this Code of Conduct and ethics:

(1) I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event recognizing that youth and adult participation is a condition privilege and not a right.

(2) I will insist that my child and/or the athletes play in a safe and healthy environment. I acknowledge being trained on concussions and head injuries, and I shall strictly follow all concussion laws, rules, protocols, and full-contact practice limitations.

(3) I will require that my child's coaches, or those with whom I am working, be trained in the responsibilities of being a youth sports coach and that coaches uphold this Code of Conduct, leading by example and being a mature responsible role model.

(4) I will support coaches and officials working with my child or athlete in order to encourage a positive and enjoyable experience for all in a sports environment which is free from drugs, tobacco, and alcohol and I will refrain from their use at all youth sports events.

(5) I agree that sports (football and cheer) is a privilege for youth - not for adults. I agree in the event a claim or legal action for any reason is alleged by me, or against me or my child (against a team, SYF, or its members) that for due process and risk minimization SYF shall immediately suspend any further participation (for my child and I in SYF and its teams) until proof of proper resolution is received by the Commissioner.

(6) I will do my very best to make youth sports fun for my child and the athletes recognizing that winning is not the goal - teaching my child and the athletes the importance of teamwork and discipline is first and foremost. I will ask my child and the athletes to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed or ability and I will refrain from cursing, vulgar language and any other detrimental or unsportsmanlike conduct understanding I alone am responsible for my actions.

(7) I will help my child and the athletes enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, providing transportation, or otherwise assisting the team.

(8) I will read the National Standards for Youth Sports, doing what I can to help SYF as well as all youth sports organizations implement and enforce them. I understand football and cheer are physically demanding and physical harmful contact will occur.

**AS AN ATHLETE AND PARTICIPANT IN SACRAMENTO YOUTH LEAGUE**, I understand commitment, hard work and dedication will be required by me before I can wear the colors of the team. Once I have tried out and made the team, I have accomplished an achievement for which I can be proud. Being a member of the team means much more than just learning about and playing football or being a cheerleader. As an athlete, both on and off the field, I am a representative of SYF/Team and expected to act

accordingly.

(1) I understand as an athlete I am to maintain an academic standard at 2.0 (“C” average) during the season or risk being benched or dismissed from the team/organization. Grade checks may be performed at random.

(2) I understand I am to maintain good citizenship. Fighting, misconduct, vulgar or derogatory language, cursing, or disrespect can lead to being dismissed from SYF or the team. Any athlete who has an altercation at school or with law enforcement authorities or is observed displaying conduct (anytime, anywhere) below the acceptable standards of an athlete may face suspension from SYF.

(3) I understand athletes are responsible for notifying their coach if they will be absent from a practice or game. Missing a practice or game will hurt both my team and may be a reason for not playing in games. If I have too many absences, I may be suspended from SYF or the team.

(4) I am expected to come to practices and games prepared and ready to give 100%. An athlete may be benched at a practice or dismissed due to too many absences, not giving 100%, failure to know plays or routines, being out of condition, and/or not following SYF or team rules.

(5) I will treat their coaches, teammates, officials, and adult authority figures with respect.

(6) I am responsible for the maintenance of my equipment and uniforms. Uniforms must be washed regularly. I will report all equipment problems to my coach immediately. If I lose my uniform or equipment I am financially responsible to replace it.

(7) I agree to follow all rules and policies for SYF and my team.

ALL PARENTS/GUARDIANS MUST SIGN. I/We, have read, understand, agree, and will abide by the above, certifying I am a legal parent authorized to sign. I/We have voluntarily signed, understanding if I/we violate this Code of Conduct I/we shall be subject to immediate termination or suspension from SYF or the team.

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Print Name Parent/Guardian Signature

Date

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Print Name Parent/Guardian Signature

Date

---

Print Name Coach / Administrator Signature

Date

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Print Name Athlete/Participant’s Signature

Date

## OYF Code of Conduct

AS A PARENT, COACH, or ADMINISTRATOR, I hereby pledge to provide positive support, care, and encouragement for my child and/or the athletes in youth sports by following this Code of Conduct and ethics:

- (1) I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event recognizing that youth and adult participation is a condition privilege and not a right.
- (2) I will insist that my child and/or the athletes play in a safe and healthy environment. I acknowledge being trained on concussions and head injuries, and I shall strictly follow all concussion laws, rules, protocols, and full-contact practice limitations.
- (3) I will require that my child's coaches, or those with whom I am working, be trained in the responsibilities of being a youth sports coach and that coaches uphold this Code of Conduct, leading by example and being a mature responsible role model.
- (4) I will support coaches and officials working with my child or athlete in order to encourage a positive and enjoyable experience for all in a sports environment which is free from drugs, tobacco, and alcohol and I will refrain from their use at all youth sports events.
- (5) I agree the sports (football and cheer) is a privilege for youth - not adults. I agree in the event a claim or legal action for any reason is alleged by me, or against me or my child (against a team, OYF, or its members) that for due process and risk minimization, OYF shall immediately suspend any further participation (for my child and I in OYF and its teams) until proof of proper resolution is received by the Commissioner.
- (6) I will do my very best to make youth sports fun for my child and the athletes recognizing that winning is not the goal - teaching my child and the athletes the importance of teamwork and discipline is first and foremost. I will ask my child and the athletes to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, or ability and I will refrain from cursing, vulgar language and any other detrimental or unsportsmanlike conduct, understanding I alone am responsible for my actions.
- (7) I will help my child and the athletes enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, providing transportation, or otherwise assisting the team.
- (8) I will read the National Standards for Youth Sports, doing what I can to help OYF as well as all youth sports organizations implement and enforce them. I understand football and cheer are physically demanding and physical harmful contact will occur.

AS AN ATHLETE AND PARTICIPANT IN Orland Youth Football, I understand commitment, hard work, and dedication will be required by me before I can wear the colors of the team. Once I have tried out and made the team, I have accomplished an achievement for which I can be proud. Being a member of the team means much more than just learning about and playing football or being a cheerleader. As an athlete, both on and off the field, I am a representative of OYF/Team and expected to act accordingly.

(1) I understand I am to maintain good citizenship. Fighting, misconduct, vulgar or derogatory language, cursing, or disrespect can lead to being dismissed from OYF or the team. Any athlete who has an altercation at school or with law enforcement authorities or is observed displaying conduct (anytime, anywhere) below the acceptable standards of an athlete may face suspension from OYF.

(2) I understand athletes are responsible for notifying their coach if they will be absent from a practice or game. Missing a practice or game will hurt both my team and may be a reason for not playing in games. If I have too many absences, I may be suspended from OYF or the team.

(4) I am expected to come to practices and games prepared and ready to give 100%. An athlete may be benched at a practice or dismissed due to too many absences, not giving 100%, failure to know plays or routines, being out of condition, and/or not following OYF or team rules.

(5) I will treat my coaches, teammates, officials, and adult authority figures with respect.

(6) I am responsible for the maintenance of my equipment and uniforms. Uniforms must be washed regularly. I will report all equipment problems to my coach immediately. If I lose my uniform or equipment, I am financially responsible to replace it.

(7) I agree to follow all rules and policies for OYF and my team.

ALL PARENTS/GUARDIANS MUST SIGN. I/We, have read, understand, agree, and will abide by the above, certifying I am a legal parent authorized to sign. I/We have voluntarily signed, understanding if I/we violate this Code of Conduct I/we shall be subject to immediate termination or suspension from OYF or the team.

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Print Name Parent/Guardian Signature

Date

---

Print Name Parent/Guardian Signature

Date

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Print Name Coach / Administrator Signature

Date

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Print Name Athlete/Participant's Signature

Date

## CIF Concussion Information Sheet & Opioid Fact Sheet

### Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012, now Education Code § 49475) and AB 1: Calif. Youth Football Act (Health and Safety Code § 124240 et seq.)

1. *The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.*
3. *Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

### What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

*Most concussions get better with rest and over 90% of athletes fully recover.* However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

*Most concussions occur without being knocked out.* Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs, seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.

On the CIF website is a ***Graded Concussion Symptom Checklist***. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows improvement. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child.

Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

**What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?**

*Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion.* Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be “normal”, the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

***Signs observed by teammates, parents and coaches include:***

Looks dizzy  
Looks spaced out  
Confused about plays  
Forgets plays  
Is unsure of game, score, or opponent  
Moves clumsily or awkwardly  
Answers questions slowly

Slurred speech  
Shows a change in personality or way of acting  
Can't recall events before or after the injury  
Seizures or has a fit  
Any change in typical behavior or personality  
Passes out

**Symptoms may include one or more of the following:**

Headaches “Pressure in head” Nausea or throws up Neck pain Has trouble standing or walking Blurred, double, or fuzzy vision Bothered by light or noise Feeling sluggish or slowed down Feeling foggy or groggy Drowsiness Change in sleep patterns	Loss of memory “Don’t feel right” Tired or low energy Sadness Nervousness or feeling on edge Irritability More emotional Confused Concentration or memory problems Repeating the same question/comment
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**What is Return to Learn?**

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities, unless your doctor makes other recommendations. Go to the CIF website ([cifstate.org](http://cifstate.org)) for more information on Return to Learn.

**How is Return to Play (RTP) determined?**

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see [cifstate.org](http://cifstate.org) for a graduated return to play plan. *[AB 2127, a California state -----*

law effective 1/1/15, states that return to play (i.e., full competition) must be **no sooner than 7 days after the concussion diagnosis has been made by a physician.] Final Thoughts for Parents and**

**Guardians:**

10 days in

*It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them.* Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

**References:**

*American Medical Society for Sports Medicine position statement: concussion in sport (2013)  
Consensus statement on concussion in sport: the 4th International Conference on  
Concussion in Sport held in Zurich, November 2012*

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

CIFSTATE.ORG 05/2015 CIF

## CIF Concussion Information Sheet

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

- 1. The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
- 2. Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.*
- 3. Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

Every year all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

For current and up-to-date information on concussions you can visit:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

I acknowledge that I have received and read the above CIF Concussion Information Sheet and the following CDC Opioid Fact Sheet for patients.

\_\_\_\_\_  
Athletes Name Printed

\_\_\_\_\_  
Athletes Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian  
Signature

\_\_\_\_\_  
Date

Physical Form  
(Must be for this Calendar Year, dated after April 1st)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Any Known Allergies: Yes/No. If yes, please list allergies: \_\_\_\_\_

Any Known Disabilities: Yes/No. If yes, please list any: \_\_\_\_\_

Physician's Statement of Health:

I certify that I have examined \_\_\_\_\_

And have found no gross evidence of any abnormality that will keep him/her from participating in the Youth Sports Program.

Physicians Name: \_\_\_\_\_

NPI# \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Form (Must be for this Calendar Year, dated after April 1st)

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**DR STAMP REQUIRED HERE TO BE VALID**

P.O. Box 861 Orland, CA 95963  
EIN: 92-1693245

Dear Prospective Sponsor,

Orland Youth Football and Cheer (OYF) is an organization serving the community as a member of the Sacramento Youth Football Association (SYF). The organization's mission is to promote community citizenship, good sportsmanship, and physical and mental development through healthy, organized competition and teamwork for youth ages 5-14 years old.

OJT has approximately 175 athletes participating in youth football and/or cheer each year. Our athletes are instructed on the fundamentals of the sport, fostered good sportsmanship, and provided an excellent physical challenge. This is accomplished under the direction of 8 volunteer board members, and over 30 volunteer coaches. There are no paid positions within our organization. It is our vision to continue to grow our successful program and we need your help.

Each year we strive to keep the registration cost low so our families can continue to enroll year after year. You are reading this letter because one of those families/ Athletes needs your sponsorship.

The total cost paid up front (during our first sign-up/registration date) is \$450 per athlete (\$350 per 6U Cheer). Each Family is required to also give 1 Check in the amount of \$300 post dated to November 15th for Volunteer Hours. Upon completion of 10 Volunteer hours per family that check is then returned to the family. There is also a gear/uniform deposit check due at the time of sign up in the amount of \$400 per Football Athlete and/or \$350 per Cheer Athlete post dated to November 15th upon return of all equipment is also given back to the family.

While we do have several other fundraising opportunities this year, we hope we can still count on you to support our young athletes. Please fill out the form below to be turned in by your sponsored Athlete to Joe Goodman, our programs Treasurer, can also be reached at (530) 777-8268 or you can email us at [jrtrojansorland@gmail.com](mailto:jrtrojansorland@gmail.com) to schedule a time to pick up/drop off your donation. Payment can also be mailed to: P.O Box 861 Orland, CA. 95963

Sincerely,

Orland Jr. Trojans Football and Cheer

# ORLAND JUNIOR TROJANS

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Full Name of Athlete: \_\_\_\_\_

Athletes Team age group:

Football 8U 10U 12U 14U

Cheer 6U 8U 10U 12U 14U

Donation Amount: \_\_\_\_\_ Cash or Check # \_\_\_\_\_

Checks made payable to *Orland Jr Trojans*

