SAN GABRIEL VALLEY JR. ALL-AMERICAN FOOTBALL CONFERENCE, INC.
20____ PARTICIPANT CONTRACT

☐CUT PLAYER ☐SIGN-UPS CLOSED ☐CUT CHEERLEADER	CITY PRESIDENT SIGNATURE	DATE: _____ BADGE # _____
SECTION I:	**FRANCHISE CITY**	**TEAM NAME**

PLAYER OR CHEERLEADER STATUS: ☐ NEW ☐ RETURNING

CHECK DIVISION: ☐ FLAG ☐ JR. GREMLIN ☐ GREMLIN ☐ JR. PEE-WEE ☐ PEE-WEE ☐ JR. MIDGET

SECTION II — TO BE COMPLETED BY CANDIDATE PLAYER & PARENTS

NO CANDIDATE will be permitted to participate in any activity until **SECTIONS II, IV, V** of this form have been completed in **FULL.** The **CANDIDATE** and **PARENTS** agree by executing this document to abide by the **RULES of SGVJAAFC** at all times.

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

1. I agree to maintain at least a 2.0 average throughout the current school year.
2. I agree to play any position assigned to me and will do my very best at all times.
3. I agree to play the game hard and cleanly at all times in a true sportsmanlike manner with never any intent to harm any opposing player.
4. I agree, when my team is not playing, that I will stay off the field being used and will not interfere with those teams playing.
5. I agree that I will not in any way damage or deface any property, building, or equipment.
6. I agree to abide by all decisions of the game officials and coaches, and will not display any unsportsmanlike conduct by word or deed.
7. I agree that I will refrain from using foul language.
8. I agree that I will remain a member of this team until properly released.
9. I agree to return, upon request, the uniform or other equipment issued to me, in a good condition as when received, except normal wear and tear.

CANDIDATES FULL LEGAL NAME (FIRST-MIDDLE-LAST AS SHOWN ON BIRTH CERTIFICATE)		DATE OF BIRTH	LEAGUE AGE
CANDIDATES CURRENT ADDRESS	**CITY**	**ZIPCODE**	**PARENT/GUARDIAN CELL NUMBER**
SCHOOL NAME	**CITY**	**FALL GRADE LEVEL**	**PARENT/GUARDIAN CELL NUMBER**

SECTION III — ATHLETE'S CODE OF ETHICS

1. Place academic achievement as the highest priority.
2. Show respect for teammates, opponents, officials, and coaches.
3. Respect the integrity and judgment of the game officials.
4. Exhibit fair play, sportsmanship and proper conduct on and off the playing field.
5. Maintain a high level of safety awareness.
6. Refrain from the use of profanity, vulgarity and other offensive language and gestures.
7. Adhere to the established rules and standards of the game to be played.
8. Respect all equipment and use it safely and appropriately.
9. Refrain from the use of alcohol, tobacco, illegal and non-prescriptive drugs, anabolic steroids or any substance to increase physical development or performance that is not approved by the United States Food and Drug Administration, Surgeon General of the United States or American Medical Association.
10. Know and follow the San Gabriel Valley Jr. All-American Rules and Regulations as they pertain to eligibility and sports participation.
11. Win with character, lose with dignity.

SECTION IV — PARENT CONSENT, RELEASE AND MEDICAL TREATMENT AUTHORIZATION

I/We, the parent(s)/guardian(s) of the candidate named herein, do by give My/Our approval for all participation in any or all football/cheer activities for the current season. I/We assume all risks and hazards to this participation for any claims arising out of injury to My/Our child, including but not limited to, transportation to and from such activities. I/We fully understand a serious, even fatal injury could occur. I/We hereby waive, release, absolve, indemnify and agree to hold harmless: The Conference/League, local team, organizers, sponsors, managers, coaches, supervisors, participants, persons providing transportation and any organization this football/cheer program is affiliated with.

Further, I/We hereby irrevocably agree and consent that the Conference/League and its assigns shall have the right to photograph, film and/or videotape My/Our child and to record and reproduce his/her voice in connections with his/her participation in football/cheer activities.

The Conference/League has acquired **EXCESS** accident-medical blanket team insurance group coverage by Federal Insurance Company at no cost to the candidate, for injuries occurring out of approved Conference/League activities. The Conference/League group insurance is **EXCESS COVERAGE** to any valid, collectible coverage provided by the parent(s)/guardian(s) own personal and/or employee's dependent group insurance. See state required "disclosure" provisions below. The Conference/League excess accidental-medical insurance coverage provides for each injury incurred, subject to a corridor **deductible of $500.00**, a maximum medical benefit of $100,000.00: providing medical treatment commence within 60 days from date of injury and such treatment in required by an attending physician. Abdominal hernia, illness/disease and pre-existing conditions are not covered.

MY/OUR EMPLOYMENT GROUP/INSUANCE COMPANY IS (IF NONE, LIST FATHER'S, MOTHER'S, AND/OR GUARDIANS SOCIAL SECURITY NO.) ALSO PROVIDE POLICY NUMBER AND TELEPHONE NO. FOR VERIFICATION.

In executing the foregoing release, I/We acknowledge that: I/We understand any claims for injury arising out of my/our child's participation, must be reported to the team official within 30 days of injury; I/We understand the "proof of loss" forms must be completed in full and filed within 60 days of mailing; I/We understand any monies I/We paid to the team, does not constitute payment for insurance coverage; I/We do "indemnify" the Conference/League and the Insurance carrier should there be statement(s) by "anyone" that is in contradiction; I/We certify I/We received a copy of this "contract" and the "disclosure" information required; I/We have read and understand fully, the provisions of this contract/release/authorization and I/we have signed it voluntarily.

Further, I/We hereby grant authority to a qualified medical practitioner to render such medical treatment as said qualified medical practitioner deems necessary under the circumstances.

PLEASE LIST ALL ALLERGIES: _____

CANDIDATES FULL LEGAL NAME (FIRST-MIDDLE-LAST AS SHOWN ON BIRTH CERTIFICATE)		CANDIDATES SIGNATURE	DATE
FATHER'S SIGNATURE	DATE	MOTHER'S SIGNATURE	DATE
GUARDIAN'S SIGNATURE	DATE		

NOTE: If available**, BOTH PARENTS WILL SIGN – ONE MUST,** or GUARDIAN if **NO** parents available. Forged signatures may result in Board AND/OR Legal action.

A. IMPORTANT NOTICE (State Required "Disclosure" statement; C.I.C. Section 10270.2)

THIS IS AN EXCESS PLAN – The Medical Expense Benefit of the Plan (Program) is an **EXCESS** type benefit that picks up where the 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 subject to a **deductible of $500.00.** The premium for this Plan (Program) has been reduced, taking this into account.

If you have any other coverage, you should first submit your 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. (Form 2449 Ed. 1-75)

B. The Conference/League group insurance is **"CORRIDOR EXCESS"** only. This means 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 the Parents/Guardians of the injured person **DOES NOT HAVE PRIMARY INSURANCE,** the Conference/League group insurance may be used, **BUT THERE IS A DEDUCTIBLE FOR EACH INJURY.**

D. The Conference/League group insurance **PAYS ONLY TO THE HOSPITALS AND DOCTORS** by assignment; not to the Parents/Guardians. Payment on the Conference/League is made **ONLY AFTER THE INJURED IS RELEASED FROM ALL MEDICAL TREATMENT.**

E. **THE AUTHORIZED TEAM OFFICIAL** reports injuries on the Accident Claim Form given to the **PARENTS/GUARDIANS WHO MUST FILL OUT THE TEAM CLAIM REPORT FORM AND SUBMIT IT.**

F. **EXCLUSIONS AND LIMITATIONS APPLY.**

G. To obtain **FULL DETAILS OF THE COVERAGE** please email Kathy D'Amato of SGVJAAFC at vp@kapmfg.com

SECTION V CERTIFICATION BY AUTHORIZED TEAM OFFICIAL

I, the undersigned, have approved the candidate listed in Section II to participate with the team, division and Conference/League listed in Section #1 for the current season of play. I certify the birth record furnished does correspond with the candidate's name and date of birth shown in Section II; if the name is different, substantiation in full was furnished. I certify I received the candidate's report of grades and a 2.0 or higher scholastic grade average for the school year ending in May/June of the current year was maintained; or the candidate falls in the category of exemption, as outlined in the Conference/League rules. I certify the Medical Examination Form, was completed by a qualified Medical Practitioner, as was the parent consent, release of medical authorization in Section IV prior to the candidate's participation in any manner with the team. I certify I have explained fully, to the candidate's parent(s)/guardian(s), the procedures that **MUST** be followed in reporting an injury, including but not limited to, the time limits for completion of all forms, the deductible amounts, limits of coverage, excess benefits and state required disclosure statement applicable to the group insurance. Further, I certify, a copy of this contract was furnished to the parent(s)/guardians(s) as applicable.

AUTHORIZED TEAM OFFICIAL'S SIGNATURE	DATE	ADDRESS VERIFIED	TITLE
		☐YES ☐ NO	

SUBMIT ORGINAL DOCUMENT TO CONFERENCE **(2) COPIES – AD (1) & PARENTS (1)**