

CENTRAL CALIFORNIA YOUTH FOOTBALL & CHEER



Amateur Waiver and Release of Liability - Minor



ASSOCIATION NAME - _____

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in The Clovis Clash Youth Football & Cheer athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury to my child/ward, myself, from the activities involved in these programs is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist;injuries associated with extreme heat, humidity, cold and other uncertain weather conditions inherent in a game played outdoors and,
- 2) 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 child/ward, 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 concern in my child/wards', readiness or, hazard during my presence or participation, and/or in the program itself, I will remove my, child/ward, from participation and bring such to the attention of the nearest official immediately; The uncertainty and risks of injury are great since TCC football and cheer programs are operated by many volunteers and untrained persons with limited resources and training. I UNDERSTAND AND FREELY ASSUME ALL RISKS BOTH KNOWN AND UNKNOWN AND ASSUME FULL Responsibility; 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, INDEMNIFY, AND HOLD HARMLESS any way in The Clovis Clash Football Youth & Cheer,(TCC), my Local (TCC) Affiliation, their officers, directors, officials, volunteers, agents, and/or employees, other participants, sponsoring agencies, tournament host, 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/wards', 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 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 ANY INDUCEMENT.

Print Name of Parent/Guardian:

Parent/Guardian Signature:

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.

Print Participant's Name:

Participant's Signature:

Date Signed:

NOTE: This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms.

Clovis Clash–Athlete & Parent/Legal Custodian Concussion Information Sheet

What is a concussion? A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

How do I know if I have a concussion? There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability-things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

What should I do if I think I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the help you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach or teacher know right away, so they can get you the help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

How do I know when it's ok to return to physical activity and my sport after a concussion? After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.

Clovis Clash-Athlete & Parent/Legal Custodian Concussion Statement Form

Instructions: The student athlete and his/her parent or legal custodian, must initial beside each statement acknowledging that they have read and understand the corresponding statement. The student-athlete should initial in the left column and the parent or legal custodian should initial in the right column. Some statements are applicable only to the student-athlete and should only be initialed by the athlete. This form must be completed for each student-athlete, even if there are multiple student-athletes in the household.

Student-Athlete Name: (please print) _____

Parent/Legal Custodian Name(s): (please print) _____

Athlete Initials		Parent/Legal Custodian(s) Initials
	A concussion is a brain injury, which should be reported to my parent(s) or legal custodian(s), my or my child's coach(es), or a medical professional if one is available.	
	A concussion cannot be "seen." Some signs and symptoms might be present immediately; however, other symptoms can appear hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	Not Applicable
	If I think a teammate has a concussion, I should tell my coach(es), parent(s)/ legal custodian(s) or medical professional about the concussion.	Not Applicable
	I, or my child, will not return to play in a game or practice if a hit to my, or my child's, head or body causes any concussion-related symptoms.	
	I, or my child, will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away, right away. I realize that resolution from a concussion is a process that may require more than one medical visit.	
	I realize that ER/Urgent Care physicians will not provide clearance to return to play or practice, if seen immediately or shortly after the injury.	
	After a concussion, the brain needs time to heal. I understand that I or my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms listed on the Student-Athlete/ Parent Legal Custodian Concussion Information Sheet.	
	I have asked an adult and/or medical professional to explain any information contained in the Student-Athlete & Parent Concussion Statement Form or Information Sheet that I do not understand.	

By signing below, we agree that we have read and understand the information contained in the Student-Athlete & Parent/Legal Custodian Concussion Statement Form, and have initialed appropriately beside each statement.

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date

CLOVIS USD SPORTS PRE-PARTICIPATION SCREENING FORM

This form MUST be completed for every sports participant with parent/guardian & athlete signatures

Student's Name _____ Sex M F Age _____ Date of Birth _____

Address _____ Student ID # _____

Grade _____ School _____ Sport(s) _____

In case of emergency, contact:

Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "YES" answers below. Circle questions you do not know the answers to.

YES NO

- | | | | | | | | | | | | | | | | | | | | |
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| <p>1. Have you ever had a medical illness or injury since your last check up or sports physical? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. Have you ever been hospitalized overnight? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3. Have you ever had surgery? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>4. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills?
 a. Have you ever taken any supplements, steroids, or vitamins to help you gain or lose weight or improve your performance? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5. Do you have any allergies (for example: medication, food, stinging insects or pollen)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6. Have you ever passed out during or after exercise?
 a. Have you ever been dizzy during or after exercise? <input type="checkbox"/> YES <input type="checkbox"/> NO
 b. Have you ever had chest pain during or after exercise? <input type="checkbox"/> YES <input type="checkbox"/> NO
 c. Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> YES <input type="checkbox"/> NO
 d. Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> YES <input type="checkbox"/> NO
 e. Have you had high blood pressure or high cholesterol? <input type="checkbox"/> YES <input type="checkbox"/> NO
 f. Have you ever been told you have a heart murmur? <input type="checkbox"/> YES <input type="checkbox"/> NO
 g. Has any family member or relative died of heart problems or of sudden death before age 50? <input type="checkbox"/> YES <input type="checkbox"/> NO
 h. Have you had a severe viral infection (for example: infection in the heart or mononucleosis) within the last six months? <input type="checkbox"/> YES <input type="checkbox"/> NO
 i. Has a physician ever denied or restricted your participation in sports for any heart problems? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7. Do you have any current skin problems (for example: itching, rashes, acne, warts, fungus or blisters)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>8. Have you ever had a head injury or concussion?
 a. Have you ever been knocked out, become unconscious or lost your memory? <input type="checkbox"/> YES <input type="checkbox"/> NO
 b. Have you ever had a seizure? <input type="checkbox"/> YES <input type="checkbox"/> NO
 c. Do you have frequent or severe headaches? <input type="checkbox"/> YES <input type="checkbox"/> NO
 d. Have you ever had numbness or tingling in your arms, hands, legs or feet? <input type="checkbox"/> YES <input type="checkbox"/> NO
 e. Have you ever had a stinger, burner or pinched nerve? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>9. Have you ever become ill from exercising in the heat? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>10. Do you cough, wheeze or have trouble breathing during or after activity?
 a. Do you have asthma or use an inhaler? <input type="checkbox"/> YES <input type="checkbox"/> NO
 b. Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>11. Do you have Diabetes Yes <input type="checkbox"/> No <input type="checkbox"/>
 If so, do you take insulin? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>12. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example: knee braces, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>13. Have you ever had a sprain, strain or swelling after injury? Yes <input type="checkbox"/> No <input type="checkbox"/>
 a. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?
 Yes <input type="checkbox"/> No <input type="checkbox"/>
 If yes, check appropriate box, indicate R for right and L for left, and explain below:</p> <table border="0" style="width: 100%;"> <tr> <td>Head <input type="checkbox"/></td> <td>Elbow <input type="checkbox"/></td> <td>Hip <input type="checkbox"/></td> </tr> <tr> <td>Neck <input type="checkbox"/></td> <td>Forearm <input type="checkbox"/></td> <td>Thigh <input type="checkbox"/></td> </tr> <tr> <td>Back <input type="checkbox"/></td> <td>Wrist <input type="checkbox"/></td> <td>Knee <input type="checkbox"/></td> </tr> <tr> <td>Chest <input type="checkbox"/></td> <td>Hand <input type="checkbox"/></td> <td>Shin <input type="checkbox"/></td> </tr> <tr> <td>Shoulder <input type="checkbox"/></td> <td>Finger <input type="checkbox"/></td> <td>Calf <input type="checkbox"/></td> </tr> <tr> <td>Arm <input type="checkbox"/></td> <td>Ankle <input type="checkbox"/></td> <td>Foot <input type="checkbox"/></td> </tr> </table> <p>14. Have you had any problems with your eyes or vision? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>15. Do you wear glasses, contacts or protective eyewear? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>16. For females, age at first period _____
 Are periods regular? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>17. When was your most recent vaccine for:
 Tetanus _____ Chicken Pox _____</p> <p>18. I have at least \$1500 in accidental medical coverage through _____ Company, policy # _____. Is this school coverage? Y / N
 Tackle Football? Y / N 24 hour Coverage? Y / N</p> <p>Explain "YES" answers here: _____

 _____</p> | Head <input type="checkbox"/> | Elbow <input type="checkbox"/> | Hip <input type="checkbox"/> | Neck <input type="checkbox"/> | Forearm <input type="checkbox"/> | Thigh <input type="checkbox"/> | Back <input type="checkbox"/> | Wrist <input type="checkbox"/> | Knee <input type="checkbox"/> | Chest <input type="checkbox"/> | Hand <input type="checkbox"/> | Shin <input type="checkbox"/> | Shoulder <input type="checkbox"/> | Finger <input type="checkbox"/> | Calf <input type="checkbox"/> | Arm <input type="checkbox"/> | Ankle <input type="checkbox"/> | Foot <input type="checkbox"/> |
| Head <input type="checkbox"/> | Elbow <input type="checkbox"/> | Hip <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Neck <input type="checkbox"/> | Forearm <input type="checkbox"/> | Thigh <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Back <input type="checkbox"/> | Wrist <input type="checkbox"/> | Knee <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Chest <input type="checkbox"/> | Hand <input type="checkbox"/> | Shin <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Shoulder <input type="checkbox"/> | Finger <input type="checkbox"/> | Calf <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| Arm <input type="checkbox"/> | Ankle <input type="checkbox"/> | Foot <input type="checkbox"/> | | | | | | | | | | | | | | | | | |

I hereby state that to the best of my knowledge, my answers to all the above questions are correct and complete and I take full responsibility for any incorrect answers.

Signature of Athlete _____

Signature of Parent/Guardian _____

Date _____

CLOVIS USD SPORTS PRE-PARTICIPATION SCREENING FORM

This form MUST be completed for every sports participant with parent & athlete signature

Student's Name _____ Sex M or F Date of Birth _____

Height: _____ Weight: _____ BMI: _____ Pulse: _____ BP: ____/____ Hgb: _____

Vision: Grossly Intact _____ R 20/ _____ L 20/ _____ Corrected: Y or N Pupils: Equal ___ Unequal _____

Physical Screening	Normal Findings	X	Abnormal Findings	No Exam
Appearance	WDWN			
Eyes/Ears/Nose/Throat	WNL			
Lymph Nodes	WNL			
Hearing	Grossly Intact			
Heart	RRR, No Murmur			
Pulses	WNL			
Lungs	Clear/equal			
Abdomen	Soft, No HSMT			
Skin	Warm/Dry/Intact			
Neck	FROM			
Back	No Scoliosis			
Shoulder/Arm/Elbow	FROM, = strength			
Forearm/Wrist/Hand	FROM, = grip/strength			
Hip/Thigh/Knee	FROM			
Leg/Ankle/Foot	FROM			
Hernia/Squat/Duck Walk	WNL			
Immunizations given				

CLEARANCE

Cleared

NOT Cleared until completed evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Health Care Provider (print/type/stamp): _____ Date: _____

Address: _____ Phone: _____

Signature of Health Care Provider: _____

This form was developed based upon guidelines from the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Sports Medicine, the American Medical Society for Sports Medicine, the American Orthopedic Society for Sports Medicine and the American Academy of Sports Medicine, 2009.



COMMUNICABLE DISEASES DISCLOSURE AND RELEASE

(COVID-19)

Central California Youth Football & Cheer

This form must be turned into the appropriate football league BEFORE the player can receive any equipment or participate in practice.
A fax / email copy of the original will be accepted.

Player Name: _____ Player date of birth: _____

Age: _____ Grade: _____ Football Association: _____

Parent(s)/Guardian(s) Name(s): _____

Parent/Guardian phone: Cell: _____ Work: _____ Other: _____

Federal, State, City, School, Field and/or League mandates: I, the parent/guardian of the above-named player, agree to comply with all federal, state, city, school, field, and/or League mandates if imposed.

The novel corona virus ("COVID-19"), has been declared a worldwide pandemic by the World Health Organization (WHO). COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. While rules, guidance, and personal discipline may reduce this risk; the risk of serious illness and death does exist. The Clovis Clash Youth Football & Cheer (CCYFL) and its Member Associations cannot completely mitigate the transfer of communicable diseases like COVID-19 especially when involved in Youth Football. Participation in Youth Football includes possible exposure to and illness, injury, or death from infectious diseases **including COVID-19** and/or any variants.

In consideration for providing the named player the opportunity to participate in Youth Football and any related transportation to and from Youth Football events and/or practices, both the named player and I voluntarily agree to waive and discharge any and all claims against CCYFL and its Member Associations and release it from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of the CCYFL and its Member Associations or any employees or agents, to the fullest extent allowed by law, for myself, the named player, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless the CCYFL and **The Clovis Clash, their Board of Directors, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with the named player's participation in Youth Football.**

I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the named player.

I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in Youth Football. The above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release CCYFL and its Member Associations from all liability for any loss regardless of cause, and claims arising from the student's participation in Youth Football.

I understand all of the above information to be accurate. I, as parent/guardian of said player/minor hereby give permission for said minor to participate in any and all activities sponsored by the Central California Youth Football & Cheer. Please maintain a copy of this form for your records.

Name of Parent/Guardian (print/type): _____

Date: _____

Signature of Parent/Guardian: _____



Parent Code of Conduct

I hereby agree to provide a positive support, care and encouragement for my child participating in the *Clovis Clash* youth football organization by supporting and following this code of conduct:

- I will encourage good sportsmanship by demonstrating positive support for all players, cheerleaders, coaches, and officials at every game, practice or other event.
 - I will place the emotional and physical well-being of my child ahead of any personal desire to win.
 - I will insist that my child plays in a healthy and safe environment.
 - I will emphasize the benefit of skill development and how practices will enhance my child's game performance.
 - I will ask my child to treat other players, cheerleaders, coaches, fans and officials with respect.
 - I will applaud good effort in victory or defeat, emphasize the positive points of the game and never criticize players.
 - I will remember that the game is for children, not adults. We are here for our kids.
 - I will assist my child's participation with the *Clovis Clash* youth football organization by volunteering my time for concessions, gate ticket sales, "chain gang, and other activities to support for success.
 - I will support the *Clovis Clash* youth football organization's rules, team/coaches' rules, and the rules of the *Youth Tackle Football League*.
 - I will welcome visiting teams and treat them as I would like to be treated with respect and dignity.
- I will never lose sight of the fact that I am a role model. I understand that children imitate their role models and by acting appropriately, I will be modeling what I expect of my child.

Parent Pledge

I will **never embarrass** my child or the *Clovis Clash* youth tackle football program by **verbally abusing/insulting** players, cheerleaders, coaches, or other parents, or officials. I will work to **remove all physical and verbal abuse** in youth sports. I understand and agree that **spectator stands/areas are not the place to shout personal instructions** to players, cheerleaders, coaches, or officials and will therefore refrain from such action.

If something occurs to which I disagree, I will **calmly seek an appropriate solution**, at an appropriate time, from the president of the *Clovis Clash* youth football. I understand that **instigating or participating in a confrontation** in front of any child(ren) **will not be tolerated** and is grounds for immediate dismissal from the *Clovis Clash* youth tackle football program and / or the youth football league.

I will show a positive attitude at all practices, games, and other team events as well as towards all participants, spectators, coaches, and officials, because I understand that a positive approach will benefit me and all the children participating.

I will not be on the practice field near the player(s) or on a game field. I will sit/stand in the appropriate “parents” section – watching my child participate. If I wish to talk to my child during practice and/or games, my child will be taken off the field to me. Parents are not to “coach” while kids are being directed by Clash coaches as this can lead to confusion for the player.

Consequences of Behavior

- At any Clovis Clash event, practice or competition, any adult who verbally abuses, attempts to intimidate, is flagrantly rude to, or does not control his/her language or actions with a player, official, coach, spectator, will be asked to leave the event by a Clovis Clash Board member. If the spectator fails to leave upon request, law enforcement authorities may be called to remove the spectator.
- Any adult that conducts himself or herself in a manner not consistent with the spirit of this Code of Conduct may be banned from Clovis Clash events for the remainder of the season and any future season.
- Any adult who physically assaults an official, coach, Clovis Clash Board member, player, participant or another spectator will be banned from the Clovis Clash. After one year, the parent may apply for reinstatement. Clovis Clash may, at its discretion, lift the ban. The term physical assault includes, but is not limited to: hitting, slapping, pushing, spitting, kicking or striking in any way with any part of the body or any physical implement.

I understand and will support the *Clovis Clash* youth tackle football program and mission:

Childs Name: _____

Date: _____

Parent / Guardian Name: _____ **Signature:** _____

Parent / Guardian Name: _____ **Signature:** _____

CLOVIS CLASH PARENTS VOLUNTEER SIGNUP FORM

Clovis Clash Youth Football & Cheer is an all-Volunteer Organization that needs your help. Please support us below and let's have some fun!

Please take the time to volunteer in one of the following areas. Remember this program is for your Children. We thank you for your time, effort and energy. You are a part of the Clovis Clash Family!

- Fundraising
- Chain Gang during Home Games Pee Wee Junior Senior
- Coaching position for [Football or Cheer](#), if so you need to complete coaching application.
- Game Day Field Set up Take Down Clean up.
- Team Parent Pee Wee Junior Senior
- Sponsorship.
- Concessions Help (When volunteering for snack bar help volunteer would not work during sons or daughter's game. You will always get to see your child perform.
- Score Board Operator.
- Videographer of Games Pee Wee Junior Senior
- Gate Keeper (When volunteering for Gate volunteer would not work during their sons or daughter game.

Name _____ Phone _____

Childs Name _____ Pee Wee Junior Senior

E-Mail _____

For more information, Please E-Mail us at support@theclovisclash.com or check out our website at theclovisclash.com