



Lodi Junior Flames Player/Cheerleader Season Contract

Name: _____ / _____ / _____
PARTICIPANT'S First Name Last Name Middle Initial

Birth Date: _____ / _____ / _____ Age: _____
Month Day Year As of August 15 of 2021

Parent's Cell# (____) _____ - _____ Player/Cheerleader Cell# (____) _____ - _____

Parent's Email Address (print clearly) _____

Does participant have Medical Insurance? Yes/No? If Yes - Name of Carrier: _____

PARENT'S AUTHORIZATION TO PARTICIPATE: I the parent/legal guardian of the above named LJF applicant hereby give my approval to said applicant's participation in any and all activities during the current season. The parent/legal guardian acknowledges and agrees that: the risk of injury to my child from the activities involved in this program is significant, including the potential for permanent disability and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. For myself and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others and assume full responsibility for my child's participation. I, myself and child, and on behalf of my/our heirs, assignees, personal representatives and next of kin, hereby release the other participants, sponsoring agencies, sponsors, advisors, and if applicable, owners and lessors of premises used to conduct the event (releases), with respect to any and all injury, disability, death, or loss or damage to person or property incident to my child's involvement or participation in this program, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law. In the same, hereby indemnify and hold harmless all the above releases from any and all liabilities incident to my involvement or participation in this program, even if arising from their negligence, to the fullest extent permitted by law.

RULES & REGULATIONS: I/We agree to comply with the program's stated and customary terms and conditions for participation. I/We will furnish a Certified Birth Certificate and a copy of the current year's report card of the above named applicant to the league/team officials. I/We give permission to the LJF to validate above named applicant's school grades. I/We understand that it is the responsibility of the parent, applicant, team and Association to comply with any and all Rules and Regulations of the LJF. Any noncompliance shall be cause for disciplinary action to be taken against said applicant, parent or team by the LJF.

INSURANCE DISCLOSURE: The medical expense benefits of this plan are an "EXCESS" type benefit that picks up where other coverages leave off. If the participant has any other Primary Coverage, whether individual, blanket or group coverage which provides benefits or services for, or by reason of medical or dental care treatment, then this plan, subject to the limits of the plan, will pay only the medical expenses not provided or reimbursable under your coverage. If the participant has no Primary Insurance Coverage, then this plan, subject to the limitations and deductibles (if any) of the plan, will provide insurance coverage. If the participant has coverage with any Pre-Paid Medical Plan, such as (but not limited to) Cigna, Aetna, Kaiser, Blue Cross, the injured participant must be taken to the pre-paid medical facility for treatment. All claims must be filed within 90 days of the injury/accident.

Parent Code of Ethics: I will provide positive support for my child participating by following this Parent's Code of Ethics:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, staff, and officials at every game, practice or other sports event.
- I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth sports events.
- My child and I will treat other players, coaches, fans, staff and officials with respect regardless of race, sex, creed, religion or ability.
- I agree to comply with all COVID-19 Restrictions and Guidelines put in place by the State, County, City, League, Team(s), Board, and other governing bodies as directed. I understand I may be removed from any/all events for non compliance.

PARENT/LEGAL GUARDIAN ACKNOWLEDGEMENT: I certify to the best of my knowledge, all above information is accurate, correct and any false information may be cause for disqualification of the applicant. I have read this release of liability and assumption of risk agreement and fully understand its terms. I understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without an inducement.

Parent Signature: _____ Date: _____

MISSION STATEMENT: The mission of The Lodi Jr. Flames is to inspire the youth and community to practice the ideas of sportsmanship, scholastic improvement, and physical fitness while teaching the fundamentals of football and cheer. The Lodi Jr. Flames organization is committed to excellence through a partnership of players, cheerleaders, coaches, parents and community. Success of our youth will be defined as self-fulfillment with the knowledge that they have done their best on/off the field and in the community. We will strive to create an atmosphere that will instill a hard work ethic, respect for self and others, and a positive attitude while having fun, each of which is a key to success in sports and life.

Print, Sign & Return with payment payable to Lodi Jr. Flames, 2715 W. Kettleman Lane, Suite 203-104, Lodi, CA 95242

VOLUNTEER AGREEMENT: The continued success of The Lodi Jr. Flames Youth Football & Cheer Program is due largely to the volunteerism of its members. To maintain the organization's commitment to excellence we require every family to volunteer eight (8) hours per child, per season to The Lodi Jr. Flames. A deposit of **\$100** per child is to be paid to The Lodi Jr. Flames at the time of registration. If you complete your obligations as a member, and (for football – equipment returned) this will be refunded to you at the end of the season. There are **NO EXCEPTIONS** to this policy. Without this participation, this organization cannot exist. If you do not wish to volunteer, you may choose to pay a \$100 booster fee to pay someone to work in your place.

I will do my volunteer hours. *Initials* _____

REGISTRATION FEE PAYMENT, DEPOSIT AND REFUND POLICY

1. *Football Fees total \$325. Cheerleading Registration Fee Total \$200 (This does not include cheer uniform cost). **In the event the fees are not paid in full by July 15, 2021, the registration will be deemed incomplete and the player/cheerleader will be ineligible to participate, and no money shall be refunded.*** *Parent/Guardian Initials* _____
2. A minimum payment of **\$100** is due at the time of registration for each football player/cheerleader. No registration will be accepted without payment of such amount (the Deposit) *Parent/Guardian Initials* _____
3. The deposit is non-refundable and will not be refunded in any event. The remainder of any Football registration fee paid more than the deposit will be refunded only if the player is injured, quits, or moves prior to the first game. If a Jersey has already been personalized, the current cost of the jersey will be deducted from the refundable amount. *Parent/Guardian Initials* _____
4. The Deposit shall be applied as a credit towards the registration fee upon completion of the required registration form, proof of age, and compliance with other rules and policies adopted by The Lodi Junior Flames. *Parent/Guardian Initials* _____
5. The Lodi Junior Flames will impose a fee of \$40 plus collection costs for any checks not paid. *Parent/Guardian Initials* _____
6. Football equipment is to be returned during the week following the final game of the season at the time and location as determined by The Lodi Junior Flames Board. In the event the equipment is not returned or is damaged, you will be charged an amount equal to the replacement cost for such unreturned or damaged equipment. *Parent/Guardian Initials* _____
7. Tri Tip Dinner is our one required fundraiser for the season. This year, due to the COVID-19, we are not making this fundraiser mandatory. However, we strongly encourage you to participate by purchasing tickets and helping us sell additional tickets. This fundraiser is essential to help pay for the costs to run the program. We reserve the right to find another viable option as our yearly mandatory fundraiser this season. *Parent/Guardian Initials* _____
8. I authorize The Lodi Junior Flames to post pictures/videos of my child as related to Football and Cheer on our website, the league website and/or social media page(s). *Parent/Guardian Initials* _____

By signing below, I acknowledge that I have read and understand this "Payment, Deposit, and Refund Policy" and agree to its terms. I agree to abide by all the standards set forth in this application.

Date _____ Player/Cheerleader Name _____

Parent/Legal Guardian Name (print clearly) _____

Parent/Legal Guardian Signature _____

Please list siblings also play for LJF _____

All Applicants:

T-Shirt Size (please circle one)

Short Size (please circle one)

Youth XS S M L XL Adult XS S M L XL XXL

Youth XS S M L XL Adult XS S M L XL XXL

Admin Use Only:

Payment Amount _____ Type _____ Discount/Credit _____

Division _____ Jersey # _____ (preferred but not guaranteed)

Note paperwork turned in _____ Received By _____