



PARTICIPANT APPLICATION/CONTRACT

AMATEUR ATHLETIC UNION - SOUTHERN PACIFIC REGION

SECTION I: PLAYER INFORMATION | TO BE COMPLETED BY CHAPTER OFFICIALS

Form with fields: FIRST NAME, MIDDLE NAME, LAST NAME, AGE AS OF JULY 31, DOB, ADDRESS, CITY, ZIP CODE, EMERGENCY CONTACT, PRIMARY CONTACT NUMBER, SECONDARY CONTACT NUMBER, EMAIL ADDRESS

SECTION II: DISCLOSURE AND CONSENT | TO BE COMPLETED BY CANDIDATE PARENTS/GUARDIANS

PARENT CONSENT

I/We the parents/guardians of the above-named candidate hereby give my/our approval to his participation in any and all SCCYFL-AAU 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, chapter, and the SCCYFL-AAU, including sponsors and other related participants, for any injury to my/our child. SCCYFL-AAU has advertising, modeling and photo copyrights.

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 to candidate. I understand all equipment is to be used for SCCYFL-AAU activities only and that all equipment remains the legal property of the chapter. I/We agree to reimburse the chapter for any and all equipment loaned to my child, which is lost, damaged or stolen; with the payment due when equipment is requested, or immediately upon the withdrawal of said candidate

RULES AND REGULATIONS

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 SCEYFL-AAU. Any noncompliance with rules and regulations shall be cause for dismissal or suspension from all future SCCYFL-AAU sanctioned events.

Form with fields: PARENT/GUARDIAN (Printed Name), PARENT/GUARDIAN SIGNATURE (Signature), DATE (Date)

RELATIONSHIP TO MINOR: FATHER [checkbox] MOTHER [checkbox] LEGAL GUARDIAN [checkbox]

CONFERENCE USE ONLY- DO NOT ENTER INFORMATION BELOW THIS LINE

SECTION III: DIVISION ASSIGNMENT | TO BE COMPLETED BY CHAPTER/CONFERENCE OFFICIALS ONLY

CHAPTER _____ TEAM CITY _____
DIVISION: FLAG 6U 8U 10U 12U 14U CHEERLEADING

SECTION IV: AGE VERIFICATION | TO BE COMPLETED BY CHAPTER/CONFERENCE OFFICIALS ONLY

Certification Age (as of July 31) _____ California ID _____ Passport _____ Military ID _____ Foster Care _____

SECTION V: CERTIFICATION | TO BE COMPLETED BY CHAPTER/CONFERENCE OFFICIALS ONLY

In approving the above Candidate's player contract, we hereby certify that the Birth Certificate submitted does correspond with the name and birth date shown in Section II. In addition, we hereby certify that the parental in Section III was completed by the signee. 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 the AAU National rules and procedures. Finally, we certify that a copy of the player season contract was furnished to the parent(s) or guardian(s), as applicable.



CHAPTER OFFICIAL _____ DATE _____ CERTIFICATION AGENT _____ DATE _____