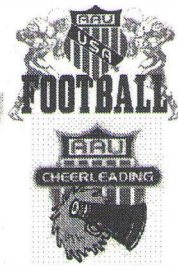


SCEYFL-AAU CONFERENCE

Amateur Athletic Union - California AAU - Southern Pacific Region



PARTICIPANT APPLICATION/CONTRACT

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

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	

CHAPTER USE ONLY- DO NOT ENTER INFORMATION BETWEEN THESE LINES

DIVISION ASSIGNMENT: _____

CHAPTER USE ONLY- DO NOT ENTER INFORMATION BETWEEN THESE LINES

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 SCEYFL-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 SCEYFL-AAU, including sponsors and other related participants, for any injury to my/our child. SCEYFL-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 SCEYFL-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 SCEYFL-AAU sanctioned events.

PARENT/GUARDIAN.	PARENT/GUARDIAN SIGNATURE	DATE
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Printed Name

Signature

Date

RELATIONSHIP TO MINOR: FATHER MOTHER LEGAL GUARDIAN

SCEYFL-AAU CONFERENCE

Amateur Athletic Union - California AAU - Southern Pacific Region



PARENT/PLAYER CODE OF CONDUCT SHEET

FOR PLAYERS:

I pledge the following....

1. I will demonstrate good sportsmanship regardless of the score.
2. I will show respect to all game officials, coaches, players, & parents.
3. I will not argue with or question the decisions made by the on-field game officials.
4. I will not use drugs, tobacco or alcohol at any practice or game & will remind others on my team not to do so.
5. I will shake hands with the other team at the conclusion of all games.
6. I will shake hands with the officials at the conclusion of all games.

I understand & that I can be suspended from any practice, game or SCEYFL-AAU sanctioned event for violation of this Player's Code of Conduct.

PLAYER PRINTED NAME	PLAYER SIGNATURE	DATE
Printed Name	Signature	Date

FOR PARENTS:

The essential elements of character building & ethics in sports are embodied in the concept of sportsmanship & six core principles.

Trustworthiness, Respect, Responsibility, Fairness, Caring, & Good Citizenship. I therefore agree:

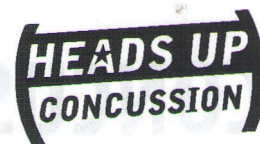
1. I will remember that children participate to have fun & that the game is for youth, not adults.
2. I will learn the rules of the game & the policies of the league.
3. I (& my guests) will be a positive role model for my child & encourage sportsmanship by showing respect & courtesy.
4. I (& my guests) will demonstrate positive support for all players, coaches, officials & spectators at every game.
5. I (& my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent.
6. I (& my guest) will not engage in tactics such as booing or taunting.
7. I will teach my child to play by the rules & to resolve conflicts without resorting to hostility or violence.
8. I will demand that my child treat other players, coaches, officials & spectators with respect.
9. I will praise my child for competing fairly & trying hard, & make my child feel like a winner every time.
10. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
11. I will promote the emotional & physical well-being of the athletes ahead of any personal desire I may have for my child to win.
12. I will respect the officials, game administrators & their authority before, during & after games.
13. I will never question, discuss, or confront coaches at the game - either during or after the game.
14. I will demand a sports environment for my child that is free from drugs, tobacco, & alcohol & I will refrain from their use at all sports events.
15. I will refrain from coaching my child or other players during games & practices, unless I am one of the official coaches of the team.

I also agree that if I fail to abide by the aforementioned rules & guidelines at practices, games, & all SCEYFL-AAU Conference sanctioned events. I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by game official, head coach, &/or Conference Staff.
- Parental game or season suspension
- Game Unsportsmanlike Conduct penalty assessed against team.
- Team game forfeit through the official or coach

PARENT/GUARDIAN	PARENT/GUARDIAN SIGNATURE	DATE
Printed Name	Signature	Date

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.

Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: _____ Date: _____

Athlete Signature: _____

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: _____ Date: _____

Parent or Legal Guardian Signature: _____

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

SCEYFL - AAU CONFERENCE

Amateur Athletic Union - California AAU - Southern Pacific Region



WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCL. COVID-19

SECTION I: PLAYER INFORMATION

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: ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of SCEYFL-AAU Football & Cheer Conference and its associated member 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.

SECTION III: DISCLOSURE AND CONSENT

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.

PARENT/GUARDIAN	PARENT/GUARDIAN SIGNATURE	DATE
Printed Name	Signature	Date



EQUIPMENT AGREEMENT & WAIVER (FOOTBALL)

Paid in Full: _____

Player Name (print) _____ Age/Division _____ Registration Fees _____

The player listed received the following Equipment, Uniforms, and Acknowledge the Equipment Return Policy & Waiver.

Game Uniform	Practice Uniform	Equipment	Spirit Pack
<input type="checkbox"/> Home Jersey: _____	<input type="checkbox"/> Practice Jersey: _____	<input type="checkbox"/> Helmet: _____	<input type="checkbox"/> T-Shirt: _____
<input type="checkbox"/> Away Jersey: _____	<input type="checkbox"/> Practice Pants: _____	<input type="checkbox"/> Shoulder Pads: _____	<input type="checkbox"/> Shorts: _____
<input type="checkbox"/> Game Pants: _____	<input type="checkbox"/> Mouthpiece: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Bag: _____
<input type="checkbox"/> Jersey Size: Y / A: _____	<input type="checkbox"/> Jersey REC'VD: _____	<input type="checkbox"/> Helmet REC'VD	<input type="checkbox"/> Shirt Size: Y / A: _____
<input type="checkbox"/> Pants Size: Y / A: _____	<input type="checkbox"/> Pants REC'VD: _____	<input type="checkbox"/> Shoulder Pads REC'VD	<input type="checkbox"/> Short Size: Y / A: _____

I, the parent/guardian of the listed player above, acknowledge that the checked-out equipment listed to my athlete is the property of LUU SPORTS INC, doing business as San Bernardino Hawks Youth Football & Cheer program (aka SB Hawks), and that I am obligated to return the equipment at the conclusion of the season; when the player no longer is participating; or when requested to do so. I acknowledge that if I fail to return the equipment described herein, or if the equipment is returned damaged (except what is deemed by SB Hawks as normal wear and tear), that I shall be responsible to pay to SB Hawks the replacement cost of the equipment. **Replacement Cost for Helmet is \$200, Shoulder Pads \$100, Practice Jersey \$25, and Practice Pants \$50.**

I recognize, acknowledge, accept, and assume the potential risks of injuries and dangers involved in participation in the sport of football and related activities. I recognize and acknowledge that no football equipment, regardless of condition or rating, can fully prevent injuries such as but not limited to concussions. I acknowledge and agree that SB Hawks, its board members, and/or volunteers and affiliates should not assume responsibility for, nor guarantee the personal safety of participants, nor does SB Hawks warrant, guarantee, or assume responsibility for the borrowed equipment. In return for being allowed to participate in the SB Hawks program, I release and agree not to sue San Bernardino Hawks Youth Football and Cheer or LUU Sports, its affiliates and coaches from all present and future claims that may be made by me, my family, estate, heirs or assigns for property damage, personal injury or wrongful death arising as a result of my participation in the program and /or caused by the ordinary negligence, wherever, whenever, or however the same may occur. I understand and agree that SB Hawks and its affiliates are not responsible for any injury or property damages arising out of the Program, even if caused by their ordinary negligence. I understand that participation in the Program involves certain risk, including, but not limited to, serious injury and death. I am voluntarily participating in the Program with knowledge of the danger involved and agree to accept all risks of participation. I also agree to indemnify and hold harmless SB Hawks for all claims arising out of participation in the Program and all related activities. Further, I hereby release, waive, covenant not to sue, and agree to hold harmless and indemnify the SB Hawks board of directors, its officers, members, volunteers, and affiliates from any and all liability, damages, claims, demands, or causes of action of any kind and/or nature of which may arise from the participation of the program, and/or use of the equipment borrowed/rented from SB Hawks. I further acknowledge that I have carefully read the foregoing release and acknowledgment and know the contents thereof and sign this release and acknowledgement as a free and voluntary act.

Parent Name (Print): _____ Parent Signature: _____ Date: _____