



PLAYER NAME: Last _____ First _____

DOB: ___/___/___ AGE ON SEPT 1ST: ___



DIVISIONS:

LEAGUE AGE IS AGE AS OF SEPT 1ST THIS YEAR

BANTAM

All players 7 & 8. Players 9 under 66lbs have a choice to play in the Bantam or Junior division.
Any Player 90lbs and above is Restricted.

JUNIOR

All players 9 & 10. Players 11 under 76lbs have a choice to play in the Junior or Intermediate division.
Any Player 115lbs and above is Restricted.

INTERMEDIATE

All players 11 & 12. Players 13 under 101lbs have a choice to play in the Intermediate or Senior division.
Any Player 140lbs and above is Restricted.

SENIOR

All players 13 & 14
Any Player 166lbs and above is Restricted.

Below for Board Use Only

CHECKLIST:	Parent Initial	Recv'd By:	Date	Copies
1) PHOTO				2-C
2) REGISTRATION FORM				4-C,PCYFL, P, CCYFL
3) PHYSICAL				3-C, PCYFL, P
4) PARENT ETHICS				3-C, PCYFL, P
5) POLICIES & PROCEDURES				3-C, PCYFL, P
6) RELEASE				3-C, PCYFL, P
7) CONCUSSION				3-C, PCYFL, P
8) BIRTH CERTIFICATE				2-C, PCYFL
9) PROOF OF ADDRESS				2-C, PCYFL
10) SCHOOL RECORD				2-C, PCYFL
11) FUNDRAISING INFO				P
12) PAYMENT \$ _____				

Last _____ First _____ DOB: ___/___/___ AGE ON SEPT 1ST: ___

Sign Up Number _____

REGISTRATION FORM

20__

Central Coast Youth Football League–Independent Youth Football League and Cheerleading Program

For League Use Only: Docs. Received – CCYFL Physical Form: _____ Fundraiser Agreement: _____
 Registration Fee: _____ Birth Certificate: _____ Parent Agreement: _____ Scholastic Player entry: _____
 Check # _____ Years child has played organized football: _____
 Cash _____ Birthdate: _____ Division: _____ Height: _____ Weight: _____
 Is player within the chapter boundaries? Yes No
 Siblings playing: _____

If your chapter allows: Same Team Rideshare Request: Who? _____

Explain: _____

Registration Information

Child's Name _____
Last First Middle

Child's Address: _____
Street City Zip

Last School attended: _____ Grade in (during playing season): _____

School attended during playing season: _____

Mother's Name: _____ Home phone: _____ Work phone: _____

Father's Name: _____ Home phone _____ Work phone: _____

Email Address: _____

If not living together, which parent does child live with? _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE NO.: _____

If your child participated with CCYFL last season, what team/squad was he/she on? _____

I request my child enter the draft instead of returning to the same team/squad from last year: (check here)

The box must be checked at signup time, and if you check the box, you must have a letter into your chapter before August 1st, saying why. This does not mean you will go into the draft; it is up to each chapter to grant this request.

Parent's Statement

Eligibility Rules are strictly enforced for all applicants. An important component of this is the player's birthdate. Proof of birth is a legal document(s) which must be certified under penalty of perjury under the laws of the State of California. Supplying a false legal document, or a document that has been altered is a criminal offense (Penal Code Section 470).

I declare under penalty of perjury under the laws of the State of California that the information contained herein is true and correct and that the document was executed in

_____ 20 ____ in _____ County, CA

Signature of Parent/Legal Guardian _____ Date _____

Organization Representatives Signature _____ Date of sign up _____

PHYSICAL EXAMINATION & MEDICAL HISTORY
Central Coast Youth Football League

Child's Name: _____ Age: _____
 Date of Birth: _____ Verified by Birth Certificate: Yes ___ No ___

Physical Examination

PHYSICIAN: Your careful examination and written recommendations will encourage personal fitness and safety participation in strenuous sports activities. Please complete the following physical evaluation, and review medical history with subject player.

Normal		Abnormal		Explanation if Abnormal
<input type="checkbox"/>	Abdomen	<input type="checkbox"/>		_____
<input type="checkbox"/>	Blood Pressure _____	<input type="checkbox"/>		_____
<input type="checkbox"/>	Ears	<input type="checkbox"/>		_____
<input type="checkbox"/>	Extremities	<input type="checkbox"/>		_____
<input type="checkbox"/>	Eyes	<input type="checkbox"/>		_____
<input type="checkbox"/>	Genitalia	<input type="checkbox"/>		_____
<input type="checkbox"/>	Heart	<input type="checkbox"/>		_____
<input type="checkbox"/>	Lungs	<input type="checkbox"/>		_____
<input type="checkbox"/>	Nose	<input type="checkbox"/>		_____
<input type="checkbox"/>	Skin	<input type="checkbox"/>		_____
<input type="checkbox"/>	Spine (posture)	<input type="checkbox"/>		_____
<input type="checkbox"/>	Teeth	<input type="checkbox"/>		_____
<input type="checkbox"/>	Throat	<input type="checkbox"/>		_____
<input type="checkbox"/>	Vision	<input type="checkbox"/>		_____
<input type="checkbox"/>	Height	<input type="checkbox"/>		_____
<input type="checkbox"/>	Weight _____ lbs.	<input type="checkbox"/>		_____

Medical History

CHECK MARK any of the following illness or symptoms that have occurred to the subject player in the past, or at the present time:

Asthma Fainting Convulsions Diabetes Heart Problems Headaches
 Surgery _____ Medication Reaction _____ None of the above

I certify that I have reviewed the medical history and examined the subject player and find him ___ her ___ physically fit to participate in competitive sport activities.

Signature of Physician: _____ Date: _____

In the event of injury or illness to my child, _____, I hereby grant authorization to a qualified physician to render such medical attention as said physician deems necessary.

 Date: _____ Emergency Phone # _____

Signature of Parent/Legal Guardian

--- (White copy to Chapter --- Yellow copy to Head Coach --- Pink copy to Parent) ---

CENTRAL COAST YOUTH FOOTBALL LEAGUE
Parent Ethics Pledge

I, _____ Parent/guardian of

_____ do hereby pledge to follow the following ethics adopted by the Central Coast Youth Football League.

I understand that if I violate any of the guidelines of these ethics, the CCYFL holds the right to remove me from the playing field or the practice field. Furthermore if my behavior is deemed detrimental to the football program, its players and coaches, my child will be removed from the football program and that any and all registration fees will be forfeited.

I will not insult, badger, threaten or interfere with the coaches of any football team/cheerleading squad by word of mouth or gesture.

I will not interfere by word of mouth or gesture, with the coaching of my child while at practice or at games which include but is not limited to conversations between parents and players during games, shouting at my child during games or practices.

I will not insult, badger, threaten or interfere by word of mouth or gesture with the officials of any football game.

I understand that I am responsible for any spectators related to my child while observing my child's games or practices and that I will be held responsible for their detrimental behavior.

I understand that the coaches, which are volunteers to this program have been offered training and been interviewed before being assigned a position as a coach for Central Coast Youth Football League, and although their philosophies may not be the same as yours, they are accountable to only the Central Coast Youth Football League and that any violations of the coaching ethics of the CCYFL and that any allegations of violations of these coaching ethics will be given in writing to the Chapter Board to deal with accordingly with a written response being given to the allegor within 14 days of the allegation. If not satisfied the letter may be forwarded to the CCYFL.

I understand that if I choose for my child to lose weight to stay in a division that if my child does not obtain this weight by the certification day in the week of conditioning, my child will be moved to the next higher division only if space is available. If there is not space on a team in the higher division, he/she will be placed to the bottom of the numerical list or waiting list until a position becomes available. If not able to play a refund of the registration fee minus any chapter fundraising programs (if applicable) will be given.

I understand that each of the teams will have individual team rules to abide by. The consequences of not following the rules will result in disciplinary actions taken by the coaches. I understand that CCYFL fully supports the coaches and their disciplinary actions.

I agree to follow the Parent ethic guidelines and fully understand the consequences for violation of the ethics.

Date: _____ Signed: _____

Participants Name: _____



Policies and Procedures

Pacific Coast Youth Football League Incorporated (PCYFL) is dedicated to the Youth of the Central Coast, specifically San Luis Obispo, Morro Bay, Los Osos, Cayucos & Cambria, CA. PCYFL's objectives are not only to teach the fundamentals of the game: rules, passing, running, kicking, blocking and tackling, but also to inspire all youth, regardless of race, color, creed, national origin or sex. It is important to work as a team through the means of a common interest in sportsmanship, fair play and fellowship. Our goal is to teach our participants respect for themselves and others and to promote safe and honorable play. PCYFL uses CIF Conference rules, the CCYFL rules and By-Laws and the PCYFL By-Laws as day to day operation guides. Copies are available on our website www.pacificcoastyfl.org or by request to the PCYFL Board.

REGISTRATION FEES:

Early Bird-\$225 (before 6/1/22), Regular-\$250 (After 6/1/22): Payment plans are available.
ALL MONIES AND PAPERWORK DUE NO LATER THAN 7/31/22

CHECK POLICY:

All checks must be printed with bank name and address as well as name and address of the maker.

Returned Check:

Once a check is returned the maker of the check will lose the right to pay by check for all future fees. A \$25 return check fee will be charged for All returned checks as well as full restitution of the check. If check plus NSF fee is not paid in full, participant will be removed from the program and the check will be sent to the District Attorneys NSF Program for further collection action.

PARENT AND FAMILY CONDUCT:

Parents/Guardians, participants and all spectators will be held to a code of ethics. Violation of the ethics code will result in expulsion of the violating party from home games and practices. Further violations will result in participant being removed from the program with no refund.

FUNDRAISERS & VOLUNTEER HOURS:

We ask every child to participate fully. All monies due for fundraisers must be turned in on time. Parents/Guardians are required to donate time during the season. PCYFL runs solely on volunteers we need you and appreciate your help. Your team mom will coordinate times and duties for you also please check the Facebook page and Website for Requests for help.

EQUIPMENT ISSUANCE:

PCYFL will loan participants equipment for use during the season. Equipment will only be issued to the participants that have been paid in full. Any participant that quits must turn in their equipment IMMEDIATELY. At the end of the season specific dates will be set for turn-ins and announced via Facebook, the website and/or through your coach and team parent. Equipment should be clean, and all decals removed from helmets. If equipment is not turned in the parent/guardian will be charged for FULL replacement of the equipment issued. NO alteration to the equipment of any kind is allowed. If you alter the equipment, it will be considered purchased and payment will be due IMMEDIATELY.

TRAVELING:

Parents/Guardians are responsible for transportation to and from all games and practices.

REFUND POLICY:

All requests for refunds must be submitted in writing and sent to pacificcoastyfl@gmail.com
NO REFUNDS WILL BE GIVEN AFTER FIRST TEAM PRACTICE.

I _____ Parent/Guardian of _____
Have read and understand the above policies and procedures for the Pacific Coast Youth Football League, Inc. and I agree to abide by them.

Parent Signature _____ Date: _____

Participant Signature _____ Date: _____

CENTRAL COAST YOUTH FOOTBALL LEAGUE

Agreement to Hold Harmless:

I hold Central Coast Youth Football, its coaches, board members, and representatives harmless for any and all costs associated with the injury of my child. I assume full responsibility for all risks and hazards of allowing my child to play tackle football and I do hereby release, waive, absolve, indemnify, and agree to hold harmless Central Coast Youth Football League, its affiliates, the organizers, directors, coaches, sponsors, supervisors, managers, participants, and families of participants for any claim of injury, fatal or otherwise.

Date: _____ Name of Participant: _____

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Media Release:

I grant to Central Coast Youth Football League the right to take photographs of my child during activities related to football and cheerleading. I authorize Central Coast Youth Football, its assigns, and transferees to copyright, use, and publish the same in print and/or electronically.

I agree that Central Coast Youth Football may use such photographs of my child with or without their name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and internet content.

I have read and understand the above:

Date: _____ Name of Participant: _____

Printed Name of Parent/Guardian

Signature of Parent/Guardian

CENTRAL COAST YOUTH FOOTBALL (CCYFL)

Concussion Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 2007, (effective January 1, 2017), now Cal. Health & Safety Code § 124235. The law requires:

- An athlete who is suspected to have sustained a concussion or other head injury during a practice or game must be (1) removed from the activity for the remainder of the day; and (2) evaluated by and receive written clearance from a licensed health care provider before returning to the activity;
- If a licensed health care provider determines an athlete has sustained a concussion or other head injury, that athlete must complete a graduated return-to-play protocol of no less than 7 days under the supervision of a licensed health care provider;
- If the athlete who sustained a concussion or other head injury is under 18 years old, the youth sports organization must notify the athlete's parent or guardian of (1) the time and date of the injury; (2) the symptoms observed; and (3) any treatment provided for the injury;
- Each year, before being allowed to participate in practice or competition, each minor athlete and that athlete's parent or guardian, must sign and return a concussion and head injury information sheet;
- Annually, each league must offer and, before being allowed to supervise an athlete in an activity of the organization, each coach and administrator must successfully complete, a concussion and head injury education course; and
- The youth sports organization must maintain procedures to ensure compliance with the (1) requirements for providing the concussion and head injury education and information sheet; and (2) athlete removal provisions and return-to-play protocols.

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even a "ding" or a bump on the head can be serious.

Most concussions get better with rest and over 90% of athletes fully recover, but, all concussions are serious and may result in serious problems including brain damage and even death, if not recognized and managed the right way.

What are the signs and symptoms?

Most concussions occur without being knocked out. Signs and symptoms of concussion (see below) may appear immediately after the injury or can take hours to appear. If your child reports any symptoms of concussion, or if you notice some symptoms and signs, seek medical evaluation from an athletic trainer (if one is present in your league) and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, is having difficulty staying awake or answering simple questions, *he or she should be immediately taken to the emergency department of your local hospital.*

Accompanying this form is a CCYFL Graded Concussion Symptom Checklist." If you and your child fill this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows progress. We ask that you have your child fill out the

checklist at the *start* of the season so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a “baseline” so that we know what symptoms are normal and common. Keep a copy for your records, and turn in the original. If a concussion occurs, you and your child should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

Signs observed by teammates, parents and coaches include:	
<ul style="list-style-type: none"> • Looks dizzy • Looks spaced out • Confused about plays • Forgets plays • Is unsure of game, score, or opponent • Moves Clumsily or awkwardly • Answers Questions slowly 	<ul style="list-style-type: none"> • Slurred speech • Shows a change in personality or way of acting • Can't recall events before or after the injury • Seizures or has a fit • Any change in typical behavior or personality • Passes out

Symptoms may include one or more of the following:	
<ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or throws up • Neck pain • Has trouble standing or walking • Blurred, double, or fuzzy vision • Bothered by light or noise • Feelings sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Loss of memory • “Don't feel right” • Tired or low energy • Sadness • Nervousness or feeling on edge • Irritability • More emotional • Confused • Concentration or memory problems • Repeating the same question/comment

What should I do if I think an athlete has a possible concussion?

As a coach, if you think an athlete may have a concussion, you should:

- **Remove the athlete from play.** When in doubt, sit them out!
- **Keep an athlete with a possible concussion out of play on the same day of the injury until cleared by a health care provider.** Do not try to judge the severity of the injury yourself. Only a health care provider should assess an athlete for a possible concussion. After you remove an athlete with a possible concussion from practice or play, the decision about return to practice or play is a medical decision that should be made by a health care provider. As a coach, recording the following information can help a health care provider in assessing the athlete after the injury:
 - Cause of the injury and force of the hit or blow to the head or body.
 - Any loss of consciousness (passed out/knocked out) and if so, for how long.
 - Any memory loss right after the injury.
 - Any seizures right after the injury.
 - Number of previous concussions (if any).

- **Inform the athlete’s parent(s) about the possible concussion.** Let them know about the possible concussion and give them a completed CCYFL Letter to Parent and the Center for Disease Control and Prevention (the “CDC”) HEADS UP fact sheet for parents. This fact sheet can help parents watch the athlete for concussion signs or symptoms that may show up or get worse once the athlete is at home or returns to school.
- **Ask for written instructions from the athlete’s health care provider on return to play.** These instructions should include information about when they can return to play and what steps you should take to help them safely return to play.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be “normal”, the brain has still been injured. Animal and human studies show that a second blow before the brain has recovered can result in serious damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

How is Return to Play (RTP) determined?

An athlete’s return to school and sports should be a gradual process that is approved and carefully managed and monitored by a licensed health care provider. Concussion symptoms should be completely gone before returning to competition. A Return to Play progression involves a gradual, step- wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance and supervision of a licensed health care provider. The athlete’s step-wise progression program should also be monitored by an athletic trainer, coach, or other identified league administrator.

Below is the 4 stage return to play protocol that your athlete, along with a licensed health care provider, must follow to return the athlete to play. Remember, this is a gradual process. These steps should not be completed in one day, but instead over no less than 7 days, and could possibly occur over the course of weeks or months.

Stage	Activity	Exercise Example	Objective of the Stage
I	No physical activity for at least 2 full symptom-free days	<ul style="list-style-type: none"> • No activities requiring exertion (weight lifting, jogging, P.E. classes) 	<ul style="list-style-type: none"> • Recovery and elimination of symptoms
II-A	Light aerobic activity	<ul style="list-style-type: none"> • 10-15 minutes (min) of walking or stationary biking • Must be performed under direct supervision by designated individual 	<ul style="list-style-type: none"> • Increase heart rate to no more than 50% of perceived maximum (max) exertion (e.g., < 100 beats per min) • Monitor for symptom return
II-B	Moderate aerobic activity (Light resistance training)	<ul style="list-style-type: none"> • 20-30 min jogging or stationary biking 	<ul style="list-style-type: none"> • Increase heart rate to 50-75% max exertion (e.g., 100-150)

		<ul style="list-style-type: none"> • Body weight exercises (squats, planks, pushups), max 1 set of 10, no more than 10 min total 	bpm) <ul style="list-style-type: none"> • Monitor for symptom return
II-C	Strenuous aerobic activity (Moderate resistance training)	<ul style="list-style-type: none"> • 30-45 min running or stationary biking • Weight lifting \leq 50% of max weight 	<ul style="list-style-type: none"> • Increase heart rate to $>$ 75% max exertion • Monitor for symptom return
II-D	Non-contact training with sport-specific drills (No restrictions for weightlifting)	<ul style="list-style-type: none"> • Non-contact drills, sport-specific activities (cutting, jumping, sprinting) • No contact with people, padding or the floor/mat 	<ul style="list-style-type: none"> • Add total body movement • Monitor for symptom return
III	Limited contact practice	<ul style="list-style-type: none"> • Controlled contact drills allowed (no scrimmaging) 	<ul style="list-style-type: none"> • Increase acceleration, deceleration and rotational forces • Restore confidence, assess readiness for return to play • Monitor for symptom return
	Full contact practice Full unrestricted practice	<ul style="list-style-type: none"> • Return to normal training, with contact • Return to normal unrestricted training 	
IV	Return to play (competition)	<ul style="list-style-type: none"> • Normal game play (competitive event) 	<ul style="list-style-type: none"> • Return to full sports activity without restrictions

Remember: It is important for you and the athlete’s coach(es) to watch for concussion symptoms after each day’s return to play progression activity. If an athlete’s concussion symptoms come back, or he or she gets new symptoms when becoming more active at any stage, this is a sign that the athlete is pushing him- or herself too hard. The athlete should stop these activities, and the athlete’s licensed health care provider should be contacted. After the okay from the athlete’s licensed health care provider, the athlete can begin at the previous step.

What is a “licensed health care provider”?

A licensed health care provider is defined as “a licensed health care provider who is trained in the evaluation and management of concussions and is acting with the scope of his or her practice.”

Final Thoughts for Parents and Guardians:

It is well known that athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has suffered a concussion. You should also feel comfortable talking to the coaches or other identified league administrators about possible concussion signs and symptoms.

CCYFL Concussion Information Sheet

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For current and up-to-date information on concussion you can visit:

<https://www.cdc.gov/headsup/youthsports/index.html>

Acknowledgements

- I hereby acknowledge that I have received the CCYFL Concussion Information Sheet from CCYFL.
- I have read and understand its contents.
- I also acknowledge that if I have any questions regarding these signs, symptoms and the "Return to Play" protocols I will consult with a licensed health care provider.

Athlete's Name		Athlete's Signature	Date
Parent's Name		Parent's Signature	Date



Section I. Proof of Residency

1. Residence shall be established and supported by documents, dated or in force between September 1 of the previous year and September 1 of the current year, but no later than the date of registration. A player will be deemed to reside within their chapter boundaries if either of the player's parents (or court appointed legal guardian) resides within chapter boundaries. ALL CHAPTERS WILL REQUIRE PROOF OF RESIDENCY DOCUMENTATION AT THE TIME OF REGISTRATION AND SHALL KEEP COPIES OF THE PROOF ON FILE.

2. Residence shall be established and supported by a report card and ONE item from the following list. Document to determine residency of parent or guardian. Document must show customary usage or consumption to demonstrate bona fide habitation as determined by CCYFL.

- a. Driver's license
- b. Voter's Registration
- c. Welfare/childcare records
- d. Federal records
- e. State records
- f. Local (municipal) records
- g. Support payment records
- h. Homeowner or tenant records
- i. Utility bills
- j. Financial records (loan, credit, investments, etc.)
- k. Insurance documents
- l. Medical records
- m. Vehicle records

3. A player will be deemed to attend school in the boundaries of their register chapter if:

- a. The physical location of the school where they attend classes is within the boundaries established by the CCYFL chapter boundaries 2004. Note: This excludes home school, cyber school, or after school where a student participates outside of the primary school where the player is enrolled.
- b. "School attendance" refers to the (place) physical location the player in question attends school during the traditional academic year. Once established, a location of attendance shall not be considered changed unless the player is enrolled and attends another school or is no longer enrolled in the previous school.
- c. School attendance shall be established and supported by a document indicating enrollment of the current academic year, with the physical location of the school, from ONE of the following categories, to determine school attendance by such player.
 - i. Official / certified school enrollment record
 - ii. School issued report card or performance record

4. If a player is found to be playing in the wrong chapter, that team will forfeit a minimum of one and a maximum of all games in which the player participated. Subject to CCYFL Executive Council majority vote.

Section J. Boundary Waivers

1. No waiver will be considered for players to play outside of the boundaries of the chapter in which they reside unless:

- a. Their chapter does not field a team for which he/she is qualified
- b. The sending chapter cuts players down to a full roster and the receiving chapter does not have a full roster
- c. The player attends school in a different school district than their primary residence occurs
- d. Split guardianship
- e. A special circumstance that requires attention by the CCYFL Executive Council