

PACIFIC YOUTH FOOTBALL LEAGUE

PLAYER / CHEERLEADER SEASON CONTRACT Season 2007 Chapter Oxnard 49ers

PLEASE READ CAREFULLY - OTHER THAN SIGNATURE, PLEASE PRINT ALL INFORMATION

IF YOU DO NOT RESIDE WITHIN THE BOUNDARIES OF THIS CHAPTER, IT IS THE PARENTS RESPONSIBILITY TO OBTAIN A WAIVER FROM THE CHAPTER WHERE YOU LIVE BEFORE YOU SIGN UP, OR YOU WILL NOT PLAY!

Section I. No Participant will be permitted to take part in any league activity prior to all information on this from being completed.

"I will faithfully keep and abide by the following rules, and carry them out to the best of my ability."

1. I agree that I will maintain at least a "C" average throughout the school year.
2. I will play ANY position assigned to me and will always do my best for the team.
3. When my team is not playing, I will stay off the playing field completely and not interfere with those playing.
4. I solemnly pledge that I will not in any way damage or deface any property, building or equipment.
5. I agree to abide by all decisions of game officials and will not create any unsportsmanship gestures at any time.
6. I agree that I will refrain from using any foul language
7. I agree that I will remain a member of the team until properly released.
8. I agree to return, the uniform and all equipment loaned to me, in good condition except for normal wear.

Place Photo Here

Inside the Boundaries

Photo will be taken
by the Chapter

Last Name	First Name	Middle	Players Signature	Date
Street Address			Player's Date of Birth	Age As of 12/2
City		Zip Code	Home Phone Number	
Emergency Contact			Emergency Phone Number	
School As of 12/2	Grade As of 12/2		Email Address	
New Player? Yes <input type="checkbox"/> No <input type="checkbox"/>			Weight (at sign ups)	
Last Years Division _____ This years assigned division based on registration Information				

PYFL Certification
Only

Paperwork: _____

Weight: _____

Section II. Risk Warning-Informed Consent

The PYFL is concerned about the health and welfare of all participants. Although there are low rates of incidents and accidents for youth participation in athletic activities, we feel that you should be aware that the safety equipment and protective gear "Cannot guarantee it will prevent all injuries". For the protection of your child pre-participation examinations are required before any participation may begin. Joining an athletic team is a privilege, not a right.

I have been advised of the risk of sports, I realize that my child may be at an extra risk due to the following medical condition:

List any conditions: _____

I have read and understand the above. Parent/Guardian Signature _____ Date _____

Section III. Parental Consent & Medical Treatment Authorization

I/We the parents/guardians of the above names participant, hereby give my/our approval for participation in any an all PYFL & local Chapter activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from such activities; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the local team, chapter, league, and other organizations this football program is affiliated with, the organizers, sponsors, supervisors, coaches, and other participants, and persons transporting my/our child to and from such activities or games for any claim out of injury to my/our child

The League has "Secondary Excess Accident Medical Group Insurance Coverage", only, over any valid collectable coverage provided by the parent's separate personal or employee's dependent group insurance.

In executing the forgoing release, I/We the undersigned acknowledge and represent the (A) I/We understand that any claim for injury must be reported to the players coach and/or an authorized organization/PYFL official within 30 days of the injury. (B) I/We understand that any monies I/We paid to the team/Chapter our child is affiliated with, does not constitute a premium payment for insurance coverage.

Name of Personal or Group Insurance Carrier is:	Group:	Plan:
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I/We hereby grant authority to a qualified Doctor of Medical or Physician such medical treatment as said Doctor or Physician deems necessary under the circumstances.

Parent/Guardian Signature	Print Name:	Relationship	Date:
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League / Chapter USE only	Fees Paid	Circle One: Cash Check# _____	Amount _____	Balance Due _____	Date Registration turned in _____	Time Turned In _____	Recieved by _____
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