

SOUTHERN CALIFORNIA JUNIOR ALL AMERICAN CONFERENCE, INC.

20__ PLAYER'S SEASON CONTRACT

(PLEASE READ CAREFULLY)

Rev. 1/16

SECTION I

SCJAAFC Chapter _____ Team Name _____

CHECK STATUS NEW RETURNING

CHECK DIVISION: FLAG JR. MICRO MICRO JR. PEE WEE PEE WEE
 MIDGET CHEERLEADER 7v7 LEAGUE

SECTION II

TO BE COMPLETED BY CANDIDATE PLAYER & PARENTS

NO CANDIDATE will be permitted to participate in any activity until SECTIONS II, III, and VII of this Contract has been completed in full. The CANDIDATE PLAYER agrees that he will faithfully abide by the Rules of the SCJAAFC to the very best of his ability.

Last Name	First	Middle	Birth date	Age	School & grade
Address			City	Zip	
Home phone number	Cell number Parent/Guardian		Cell number Parent/Guardian		Email address

SECTION III

EQUIPMENT RESPONSIBILITY

I/We as parent/guardian of said candidate do hereby assume full and complete for the proper care and maintenance of all equipment loaned by Local Chapter to said candidate. I understand all equipment is to be used for SCJAAFC activities only and that all equipment remains the legal property of Local Chapter. I agree to reimburse Local Chapter for any and all equipment that is lost, damaged or stolen for the full replacement cost of said equipment, with payment due when equipment is requested by Local Chapter, or immediately upon the withdrawal of said candidate from Local Chapter.

RULES AND REGULATION

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 SCJAAFC and Local Chapter. Any noncompliance with rules and regulations shall be cause for disciplinary action to be taken against said candidate, parent/guardian, team or chapter by SCJAAF

SCJAAFC.PARENT/GUARDIAN: Signature _____ Print Name _____ Date: _____

CHECK RELATIONSHIP TO MINOR FATHER MOTHER LEGAL GUARDIAN (LEGAL PROOF ATTACHED)

SECTION IV

PROOF OF AGE (to be completed by Athletic Director)

FULL Legal Name: _____ Birth date _____
(No Nicknames) (Please print!) (Month, Day, Year)

Proof of Age: Birth Cert Abstract Gov't ID Record of foreign birth School Record

SECTION V

FOR RESPONSIBLE CHAPTER AND TEAM OFFICIALS ONLY

In approving the above Candidate's Player Season Contract, we hereby certify that the Birth Certificate/ Proof of Age submitted does correspond with the name and birth date shown in Sections II and IV. In addition, we hereby certify that the Parental Consent and the attached Medical Treatment Authorizations, was completed, and, together with the Medical Examination, was completed by the qualified Doctor of Medicine listed, prior to the Candidate's participation in any manner with this team. 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 SCJAAFC rules and procedures. Finally, we certify that a copy of the Player Season Contract was furnished to the Parent(s) or Guardian, as applicable.

Responsible Chapter Official	Date	Certifying Team AD	Date
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Team/ Division/ Chapter	Team/ Division/ Chapter
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ABOUT THE CONFERENCE/LEAGUE INSURANCE COVERAGE

SECTION VI.

PARENTAL CONSENT

I/We the parents/guardians of the minor named in Section II Candidate for a position on a SCJA AFC Team, hereby give my/our approval to his/her participation in any and all SCJA AFC 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, the Chapter, and the SCJA AFC including sponsors and other related participants, for any injury to my/our child. SCJA AFC has advertising, modeling and photo copyrights.

MEDICAL TREATMENT AUTHORIZATION

The SCJA AFC has Secondary Excess Accident-Medical Group Insurance coverage, with a deductible amount for each injury incurred. The SCJA AFC group insurance is "**SECONDARY EXCESS COVERAGE**," over any valid collectable coverage provided by the parent's separate personal or employee's dependent group insurance. The SCJA AFC secondary group covers one year from date of first treatment, for each injury, with dental coverage, for sound natural teeth, including dental X-rays. Abdominal hernia and pre-existing conditions are excluded. In executing the foregoing release, I/we, the under- signed acknowledge and represent that I/we understand that any claim for injuries which arises out of our child's participation, must be reported to the Team or Chapter Officials "**IMMEDIATELY**". The insurance claim form must be filled out and delivered to the Conference Insurance Commissioner "**WITHIN 30 DAYS**" from the date of injury. I/We have read the foregoing release, understand it and signed it voluntarily.

THE NAME OF OUR OWN AND/OR EMPLOYMENT GROUP INSURANCE COMPANY IS:

POLICY NUMBER:

(IF NO INSURANCE, List Father's or Mother's Soc. Security No.)

In the event of injury to MY/OUR Child, I/We hereby grant authority to a qualified Doctor of Medicine to render such medical treatment as said Doctor of Medicine deems necessary under the circumstances. **PLEASE LIST ALL ALLERGIES** _____

A. IMPORTANT NOTICE (State required "Disclosure" statement; C.I.C. Section 10270.2)

THIS IS AN EXCESS PLAN – The Medical Expense Benefit of this Plan (Program) is an "EXCESS" type benefit that picks up where other coverage leaves off. If you have any other individual, franchise, blanket or group (except automobile medical payments insurance) coverage which provides benefits of services for, or by reason of, medical or dental care or treatment, then this Plan (Program) will pay ONLY the medical expenses not provided or reimbursable under your other coverage. The premium for this Plan (Program) has been reduced, taking this into account.

If you have any other coverage, you should first submit you claim under that coverage. You should submit a claim under this Plan (Program) only if you have no other coverage or if your other coverage does not fully provide or pay for your medical care or treatment. Failure to submit the claim to your primary carrier can result in delaying payment by SCJA AFC insurance carrier.

B. The Conference/League insurance is "EXCESS" only. This means that the Parents/Guardians OWN INSURANCE MUST BE NOTIFIED OF THE INJURY. If the Parents/Guardians have insurance WITH PRE-PAID MEDICAL PLANS, such as Kaiser or Ross Loos, the injured person MUST BE TAKEN TO THE PRE-PAID MEDICAL FACILITIES, for treatment.

C. If insured's Parent's/Guardians HAVE NO OTHER 1st OR PRIMARY INSURANCE; the Conference/League group insurance may be used. BUT THERE IS A **\$1000.00** DEDUCTIBLE FOR EACH INJURY.

D. The Conference/League group insurance PAYS ONLY TO THE HOSPITALS AND DOCTORS unless receipts are submitted showing proof of payment by Parent/Guardian to the Hospital/Medical Treatment center. The following forms are required to process the claim. 1. Insurance Claim Form. 2. Chapter AD report of injury. 3. Copy of Parent/Guardian Insurance card. 4. Hippa Form (on www.scjaaf.com). 5. Copy of any medical bills. 6. Copy of player's contract.

E. Any and all claims MUST be reported to your Chapter AD. The Chapter AD will then notify SCJA AFC.

Name (Please Print)

Relationship to Minor (Parent or Legal Guardian)

Signature

Date Signed



2018 PARTICIPANT COVER SHEET

LEAGUE OFFICIAL USE ONLY

BC Birthday: _____ League Age: _____ (as of 7/31/18)
Registration Paid: _____ Fundraiser Paid: _____ Receipt #: _____
Competition - YES NO Division: _____ Comp Receipt #: _____

Participant Legal Name: _____
Last First Middle

Participant Address: _____
Address City Zip

Sibling Participating in this League: Name: _____ Age: _____
Name: _____ Age: _____

Mother/Guardian Name: _____

Mother's Address: _____
(if different from participant) Address City Zip

Cell Phone: _____ Home Phone: _____

Email Address (PLEASE PRINT CLEARLY) _____

Father/Guardian Name: _____

Father's Address: _____
(if different from participant) Address City Zip

Cell Phone: _____ Home Phone: _____

Email Address (PLEASE PRINT CLEARLY) _____

LEAGUE OFFICIAL MUST COMPLETE THIS SECTION:

- Cheer Cover Sheet
SCJAAF Contract Front
Medical Exam/Physical
Cheer Parent Participation
Participant Contract
SCJAAF Contract Back
Cheer Inherent Risk
Cheer Code of Conduct

Orangecrest Cheer Code of Conduct

During the season it is important for everyone to understand some very basic rules which we as adults must adhere to. While these rules of conduct comply with Junior All-American conference of Southern California rules, and our Chapter bylaws, the following list is a brief outline for parents, spectators, or guests to follow while visiting during practices and games. Failure to comply with these rules, may result in the suspension or termination of a parent, spectator, or guest and their right to attend practices and/or games.

No one is allowed on the practice field unless they are a coach, cheerleader, team parent, or board member; except in the areas designated for spectators.

No coach, team parent, or board member is allowed to give a child medication at the field. Parents, likewise, are not allowed to give their child medication and then return them to practice. The only exception is inhalers which must be administered by a certified team A.D., or certified chapter A.D. and their assistant. Parents are not allowed to administer inhalers from the sideline. All children required to use inhalers must have the correct prescribed or type of inhaler in the possession of the team AD at all practices. We will expect parents to give the team AD the appropriate inhaler to keep during the season.

Parents or spectators are not allowed to interrupt practices or games expecting to talk with the coaching staff. All concerns must be addressed to the Parent Liaison, who will approach the coaching staff in the event of a concern requiring immediate attention. All conversations with the coaching staff are to be reserved for after practices or games, conversations before practices or games will be at the coaches discretion.

Food or soft drinks given by spectators to players will not be allowed during practices or games. Water breaks given by the coaching staff will be for water or Gatorade.

No spectators are allowed within 50 feet of the check in area by conference rule, or allowed across the game field barrier set up by the home chapter during games.

No spectator is allowed to harass, provoke or strike a game official, board member, coach, staff member, or player at any time during, before or after a game (or practice).

No one is allowed to hinder the designated medical personnel while they are fulfilling their duties on the field or elsewhere within the jurisdiction of our program.

Spectators are to refrain from any fowl/derogatory remarks or actions directed to the opposing teams or chapters, in any manner which may provoke, confront, or insight the confrontations.

I have read and received a copy of the Orangecrest code of conduct, and agree to abide by the rules as described in the above sections.

Parent Signature & date

Parent Signature & date

Orangecrest Cheer Mandatory Parent Participation Form

Our Cheer squad is only as strong as our parent squad. We function solely based on volunteers, and we need all of your help to make this the best season it can be. All parents will choose a position to assume during registration. There are limited spots per position, once all of the positions have been filled parents not assuming a role will do two assignments in the snack bar. Please rank your top 3 choices:

_____	Game Coach	_____	Asst. Game Coach
_____	Trainer (must be 14yrs or older)	_____	Game Team Parent
_____	Competition Coach	_____	Asst Comp Coach

Every parent will be assigned to work a 2 hour shift in our snack bar during home games. The Parent Liaison will have the schedule available and make arrangements that work best for you and the League. Snack bar assignments are done during the game before or after your child's game. You will not be expected to volunteer while your child's game is in play.

If you are interested in coaching you will attend a Coach's Clinic to be certified in protocols and requirements. Clinics are free, but require that you bring a copy of the SCJAAF rule book, a color copy of your driver's license picture, Megan's Law signed by our Chapter Commissioner, and Coach's application.

Once you are Coach certified you will attend a Stunting & Safety Clinic the second week of the season.

Your Full Name _____ Your DOB _____

Child's Full Name _____ Your Phone No _____

Your Address _____

Provide a brief summary of experience in youth Cheer, or knowledge of the sport:

Please explain, including when and what state you've been convicted of a crime or have been refused or suspended in any youth programs: _____

By signing below and providing a current driver's license you give permission for Orangecrest JAAF to conduct a background check, reviewing for criminal, sexual offender, and child abuse history. You understand you'll hold a position of trust and responsibility in a youth program, dealing with sensitive and impressionable periods of a child's development. You will have patience, understanding, and good communication skills with both children and adults. You agree to comply with all by-laws, rules, and regulations of the SCJAAF Conference and Orangecrest Wolves Youth Football & Cheer Program. You understand that you can be removed from the organization if found in violation of this statement and form.

Parent Signature _____

Dated _____

Jr All American of Southern California Conference
Mandatory Medical Release Form

Chapter Name _____ Division _____

This form must be **dated AFTER March 23, 2018 or 4 months prior to first day of practice** and submitted to your Local Chapter. Section I must be completely filled out by the parent or legal guardian. Section II must be completed in its entirety ONLY by a duly qualified Doctor of Medicine, Doctor of Osteopathy, Nurse Practitioner, or Physician's Assistant. **A Doctor of Chiropractic and a Registered Nurse are not considered to be qualified to give a physical to a player and a physical will not be accepted from one**

Section 1: FILLED OUT BY PARENT OR LEGAL GUARDIAN (Legal name must match proof of age)

Last: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Age _____ DOB: _____ Circle M / F _____

PARTICIPANTS MEDICAL HISTORY

- | | | | |
|---|---------|--|----------|
| 1. Are there any injuries requiring medical attention? | Yes/ No | 6. Are there any past surgeries/scheduled surgeries? | Yes / No |
| 2. Is the participant currently under the care of a doctor? | Yes/ No | 7. Is the participant currently taking any medication? | Yes / No |
| 3. Does the participant have any allergies (bee sting, penicillin)? | Yes/ No | 8. Does the participant have asthma/require inhaler | Yes / No |
| 4. Is the participant diabetic/ require medication for Diabetes? | Yes/ No | 9. Does the participant wear glasses or contact lenses? | Yes/ No |
| 5. Does/ has the participant have/had seizures? | Yes/ No | 10. Does the participant have any physical limitation/ medical condition | Yes/ No |
| | | 11. Does the participant wear a brace or other medical support | Yes/ No |

If you answered YES to any question above, please provide the question number and an explanation below:

I hereby certify that this information is accurate to the best of my knowledge. I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it is my responsibility to obtain written clearance from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

Signed _____ Print Name _____
Relationship to Participant _____ Dated _____

Section II: THIS SECTION IS TO BE COMPLETED ONLY BY A STATE LICENSED MEDICAL PROFESSIONAL
If there are any cross outs, white out, or information written over on this form, this form will be denied and a new physical required

Participant's Name: _____
(Please check the following if healthy or note otherwise): Height _____ Weight _____ (lbs) B/P _____
Ears _____ Mouth _____ Nose _____ Throat _____ Respiratory _____ Cardiovascular _____ Neurological _____
Eyes _____ / _____ Hernia(optional) _____
Notes: _____

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in SCJAAF Football or Cheer Program. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in SCJAAF Football activities for the 2018 season. I am therefore clearing this individual for athletic participation without limitation.

Signed _____ Print Name _____
Date: _____ Date Physical was actually performed: _____

A Doctor of Chiropractic and a Registered Nurse are not considered to be qualified to give a physical to a player and a physical will not be accepted from one

Address _____ Mandatory Dr. Stamp Here:
City _____ State _____
Telephone _____



2018 Orangecrest JAAF Cheer Contract Form

Child's Full Legal Name _____ League Age (As of 07/31) _____

Parent/Guardian's Full Name _____ & _____

Handbook, By-laws, OCJAAF Registration, and JAAFSC Player Contract: Parents are responsible to know and adhere to the documents that govern this organization.

Sportsmanship: through word and action, parents/spectators are expected to be a positive presence in the organization before, during and after practices, games, and competitions.

Fundraiser: each child is required to participate and fulfill the fundraiser obligation or buy out. Spirit wear, pictures, trophies, and yearbooks will be dispersed when all financial obligations are met.

Logo: The Orangecrest Youth Football and Cheer name and/or logo or any part thereof may not be used without consulting the Board (except in the case of Team Parents creating flyers). Any unauthorized use of the Logo will result in fines up to \$1000 and removal from participants in the League.

Sponsorship: Cheer is required to raise \$1200 per the whole squad. Any portion of this amount not met will require the remaining balance to be equally divided by the number of participants who did not turn in a sponsorship.

Fees: registration, competition, and fundraiser fees must be paid in a timely manner when due.

Refunds: Registration will be issued if requested in writing prior to the first day of practice. The \$70 spirit pack, personalized items, and the cost of the uniform will be deducted. If a participant suffers a season ending injury, before the third game in regular season play, as verified in writing by a medical doctor, the parent may request a refund of \$100. There will be no other refunds for any reason after the first day of practice. Comp fees are nonrefundable once comp practice has begun.

Uniforms: each cheerleader will be provided with a single uniform to be used at games and competition. Once uniform order has been placed no refunds will be given.

Photography: there are often photos being taken of the kids. These photos may be posted on the website or in league albums.

____ Initial here if you **DO give your consent** for your child to be photographed and his/her photo to be posted in connection with Orangecrest JAAF

____ Initial here if you **DO NOT give your consent** for your child to be photographed and his/her photo to be posted in connection with Orangecrest JAAF

Parking and other rules: adherence to parking and all of the rules at all fields including Orange Terrace and any visitors' fields, is mandatory and necessary for our continued ability to use these facilities.

By signing below you agree to comply with all of the by-laws, rules and regulations of the Junior All American Football of Southern California conference and the Orangecrest Youth Football and Cheer program, both at home and away, and understand that it is your responsibility to inform your guests of the rules and expectations.

Parent/guardian signature: _____ Dated: _____

Inherent Risk Sheet

Acknowledge of Rules

Cheerleading is reasonably, safe and fun as long as certain guidelines are followed. But there is an inherent risk of injury as in any athletic activity. Training is an aerobic activity, which includes jumping, stunting, motions, and tumbling. Although the probability of injury is minimized if you practice correctly, there is always the possibility of one occurring. Injuries that can occur in training include, but are not limited to, the following: blisters, muscle strains, ligament sprains, joint or muscle soreness, abrasions, contusions, stress fractures, broken bones, spinal cord injury involving paralysis, and even death. However, if you take certain precautions and follow all the given rules, the possibility of such injuries will be largely decreased. A certified AD (athletic director) will be present at all practices.

Be sure to consistently abide by the following guidelines and the rules listed in the Orangecrest Junior All-American rulebook. Please also abide by the rules set forth in the SCJAAF rulebook:

- Never stunt or tumble unless a certified coach or trainer is present.
- Always practice in the presence of a certified coach.
- Always warm-up/stretch appropriately before cheering or stunting.
- Do not attempt a stunt that you do not know how to perform safely, the coach has not approved, or is not age-appropriate. Always use a spotter.
- Always cheer in an area free from obstruction, using a grassy area when stunting during practices. Do not stunt on uneven ground, wet surfaces, or on concrete.
- Stay focused while stunting. Don't talk, laugh, or mess around when performing a stunt.
- Report all injuries to the coach as soon as they occur.
- Always wear appropriate shoes and clothing.
- Always come prepared to practices. Always bring water to hydrate.
- Never wear jewelry of any kind during practices or games. This includes any type of body piercing.
- Never chew gum during practices or games.
- Always wear hair pulled back from your face and shoulders.
- Always keep nails at appropriate length (no longer than your fingertips). No nail polish or decals.
- Eat nutritious meals and get plenty of rest before practices and games.
- Always ask for assistance or advice when needed.

I, _____, have read and understand this inherent risk form. I thoroughly appreciate and understand the assumptions of risks inherited in cheerleading participation. I have acknowledge that I am physically fit and am voluntarily participating in this activity and promise to follow the given rules. I further understand that if I do not follow the rules and guidelines, that I can be suspended or completely removed from the Orangecrest Junior All-American cheerleading program.

Participant signature & date _____

Cheer coordinator signature date _____

League Rules and Guidelines for Spiritwear

1. It is the intention of this league to provide our teams with quality Orangecrest merchandise that the Board has approved and endorses. If any team wishes to buy or sell any merchandise, whether for team use or fundraiser, they must present the idea to the board prior to purchasing.

2. The Orangecrest Youth Football and Cheer name and/or logos, or any part thereof or in any color combination, may not be used without consulting the Board (except in the case of Team Parents creating flyer's).
 - A. Penalties for use of the logo (All money goes to the league):
 - \$300 first offense
 - \$500 second offense
 - \$1,000 third offense

3. If a team wishes to buy something for their team to use or sell that has the Orangecrest logo, they must present it to the board prior to purchasing the merchandise.
 - a. If the team feels the Board cannot accommodate, or a person would like to purchase outside the league, they must submit a drawing and specifications to the Board for review.
 - b. The Board will not be held responsible for merchandise purchased outside the league.

Parent/Guardian Signature _____

Date: _____