

# 2020 PARTICIPANT INFORMATION COVER SHEET

## League Official Use

Fee Information

Deposit: \_\_\_\_\_  
Amount Due: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
Buy-Out Paid: \_\_\_\_\_  
How Paid: \_\_\_\_\_  
Receipt #: \_\_\_\_\_



## League Official Use

Birth Cert Date: \_\_\_\_\_  
League Age (as of 7/31/20): \_\_\_\_\_  
ME Weight: \_\_\_\_\_  
Division: \_\_\_\_\_  
Approved by: \_\_\_\_\_  
Raffle Tickets: \_\_\_\_\_

### PARENTS/LEGAL GUARDIANS FILL OUT THIS PORTIONS:

Participant Legal Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Participant Address: \_\_\_\_\_  
ADDRESS CITY ZIP

Siblings participating in this organization: Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Mother Address: (If different from Participant's): \_\_\_\_\_  
ADDRESS CITY ZIP

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address (must be written clearly): \_\_\_\_\_

Father Guardian Name: \_\_\_\_\_

Father Address: (If different from Participant's): \_\_\_\_\_  
ADDRESS CITY ZIP

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address (must be written clearly): \_\_\_\_\_

### LEAGUE OFFICIALS COMPLETE THIS SECTION:

- \_\_\_ League received 2020 Player Contract (Reg)
- \_\_\_ League received 2020 Parent Participation form (Reg)
- \_\_\_ Parents understand the league rule for Spirit ware (Reg)
- \_\_\_ League received 2020 OCJAAF Contract (Reg)
- \_\_\_ Parent understands that the JAAFSCC group insurance is a secondary excess coverage over insurance provided by parents' insurance coverage (Reg)
- \_\_\_ Medical Examination (Reg)
- \_\_\_ Utility bill checked to verify address (Reg)



**Orangecrest JAAF and Cheer**  
19510 Van Buren Blvd F-3 #225 -Riverside  
CA 92508 www.orangecrestwolves.org

## 2020 OCJAAF FOOTBALL CONTRACT FORM

Participant's Full Legal name: \_\_\_\_\_ League Age (as of 7/31/20): \_\_\_\_\_

Parent/Guardian's Full Legal Names: \_\_\_\_\_ and \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

**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 this organization before, during, and after practices, games and competitions.

**Honor our Mission Statement:** The goal of the Orangecrest Wolves J.A.A.F Youth Football and Cheer Organization is to teach young men and women the fundamentals of football and cheer in an atmosphere that challenges and supports team sportsmanship, individual self-discipline, physical fitness, and positive competition. We seek to comply with the rules and guidelines set forth by the Southern California J.A.A.F. conference and our own Chapter by-laws. We hope to create meaningful experiences for each participant that they may take what they have learned and the relationships they have formed, to remain active in this and other youth programs. It is our desire that the participants witness the value of adult volunteer service and the Orangecrest J.A.A.F. Youth Football and Cheer organization serves as a positive presence in the community.

**Parent Participation:** Our Football and cheer teams are only as strong as our parent teams. An important component of our registration process and league success is our parent participation. At least one parent/guardian per child **MUST** volunteer in some capacity.

**Fundraiser:** Each child is required to participate and fulfill the fundraiser obligation or buy-out **\$100** via cash or debit/credit (Visa or Mastercard only). Jerseys, pants, pictures, trophies, yearbooks, and play-off patches will be dispersed when **all** financial obligations have been met.

**Sponsorship:** Each football team is required to raise \$1000 to pay for team insurance. Included in Registration

**Fees:** Registration fees and fundraisers must be paid in a timely manner. The football registration fee may be paid with money order, bank cashier's check, in cash, or with a Visa/Mastercard credit/debit card. Physical included in registration fee, date and location of physicals will be given once determined. Fees do not include snacks and team expenses.

○ Early Bird - On or Before May 31st - \$350  
Sibling Discount of \$25 per additional registration for cheer and/or Football siblings. ○ On and After June 1st \$400

**Refunds:** Football registration refunds will be issued if requested in writing *prior* to the first day of practice. The \$35 spirit pack fee 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 this first day of practice.

**Uniforms:** Each football player will be provided with game uniforms and equipment. Parents must provide rubber cleats, mouth pieces, practice uniform, and a protective cup. Fees will be charged for replacements. Failure to return the equipment or pay the replacement costs may result in small claims action taken against you in Riverside Superior Court and pictures, trophies, yearbooks, and play-off patches will be held until all financial obligations are met. The cheer uniform is detailed in the cheer contract.

**Photography:** There are often photos being take of the kids. These photos may be posted on the website or in league albums. \_\_\_\_\_ initial here if you **give your consent** for your child to be photographed and his/her photo to be posted in connection with OCJAAF.

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

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_



**FOOTBALL & CHEER**

**Orangecrest JAAF and Cheer**  
19510 Van Buren BLVD F-3 #225 – Riverside CA 92508  
www.orangecrestwolves.org

**2020 MANDATORY PARENT PARTICIPATION FORM**

Dear Parents and Guardians,

Volunteers run this entire league and you are needed! Even if this is your first year with us, we will inaugurate you! There are so many people to train, support and encourage you that anything you volunteer for will be fun and exciting! With over 300 participants, there is much to be done. That's why Parent Participation is such an important component of our league and a mandatory part of the registration.

Please rank your top 3 choices by marking 1-for most desired, 2-second most and 3-third.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Head Coach <b>*submit coaching app</b>      | <input type="checkbox"/> Game Announcer              | <input type="checkbox"/> Team Snacks          |
| <input type="checkbox"/> Assistant Coach <b>*submit coaching app</b> | <input type="checkbox"/> Clock Keeper and/or Spotter | <input type="checkbox"/> Information Officer  |
| <input type="checkbox"/> Cheer Coach <b>*submit coaching app</b>     | <input type="checkbox"/> Snack Bar Worker            | <input type="checkbox"/> Field Prep           |
| <input type="checkbox"/> Team Athletic Director *                    | <input type="checkbox"/> Water Person                | <input type="checkbox"/> Minimum Plays Keeper |
| <input type="checkbox"/> Team Parent*                                | <input type="checkbox"/> Chain Gang                  |   |
| <input type="checkbox"/> Field Medic*                                | <input type="checkbox"/> Team Photos/Yearbook        | <input type="checkbox"/> League Board Member  |

**\*Volunteer positions in which you are in direct contact with the participants. You will be run under Megan's law. I agree that I may also be required to complete a Livescan, fingerprinting background check.**

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 before or after your child's game. You will not be expected to volunteer while your child's game is in play.

**Your Full Name** \_\_\_\_\_ **Your Birthdate** \_\_\_\_\_

**Child Participant's Name** \_\_\_\_\_ **Child's League Age/Division** \_\_\_\_\_

**Your Home Address** \_\_\_\_\_ **Your phone (w/area code)** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Occupation** \_\_\_\_\_ **Phone (w/area code)** \_\_\_\_\_

**Provide a brief summary of your knowledge/experience of youth sports and football.**

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been convicted of a crime? YES/NO If yes, please explain and include when and in which state:**

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been refused participation in any youth programs? YES/NO If yes, please explain.**

\_\_\_\_\_

\_\_\_\_\_

**If you are volunteering for a position in which you are in direct contact with any participants, please also complete the driver's license information. By filling this information, I give my permission for this organization to conduct a background check on me, which may include sex offender, child abuse and criminal history backgrounds.**

**Driver's License#** \_\_\_\_\_ **State** \_\_\_\_\_ **Expires** \_\_\_\_\_

**Please read and sign to complete this form:**

Parent participants must realize they hold a position of trust and responsibility in a youth program, which deals with a sensitive and impressionable period in a child's development. All parent participants must have patience, understanding and good communication skills with both children and adults. I agree to comply with all of the by-laws, rules and regulations of the Southern California Junior All American Conference and Orangecrest Wolves Youth Football and Cheer Program. I understand I can be removed from this organization if the above is violated.

**Parent 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: \_\_\_\_\_

# 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

_____	_____
Team/ Division/ Chapter	Team/ Division/ Chapter

**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 1<sup>st</sup> 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 AF.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Relationship to Minor (Parent or Legal Guardian)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed



Jr All American of Southern California Conference  
Mandatory Medical Release Form

Chapter Name \_\_\_\_\_ Division \_\_\_\_\_

This form must be **dated AFTER March 27, 2020 AND within 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 stationery 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**

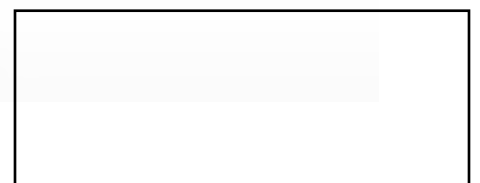
Participant's Name: \_\_\_\_\_  
(Please check the following if healthy or note otherwise): Height \_\_\_\_\_ Weight \_\_\_\_\_ (lbs) B/P \_\_\_\_\_  
Ears \_\_\_\_\_ Mouth \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_ Respiratory \_\_\_\_\_ Cardiovascular \_\_\_\_\_ Neurological \_\_\_\_\_  
Eyes \_\_\_\_\_ / \_\_\_\_\_ 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 2020 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 \_\_\_\_\_



# JUNIOR ALL-AMERICAN FOOTBALL OF SOUTHERN CALIFORNIA CONFERENCE

## WAIVER FORM

Per Rulebook- Each Chapter is responsible for ensuring all registrations comply with Conference Rules concerning Chapter boundaries. At no time shall a chapter accept a registration from a player residing in another chapter's boundaries without first attaining a waiver from the chapter he/she resides in.

Date: \_\_\_\_\_

### Request for Player Waiver (Article IX, Section 4)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Age: \_\_\_\_\_

### Reason for player being cut and/or request for waiver

### **Releasing Chapter Commissioner/President:**

\_\_\_\_\_  
Print Name & Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Chapter Name

\_\_\_\_\_  
Date

### **Receiving Chapter Commissioner/President:**

\_\_\_\_\_  
Print Name & Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Chapter Name

\_\_\_\_\_  
Date

Conference Commissioner's signature \_\_\_\_\_  
Approved \_\_\_\_\_ Date \_\_\_\_\_