



**FOR OFFICIAL USE ONLY**  
 San Diego Youth Football & Cheer Conference  
 YEAR: 2023

**Season Contract**    Football    Cheer   Color: \_\_\_\_\_  
**Division:**  F    8U    9U    10U    11U    12U    13U    14U

**Association:** LOS TOROS YOUTH FOOTBALL AND CHEER

Executive Director

**SECTION I: NO CANDIDATE WILL BE PERMITTED TO PARTICIPATE IN ANY ACTIVITY UNTIL ALL PAPERWORK IS COMPLETED IN FULL**

**LEGAL NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ **AGE** \_\_\_\_\_  
Last (Print as on Birth Certificate), First (As of 7/31)

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **Phone** \_\_\_\_\_

**School** \_\_\_\_\_ **Fall Grade** \_\_\_\_\_ **Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Medical Insurance Company** \_\_\_\_\_ **Parent Email** \_\_\_\_\_

**SECTION II: PARENTAL CONSENT**

I/WE THE REGISTERING PARENTS/LEGAL GUARDIANS OF THE ABOVE NAMED CANDIDATE FOR A POSITION ON A SDYFCC TEAM/SQUAD HEREBY GIVE MY/OUR APPROVAL TO PARTICIPATE IN ANY AND ALL SDYFCC ACTIVITIES DURING THE CURRENT SEASON. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION IN ALL SDYFCC ACTIVITIES INCLUDING BUT NOT LIMITED TO FOOTBALL OR CHEER AND TRANSPORTATION TO AND FROM THE ACTIVITIES. WE DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE LOCAL TEAM, THE RESPECTIVE ASSOCIATION AND THE CONFERENCE, NATIONAL AFFILIATE, THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS, AND PERSONS TRANSPORTING MY/OUR CHILD. I/WE HEREBY AUTHORIZE AND DIRECT THE TEACHERS AND OR ADMINISTRATORS OF ANY SCHOOL EVER ATTENDED BY MY/OUR CHILD TO RELEASE ANY AND ALL INFORMATION CONTAINED IN SAID SCHOOLS RECORDS IF REQUESTED BY THE ASSOCIATION PRESIDENT OR ELIGIBILITY DIRECTOR OF THIS CONFERENCE. IN CONSIDERATION OF MY/OUR MINOR CHILD TO PARTICIPATE IN THE SDYFCC PROGRAM, RELATED EVENTS AND ACTIVITIES, I GIVE MY PERMISSION THAT MY CHILDS LIKENESS MAY BE PHOTOGRAPHED OR VIDEOTAPED AND THAT SUCH IMAGE MAY BE PUBLISHED IN ANY OUTLET USED TO PROMOTE OR PUBLICIZE THE ASSOCIATION OR CONFERENCE FLAG, TACKLE OR CHEER PROGRAMS. I/WE WILL BE FINANCIALLY RESPONSIBLE TO THE RESPECTIVE ASSOCIATION FOR EQUIPMENT/UNIFORM ISSUED TO MY/OUR CHILD FOR LOSS OF SAID EQUIPMENT AND I/WE WILL REIMBURSE THE ASSOCIATION. I/WE AGREE TO ABIDE BY THE ABOVE NAMED ASSOCIATION AND SDYFCC CONFERENCE CODE OF CONDUCT (FOUND AT SDYFC.ORG) AND UNDERSTAND FAILURE TO DO SO MAY RESULT IN MY TEMPORARY AND/OR PERMANENT REMOVAL, WHICH CAN INCLUDE THAT OF ANY MEMBER ASSOCIATED WITH THE REGISTRANT AND/OR THE ABOVE NAMED CANDIDATE. I/WE AGREE TO ABIDE AND SUPPORT THE ABOVE NAMED ASSOCIATION AND SDYFC CONFERENCE POLICY REGARDING A 2.0 GPA IN ORDER FOR THE REGISTRANT TO BE ALLOWED TO PARTICIPATE IN POST-SEASON PLAY AND/OR COMPETITION.

**ADDITIONAL WAIVER ON PAGE 2 – ATTACHMENT A – RELEASE OF LIABILITY FORM**

**SECTION III: INSURANCE STATEMENT**

I/WE UNDERSTAND THAT MY/OUR INSURANCE IS PRIMARY AND ANY SDYFCC INSURANCE BECOMES SECONDARY. (IF YOU HAVE NO INSURANCE, SDYFCC INSURANCE IS THE PRIMARY CARRIER, A DEDUCTIBLE MAY APPLY PLUS YOUR PORTION OF THE CHARGES)

**SECTION IV: PARENT MEDICAL TREATMENT AUTHORIZATION**

IN THE EVENT OF INJURY OR ILLNESS TO MY/OUR CHILD (LEGAL NAME ABOVE IN SECTION I) I/WE HEREBY GRANT AUTHORITY TO A QUALIFIED PHYSICIAN TO RENDER SUCH MEDICAL TREATMENT AS SAID PHYSICIAN DEEMS NECESSARY UNDER THE CIRCUMSTANCES.

**SECTION V: HELMET WAIVER (FOR FOOTBALL PARTICIPANTS)**

WE ACKNOWLEDGE AND WE UNDERSTAND THE RISKS INVOLVED IN OUR CHILD PLAYING FOOTBALL, WHICH IS A COLLISION SPORT: THE NOCSAE COMMITTEE HAS ADOPTED THE FOLLOWING WARNING TO BE READ BY AND SIGNED BY THE PARENT/GUARDIAN. "DO NOT USE THIS HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER. THIS IS IN VIOLATION OF FOOTBALL RULES AND CAN RESULT IN SEVERE HEAD, BRAIN OR NECK INJURY, PARALYSIS OR DEATH AND POSSIBLE INJURY TO YOUR OPPONENT. THERE IS A RISK THAT THESE INJURIES MAY ALSO OCCUR AS A RESULT OF AN ACCIDENTAL CONTACT WITHOUT INTENT TO BUTT, RAM OR SPEAR. NO HELMET CAN PREVENT ALL SUCH INJURIES."

\*\*\*\*\***PARENT(S)/GUARDIAN MUST INITIAL HERE** X \_\_\_\_\_ **PARTICIPANT MUST INITIAL HERE** X \_\_\_\_\_

**SECTION VI: REGISTERING PARENT/LEGAL GUARDIAN ONLY (PROOF OF LEGAL GUARDIANSHIP REQUIRED)**

I/WE AS REGISTERING PARENTS OR LEGAL GUARDIAN AGREE TO/AND UNDERSTAND SECTIONS II, III, IV, AND V AND ATTACHMENT A OF THIS LEGAL DOCUMENT

**PRINT NAME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SECTION VII: FOR OFFICIAL USE ONLY**

Mother's Maiden Name from BC: \_\_\_\_\_  Original Birth Certificate Verified  2 Proof of Residency

**I certify that all required paperwork was completed in full prior to this applicant's participation in any of the teams activities.**

President/Eligibility Dir. or Cheer Dir. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ATTACHMENT A - SDYFC RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

READ BEFORE SIGNING

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

IN CONSIDERATION OF my child/ward being allowed to Name of Minor Child/Ward participate in any way in the San Diego Youth AYF – San Diego Youth Football and Cheer Conference related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness (including: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, 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 child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS San Diego Youth Football and Cheer Conference; its directors, officers, associations, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

**I, FOR MYSELF, MY SPOUSE, AND CHILDWARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Parent/Guardian: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

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

## UNDERSTANDING OR RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant and as a parent.

Name of Child/Ward: \_\_\_\_\_ Signature of Child/Ward: \_\_\_\_\_

This signed waiver/release will be kept on file by SDYFCC for a minimum of 7 years or longer if the player has been involved in a serious injury.



# SAN DIEGO YOUTH FOOTBALL AND CHEER CONFERENCE, INC.

## PHYSICAL EXAMINATION FORM

ORIGINAL AND TWO COPIES ARE REQUIRED TO COMPLETE YOUR REGISTRATION

ASSOCIATION NAME: LOS TOROS YOUTH FOOTBALL AND CHEER

DIVISION: F 8U 9U 10U 11U 12U 13U 14U CHEER  
(CIRCLE ONE)

Athlete's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Last Name, First Name, MI)

Address: \_\_\_\_\_, CA \_\_\_\_\_  
(city) (zip)

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

The above named athlete has my permission to participate in San Diego Youth Football and Cheer Conference, Inc. activities and has permission to travel with a representative of San Diego Youth Football and Cheer Conference, Inc. and the local Association on any trips. In case of injury a San Diego Youth Football and Cheer Conference, Inc. representative is authorized to have him/her treated and/or hospitalized by any one of the doctors cooperating with San Diego Youth Football and Cheer Conference, Inc., and will not hold San Diego Youth Football and Cheer Conference, Inc., the local Association or its representatives responsible for payment as the result of any accident or injury.

### Medical History (to be completed by parent/guardian)

R or L Handed \_\_\_\_\_ Allergies to medications \_\_\_\_\_

#### Has athlete had the following:

- Injuries to head, neck, bones or joints
- Any other injuries requiring medical attention
- Seizures, blackouts or any episode of unconsciousness
- Heart trouble, heart murmur, high blood pressure
- Any serious infectious disease
- Hospitalization or operations in the past
- Stomach, intestinal, or urinary tract problems
- Is athlete under care of a doctor now
- Is athlete taking any medication on a regular basis
- Any dental problems

(ALL boxes must be checked)

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |

#### Explain "Yes" Answers

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Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Physical Examination (to be completed by physician)

DATE OF PHYSICAL: \_\_\_\_\_

Physical Exam			
HEIGHT:	WEIGHT:	HEART:	
BLOOD PRESSURE:		LUNGS:	
PULSE:		CHEST (including Breasts):	
GENERAL APPEARANCE:		ABDOMEN:	
DERM:		GENETALIA:	
HEAD		BACKD & EXTREMETIES:	
NECK		NEUROLOGICAL:	

From the above information and the screening physical exam, in my opinion the above mentioned Athlete is physically able to participate in San Diego Youth Football and Cheer Conference, Inc. activities.

YES  NO

Is further consultation necessary?

YES  NO Specialty \_\_\_\_\_

Dr. Office Seal or Stamp Here. If "NONE" Then Attach the Doctor's Business Card Here. (Required)

Physician's Signature: \_\_\_\_\_ M.D. Date \_\_\_\_\_