



2023 Paso Robles Youth Football & Cheer Registration Cover Sheet

Player Name: _____ Registration Date: _____

Parent/Guardian name _____

Parent/Guardian email Address: _____

Registration Instructions

1. Register online at pryfc.com
2. Bring to a PRYFC In-Person event the following
 - a. PRYFC Registration Cover Sheet (this document)
 - b. Required Forms and Documents outlined below (please note some documents require 2 copies)
3. Completed Physical due ASAP, no later than 7/24/2023
 - a. Low Cost Physical Nights scheduled for 5/23/23 and 7/10/23 – or have completed by your local physician. More information on physical nights coming soon.

Required forms:

- Parents Ethics Form _____
- Hold Harmless Form _____
- CCYFL Concussion Form _____
- CCYFL COVID-19 Waiver and Release _____
- Physical Form (Due no later than 7/24/23) _____

Required personal documents - 2 COPIES OF EACH:

- Proof of Residency – 2 COPIES _____
- Copy of Birth Certificate or Passport – 2 COPIES _____
- Copy of Current Report Card – 2 COPIES _____
- Headshot/picture – Current school pic/sport pic is perfect – 2 COPIES _____

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 alleger 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: _____

Participant Name: _____

Photo Release

I hereby grant the Central Coast Youth Football League and its employees and sponsor s the right to photograph and use the photo and or other digital reproduction of his/her physical likeness for publication.

Signature of Parent or Guardian: _____

---White copy for Chapter---Yellow copy to Parent---

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

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.

PARENT COPY-MUST RETURN SIGNED LAST PAGE

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 Body weight exercises (squats, planks, pushups), max 1 set of 10, no more than 10 min total 	<ul style="list-style-type: none"> Increase heart rate to 50-75% max exertion (e.g., 100-150 bpm) 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 within 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
Please Return this Page

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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

**CENTRAL COAST YOUTH FOOTBALL & CHEER
LEAGUE ATHLETE PROTOCOLS AND
PARENT WAIVER AND RELEASE FORM FOR
2023 IN PERSON ACTIVITIES**

FOR ATHLETES:

I, _____ (Printed Name of Athlete) agree to abide by the following protocols, which I have reviewed prior to engaging in any in-person activity:

- 1) I understand activities will be provided on a limited basis.
- 2) I understand all in person sessions are optional and voluntary, and I assume the risk for participating in them.
- 3) I will follow all health and safety guidelines, including face covering.
- 4) I recognize that I need to bring my own hydration products as shared water bottles are not allowed.
- 5) I will arrive dressed for activities and understand locker rooms will not be available. I recognize that I am encouraged to shower at home before and after sessions.
- 6) I understand that if I experience any COVID-19 related symptoms, I will not attend. This includes fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, etc. I understand that if I exhibit these symptoms or pretend to exhibit these symptoms, I will be sent home.
- 7) I understand that only those participating in the activity will be allowed to attend sessions. I will not invite parents or other individuals to attend and/or watch sessions.
- 8) I acknowledge that these expectations may change based on league, state and county health guidelines and related requirements. I agree to adhere to these expectations as they may be modified.

Student Signature _____ Date _____

FOR PARENTS:

As the parent/guardian of the above-named child and on behalf of myself and my child, agents, heirs, and successors, I voluntarily agree to: (1) assume all risks of injury, illness, or death to my child arising out of or resulting from my child's participation in and/or attendance at the above-stated program or activity, such risks to include but are not limited to, injury, illness, or death due to being exposed to or infected by contagious diseases, including COVID-19; (2) acknowledge that my child's participation in the above-stated program or activity is voluntary and I assume full responsibility for my child's participation (3) waive and release all claims, causes of actions, actions, liabilities, and costs against Central Coast Youth Football League (CCYFL) and its governing board and members thereof, officers, employees, agents, and volunteers (collectively CCYFL and individual Chapters) and hold harmless CCYFL and Chapter Personnel from any claims, causes of actions, actions, liabilities, and costs that may arise out of or result from my child's participation in or attendance at such program or activity; (4) assume all obligations for any medical, financial, and other costs and/or liabilities that be sustained or incurred by my child, myself, or my agents, heirs, and/or successors; and (5) acknowledge this waiver and release is made notwithstanding section 1542 of the California Civil Code which provides: "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor" and therefore, I expressly waive the benefits of this provision. CCYFL assumes no responsibility and shall not be liable for any injury, illness, death, liabilities, damages, or costs that my child, myself, my agents, heirs, and/or successors may sustain or incur arising out of or resulting from the aforementioned program or activity.

Printed Name: _____

Signature: _____

Date _____

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
()	Abdomen	()	_____
()	Blood Pressure _____	()	_____
()	Ears	()	_____
()	Extremities	()	_____
()	Eyes	()	_____
()	Genitalia	()	_____
()	Heart	()	_____
()	Lungs	()	_____
()	Nose	()	_____
()	Skin	()	_____
()	Spine (posture)	()	_____
()	Teeth	()	_____
()	Throat	()	_____
()	Vision	()	_____
()	Height	()	_____
()	Weight _____ lbs.	()	_____

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.

 Signature of Parent/Legal Guardian Emergency Date: _____ Emergency Phone# _____