

Chico Jr Panthers Football & Cheer Registration Packet 2026



Player Name _____ Circle: Football or Cheerleading
Player Age _____ Birthdate _____ Current Grade _____

Home Address _____

Guardian Name _____ Number _____

Address _____ Email _____

Guardian Name _____ Number _____

Address _____ Email _____

Player School _____ School Phone _____

Medical Conditions _____

Allergies _____

Items that will be needed to complete registration:

___Aries Demographic page

- If you cannot provide, we will need a utility bill, last report card, and original birth certificate on the day of certification.
- Kindergarteners can provide enrollment from school or school district

___Physical Completed After April 1st 2026

- No one will participate without this completed. No exceptions!!

___Fees

- Fees should be paid in full by parent night in May
- If using a sponsorship plan to submit by parent night in May
- If this a problem, communicate with us to make a plan
- If your athletes' fees are not paid and you have not communicated your athlete will be dropped from the team for a waitlisted athlete

SYF CODE OF CONDUCT

SYF CODE OF CONDUCT AS A PARENT, COACH, or ADMINISTRATOR, I hereby pledge to provide positive support, care, and encouragement for my child and/or the athletes in youth sports by following this Code of Conduct and ethics:

- (1) I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event recognizing that youth and adult participation is a condition privilege and not a right.
- (2) I will insist that my child and/or the athletes play in a safe and healthy environment. I acknowledge being trained on concussions and head injuries, and I shall strictly following all concussion laws, rules, protocols, and full-contact practice limitations.
- (3) I will require that my child's coaches, or those with whom I am working, be trained in the responsibilities of being a youth sports coach and that coaches uphold this Code of Conduct, leading by example and being a mature responsible role model.
- (4) I will support coaches and officials working with my child or athlete in order to encourage a positive and enjoyable experience for all in a sports environment which is free from drugs, tobacco, and alcohol and I will refrain from their use at all youth sports events.
- (5) I agree the sports (football and cheer) is a privilege for youth - not the adults. I agree in the event a claim or legal action for any reason is alleged by me, or against me or my child (against a team, SYF, or its members) that for due process and risk minimization SYF shall immediately suspend any further participation (for my child and I in SYF and its teams) until proof of proper resolution is received by the Commissioner.
- (6) I will do my very best to make youth sports fun for my child and the athletes recognizing that winning is not the goal - teaching my child and the athletes the importance of team work and discipline is first and foremost. I will ask my child and the athletes to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed or ability and I will refrain from cursing, vulgar language and any other detrimental or unsportsmanlike conduct understanding I alone am responsible for my actions.
- (7) I will help my child and the athletes enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, providing transportation, or otherwise assisting the team. (8) I will read the National Standards for Youth Sports, doing what I can to help SYF as well as all youth sports organizations implement and enforce them. I understand football and cheer are physically demanding and physical harmful contact will occur.

AS AN ATHLETE AND PARTICIPANT IN SACRAMENTO YOUTH LEAGUE, I understand commitment, hard work and dedication will be required by me before I can wear the colors of the team. Once I have tried out and made the team, I have accomplished an achievement for which I can be proud. Being a member of the team means much more than just learning about and playing football or being a cheerleader. As an athlete, both on and off the field, I am a representative of SYF/Team and expected to act accordingly.

- (1) I understand as an Athlete I am to maintain an academic standard at 2.0 ("C" average) during the season or risk being benched or dismissed from the team/organization. Grade checks may be performed at random. (2) I understand I am to maintain good citizenship. Fighting, misconduct, vulgar or derogatory language, cursing, or disrespect can lead to being dismissed from SYF or the team. Any athlete who has an altercation at school or with law enforcement authorities or is observed displaying conduct (anytime, anywhere) below the acceptable standards of an athlete may face suspension from SYF.
- (3) I understand Athletes are responsible for notifying their coach if they will be absent from a practice or game. Missing a practice or game will hurt both my team and may be reason for not playing in games. If I have too many absences, I may be suspended from SYF or the team.
- (4) I am expected to come to practices and games prepared and ready to give 100%. An athlete may be benched at a practice or dismissed due to too many absences, not giving 100%, failure to know plays or routines, being out of condition, and/or not following SYF or team rules.
- (5) I will treat their coaches, teammates, officials, and adult authority figures with respect.

(6) I am responsible for the maintenance of my equipment and uniforms. Uniforms must be washed regularly. I will report all equipment problems to my coach immediately. If I lose my uniform or equipment I am financially responsible to replace it.

(7) I agree to follow all rules and policies for SYF and my team. ALL PARENTS/GUARDIANS MUST SIGN. I/We, have read, understand, agree, and will abide by the above, certifying I am a legal parent authorized to sign. I/We have voluntarily signed, understanding if I/we violate this Code of Conduct I/we shall be subject to immediate termination or suspension from SYF or the team.

_____ Print Name
Parent/Guardian Signature Date _____

_____ Print Name
Parent/Guardian Signature Date _____

_____ Print Name
Coach / Administrator Signature Date _____

_____ Print Name
Athlete/Participants Signature Date _____

(Rev. 1/22/2026)

Athlete Physical Requirement

- Must be complete after April 1, 2026
- I will use the CJP provided form or Dr Office Form
- Must have License # listed with signature and/or stamp

No athlete will participate until Physicals are completed and received

No exceptions!!!

I understand and agree with the above statement regarding Physicals to participate.

Parent/Guardian Signature _____ Date _____

CJP Agreements and Understandings

I understand and agree to the following:

Parent Volunteer Hours The success of our organization relies on parent volunteers. Please make the commitment needed to ensure that our children can participate and that our organization is a success.

- **Requirement-** CJP requires 8 volunteer hours per family
 - 2 additional hours per child, with a maximum of 12 hours.
- **Volunteer Deposit-** A \$300 volunteer check should be written to Chico Jr Panthers, postdated for 11-15-2026
- **Sign-up-** Hours must be signed up for no later than the first home game.
 - If I fail to do so, my volunteer hours may be assigned to me.
- **Unmet Family Contribution-** failed hours will result in my check being cashed at the end of the season
- **Volunteer Shift Schedule Conflicts-** it is my responsibility to notify the volunteer coordinator 24 hrs prior to my scheduled commitment or it will be my responsibility to find a replacement for my scheduled hours.
- **Bounced checks-** You will be charged an additional \$25 fee in addition to the \$300 in cash. Nonpayment will result in being sent to collections.
- **Volunteers** must be 14 years of age or older. 18+ is required for certain positions.

(Registration for the next season will not be processed until payments are paid in full)

I have read the above information and fully understand that if I do not meet my work commitment, my check or money order will be deposited by the Chico Jr. Panthers.

Parent/Guardian Signature _____ Date _____

Equipment Deposit(Football only)

Athletes will receive loaner equipment including, but not limited to: helmet, pads, practice jersey, etc These will be required to be returned at the conclusion of the season to avoid your check being cashed.

- **Requirement-** A deposit check in the amount of \$350 should be given to CJP. No Athlete will receive equipment without the deposit. Post-date checks to 11-15-26
- **Equipment Return-** at the end of the season CJP will schedule equipment return dates. If I am unable to make the scheduled times, it is my responsibility to arrange return with an authorized CJP representative
- **Bounced checks-** You will be charged an additional \$25 fee in addition to the \$350 in cash. Nonpayment will result in being sent to collections.

I have read the above information and fully understand that if I do not meet my work commitment my check or money order will be deposited by the Chico Jr. Panthers.

Parent/Guardian Signature_____ Date_____

Photo Video Release

I, the parent or guardian of this minor, hereby grant permission to Chico Jr. Panthers, of Chico, California the rights to the images of this minor in video or still, and of the likeness and sound of their voice as recorded on video or audiotape without payment or other consideration. I understand that this image may be edited, copied, exhibited, published or distributed and I waive the rights to inspect or approve the finished product wherein this minor likeness appears. Additionally, I waive my right to any compensation arising or related to the use of these images or recordings. Photographic, audio or video recordings may be used for the following: media, online/internet, videos, presentations. I will be consulted about any other use of photographs and video recordings used for any purposes other than those listed above. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. By checking yes I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against Chico Jr. Panthers for use of these images or recordings.

yes Parent/Guardian Signature_____ Date_____

SACRAMENTO YOUTH FOOTBALL AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY
(YOU MUST READ AND UNDERSTAND ENTIRELY BEFORE SIGNING)

In consideration of participation in the SACRAMENTO YOUTH FOOTBALL (ASYF@) league (its member team's football and cheer programs), related practices and events, and the many benefits received in this conditional privilege, the undersigned agrees, understands, appreciates, and covenants as follows. I UNDERSTAND AND AGREE that the risk of injury from the activities involved in SYF are significant due their physicality, aggressive nature, including but not limited to the potential and risk of the following: (1) falls, sprains, ligament damage, broken bones, paralysis, neck/spine and back injury, and even sudden death; (2) intentional and unintentional contact with other players or coaches; (3) injuries associated with extreme heat, humidity, cold and other uncertain weather conditions inherent in a game played outdoors; (4) concussions and head and brain injuries (I have read the Concussion Information Sheet and the Concussion Management and Return to Play Protocol sheet-both available on the SYF website, understanding that the science, factors, and symptoms of concussions remains uncertain and changing). I FURTHER UNDERSTAND AND AGREE that while particular rules, training of all concerned, properly fitted and certified helmets and equipment may reduce these risks, the risk of serious injuries still does exist. The uncertainty and risks of injury are great since SYF football and cheer programs are operated by many volunteers and untrained persons with limited resources and training. I UNDERSTAND AND FREELY ASSUME ALL RISKS BOTH KNOWN AND UNKNOWN AND ASSUME FULL RESPONSIBILITY. I assume these risks due to the many significant benefits associated with participation in SYF including but not limited to life lessons/skills, discipline, accountability, skill development, team and friendship building, confidence, and a strong work ethic. I FURTHER UNDERSTAND AND AGREE that my child will be ineligible for the first two games of the season if transferring from one youth program to another, unless approved by SYF commissioner or meets related high school transfer eligibility rules. I AGREE to comply with all stated, customary terms, and conditions for participation by SYF and its teams. I consent, for no compensation, to the use of my (or my child=s) name, image, or likeness in any video, advertising, promotion, or review by SYF and its member teams. I, for myself, and on behalf of my minor child, my spouse, executors, heirs, representatives, and next of kin, HEREBY RELEASE, AND SHALL HOLD HARMLESS AND INDEMNIFY SYF, its commissioner, vice commissioners, game site hosts, all teams, officers, board members, agents, volunteers, coaches, officials, medical personnel, sponsors, advertisers, attorneys, owners/lessors of property (herein ARELEASEES@), FOR ANY AND ALL INJURY, DISABILITY, DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OR GROSS NEGLIGENCE OF RELEASEES, OR OTHERWISE. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS RELEASEES from any and all claims, liabilities, damages, and expenses (including attorney's fees) in any proceeding to enforce or defend this Waiver and Release (venue Sacramento, California). If any portion of this form is found by a court to be invalid or stricken the remaining provisions shall be given full force and effect. I HAVE READ COMPLETELY AND UNDERSTAND THIS WAIVER AND RELEASE OF LIABILITY. I FULLY UNDERSTAND THE RISKS AND ABOVE TERMS. I UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS AND LEGAL RIGHTS BY SIGNING IT; I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR UNDUE INFLUENCE.

Parent/Guardian Signature_____ Date_____

Participant Name_____

SACRAMENTO YOUTH FOOTBALL / AYF WAIVER & RELEASE

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of (SACRAMENTO YOUTH FOOTBALL – SYF) and American Youth Football - AYF) football and cheer athletic programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules, vaccinations, and personal discipline may reduce this risk, the risk of serious illness and death does exist regardless of such or any vaccination(s) of any person(s) involved; and,
2. 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 participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS SYF and the Team/School, their Commissioners, officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____ Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law. I agree in the event a claim or legal action for any reason is alleged by me, or against me or my child/ward (against a team, SYF, or its members) that for due process and risk minimization SYF shall immediately suspend any further participation (for my child and I in SYF and its teams) until proof of proper resolution is received by the Commissioner.

Name of parent/guardian: _____

Parent guardian/signature: _____ Date signed: _____

Note: The signed waiver/release should be kept on file by the sports organization for at least 7 years and possibly longer if the player has contracted a serious illness.

(Rev. 2/26)



CIF Concussion Information Sheet & Opioid Factsheet for Patients

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012, now Education Code § 49475) and AB 1: Calif. Youth Football Act (Health and Safety Code § 124240 et seq.)

1. *The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.*
3. *Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right 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 your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.

On the CIF website is a **Graded Concussion Symptom Checklist**. If your child fills 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 improvement. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred 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 for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she 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.

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 research 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 may 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.

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• Feeling 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 is Return to Learn?

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities, unless your doctor makes other recommendations. Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before returning to competition. A RTP 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 from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. *[AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be **no sooner than 7 days** after the concussion diagnosis has been made by a physician.]*
10 days in SYF

Final Thoughts for Parents and Guardians:

It is well known that high school 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 had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

References:

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012
- <http://www.cdc.gov/concussion/HeadsUp/youth.html>

School: _____
& Team _____

CIF Concussion Information Sheet

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. *The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.*
3. *Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

Every year all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

For current and up-to-date information on concussions you can visit:
<http://www.cdc.gov/concussion/HeadsUp/youth.html>

I acknowledge that I have received and read the above CIF Concussion Information Sheet and the following CDC Opioid Factsheet for Patients.

Student-Athlete Name
Printed

Student-Athlete
Signature

Date

Parent or Legal Guardian
Printed

Parent or Legal Guardian
Signature

Date



