

SYF- Identification Card Info

IDENTIFICATION CARD

Association: Will C. Wood Jr Wildcats

Name: _____

Birth Date: _____ Age as of 8/1/2026: _____

Address: _____

City _____ Zip: _____

Phone: _____

School as of 9/1 : _____ Grade (26/27 School Year): _____

School Phone: _____

Parent Name: _____

Parent Email: _____

Emergency Contact: _____

Emergency Phone: _____

Jr. Wildcats Football/Cheer Registration Form

FEES FOR 2026:

Football –

8U, 10U, 12U, 14U - \$400.00 registration fee for the 2026 season.

Cheer/Mascots –

Mascots, 8U, 10U, 12U and 14U
\$750.00

Sibling Discount-

1st sibling full registration, 2nd, and 3rd etc. sibling (\$25 off)

Division (Please Circle): 8U 10U 12U 14U (Check One) Football: _____ Cheer: _____

PLAYER'S INFORMATION			
Player's last name:	First:	Middle:	Birth date:
Street address:			
City:	State:	ZIP Code:	
PARENT'S INFORMATION			
Father's Name:			
Cell Number:	E-mail:		
Mother's Name:			
Cell Number	Email:		
IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to player:	Home phone no.:	Cell phone no.:
MEDICAL INFORMATION			
Please list any medical conditions (allergies, asthma, etc.) and medications being taken by the participant named above.			
Insurance Company: _____			
Policy or Certificate #: _____			
Physician's Name: _____		Physician's Phone#: _____	
Preferred Hospital: _____			
Allergies: _____			
Medical Condition(s) / Medication Information: _____			

EQUIPMENT INFORMATION (FOOTBALL)

The Jr Wildcats organization provides football helmet, shoulder pads, practice jersey, football pants & game jersey for the season. Player will need to provide mouthpiece and cleats.

Parent Initials: _____ *We do collect a \$300 deposit check for equipment, **this is only cashed at the end of the season if your equipment is not returned. All items provided must be returned to receive your equipment deposit back.**

VOLUNTEER INFORMATION (CHEER & FOOTBALL)

Parent volunteer is essential for the success of the organization. A minimum of **4** hours will be mandatory per enrolled player on a given team. Volunteers will be needed for home and away games. Tasks will include, but not limited to set-up, concessions, scoreboard, video, announcing, clean up (home games), chain gang and markers (away games).

Parent Initials: _____ *We do collect a \$200 deposit check for volunteer hours, **this is only cashed at the end of the season if your volunteer hours are not fulfilled.**

FUNDRAISERS (CHEER & FOOTBALL)

There will be **2 mandatory** fundraisers throughout the season.

Parent Initials: _____ *We do collect a \$200 deposit check for fundraising, **this is only cash at the end of the season if your child does not participate in the (2) mandatory in-season fundraisers.**

REFUNDS

Football: You may be entitled to a FULL refund of your Registration Fees paid minus \$50 if you cancel, in writing, your child's participation in Jr. Wildcats prior to the first scheduled day of practice. You may be entitled to a partial refund of your Registration Fee, 50% of fees paid after \$50 is deducted, if during the first two (2) scheduled practices you, or your child, voluntarily withdraw from Jr. Wildcats for any reason. No refunds will be given beyond the first three (3) scheduled practices.

Cheer: No refunds after uniforms are ordered for the season.

All refund requests must be submitted, in writing, no later than 7 days after cancellation or withdrawal. No refunds will be given for the purchase of personal items, for any reason. All players will receive all personal items paid for regardless of their continued participation. No refunds will be given if a child is suspended or expelled from The Jr. Wildcats as a result of any disciplinary action or inappropriate behavior, on the part of the child, parent(s) or guardian(s).

Parent Initials: _____

MANDATORY ACKNOWLEDGEMENTS

- 1. I agree to **mandatory volunteer time** per enrolled child for the season Parent Initials: _____
- 2. I agree to forfeit my **ENTIRE** volunteer deposit if hours are not completed Parent Initials: _____
- 3. I am responsible for all travel costs for my child should he/she advance to the Regional/State/National Level. Parent Initials: _____
- 4. Additional Fundraising & Volunteering opportunities will be available throughout the season for Organization/ Team Parent Initials: _____
- 5. I understand that images of my child may appear on the Jr. Wildcat website/social media channels Parent Initials: _____
- 6. I understand that there are admission/gate fees when attending Away **AND** Home games Parent Initials: _____

PARENT SIGNATURE

Print Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Relationship: _____

ADMINISTRATION USE ONLY

PAID AMOUNT: _____ **CHECK # OR CASH:** _____

PLAYING AGE (AS OF AUG 1ST): _____ **RECEIPT #** _____

VERIFYING BOARD MEMBER : _____ **DATE :** _____

Jr Wildcats Youth Football & Cheer
Code of Conduct

Jr Wildcats is a Youth Football and Cheer program for the youth in our community. The organization is run entirely by volunteers. Fans, players, and coaches are expected to abide by a code of conduct at all youth events. While most will follow the rules there are a few that can make it unpleasant for everyone else. This code protects the children, parents, and volunteers (including coaches and all board members) of the Jr Wildcats organization. The Jr Wildcats have a zero-tolerance policy where the safety and well-being of the youth are concerned.

FAN CODE OF CONDUCT

1. Not criticize the players/cheerleaders or coaches in front of the other spectators in the stands.
2. Accept decisions of the game officials (including referees and coaches) on the field as being fair and called to the best of their ability.
3. Not criticize the opposing team, its players, coaches, or fans verbally or physically.
4. Refrain from using physical or verbal abuse or profane language at any time at the game, on the practice field, or at any Jr Wildcats or youth football event.
5. Abstain from being under the influence of or in possession of and/or drinking alcoholic beverages and the possession or use of any illegal substance on both the game and practice fields. No tobacco or vape usage on school grounds.
6. Not be allowed on the sidelines of any game or practice.
7. Not interfere/interrupt the coaching staff before, during or after games or at practice.
8. Not express complaints about coaches in stands or to coaches in front of or around the children.

ATHLETE CODE OF CONDUCT

The player agrees to:

- Emphasis the ideals of sportsmanship, ethical conduct, and fair play.
- Show courtesy and respect to teammates, coaches, opponents, and all officials.
- Make a commitment to themselves, their parents, coaches, and their team to always work 100% at practice and in games.
- Not use profanity, derogatory comments, or talk "trash" before, during, or after any game.
- Not use drugs, alcohol, or tobacco.
- Not criticize my teammates.

PARENT CODE OF CONDUCT

Parents agree to follow all listed items below in addition to the Fan Code of Conduct:

- Support their child's team at practice & at games
- Show respect and courtesy to opponents, officials, and other Jr Wildcat organization members via in-person & social media
- Direct constructive criticism to the President, Athletic Director, or Board of Directors and work towards a positive outcome for all concerned.
- Not use profanity or criticize the coaching staff or any official.
- Not undermine the authority of the coach or administration.
- Intrude onto the field, be on the sidelines or yell from the bleachers at any player, coach, referee, or board member.
- Not use ANY type of physical violence/threats toward anyone involved in the organization.
- Not to bring ANY form of a weapon or any object that can cause harm to anyone in the organization

VIOLATION

Any athlete(s), parent(s), guardian(s), family member(s), or fan(s) who violates the Jr Wildcats Code of Conduct can be dismissed from the program.

No REFUND of any fees/fundraisers, etc. will be given _____ Initial to agree to terms of violation

We have read the Code of Conduct and understand what is expected. ANY violation can result in immediate removal of participant(s)/parent(s), family member(s) and agree to as such. Please note when signing you are signing for your whole immediate family to abide by the Jr Wildcats Code of Conduct.

Player Name/Signature

Parent Name/Signature

Date

Sacramento Youth Football

California Uniform Electronic Transactions Act (CUETA)

Please consult *Calif. Civil Code Sections 1633.1-1633.17* for more information. Remember the **(1) SYF-AYF Waiver & Release, (2) SYF- CIF Concussion Information Sheet & Opioid Factsheet for Patients, (3) SYF Code of Conduct (for all football and cheer athletes), and any Parent/Coach Agreement should be a part of the electronic transaction agreement.**

Consider the following in your electronic registration agreement to comply with CUETA.

[By entering this website and submitting the information below you agree and consent to all of the terms & conditions for the year _____, if you do not wish to agree and consent exit now.]

[Upon due consideration of all factors and risks, including the fact that football and/or cheer are physical and contact sports in which injuries will and do occur]

[By continuing, I agree and consent this transaction creates a legally binding agreement and is consideration for my child (name below) participation. These agreements shall be governed by the laws of California, including *California Uniform Electronic Transactions Act (Civil Code 1633.1-1633.17)*, venue shall be “Sacramento/ Butte/ Yolo/Yuba/Placer/Solano County.”

[Enter all pertinent information to include name of parent (both mother and father), child's legal name, address (for both parents), telephone number(s), email addresses, contact information in case of emergency, etc.]

I have read, agree and consent to the **SYF - AYF Waiver/Release.**

[I HAVE READ AND ACCEPT tab]
[Review, Print, or Download SYF-AYF
Waiver/Release (tab opens link)]

I have read, agree and consent to the **SYF Code of Conduct.**

[I HAVE READ AND ACCEPT tab]
[Review, Print, or Download SYF Code of
Conduct (tab opens link)]

I have read, agree, and consent to the **SYF/CIF Concussion Awareness Information Sheet & Opioid Factsheet for Patients.**

[I HAVE READ AND ACCEPT tab]
[Review, Print, or Download Concussion
Awareness Information Sheet & Opioid
Factsheet (tab opens link)]

(Page 1 of 2, continued on next page)

SYF

(CUETA, page 2 of 2)

[Use same form and procedure on page 1 for any other form(s) for your team]

[Place a hand signing symbol next to this to show that person knows they are signing]

[I ACCEPT] By clicking this button I intend to electronically sign this document and affirm under penalty of perjury that the above information is true, correct and complete, accepting and agreeing this creates a legally binding agreement for the above transactions and important information/waiver/agreements identified which I am authorized by California law to sign for myself and as agent for all parents.

(Remember to store and maintain all electronic agreements, significant medical releases, and other documents for a minimum of 10 years for tax purposes, liability, etc.)

(Rev. 02/2026)

SACRAMENTO YOUTH FOOTBALL
PREPARTICIPATION PHYSICAL WAIVER & RELEASE OF LIABILITY
(YOU MUST READ AND UNDERSTAND ENTIRELY BEFORE SIGNING)

In consideration of voluntary 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, CONSENT, and AGREE that the pre-participation sports physical examination provided to my child in order for him or her to participate as a player (football or cheer) for a team who is a member of SYF is limited, in nature and scope, with respect to the detection of identifiable sports risk factors in part based upon a lack of directed history and complete physician examination by a physician (which would likely cost a great deal more than what we paid for the physical done in connection with our current registration in SYF which was not performed by a medical physician).

I/WE UNDERSTAND AND FREELY ASSUME ALL RISKS BOTH KNOWN AND UNKNOWN AND ASSUME FULL RESPONSIBILITY FOR THE ABOVE MENTIONED LIMITED SPORTS PHYSICAL EXAMINATION OF MY/OUR CHILD AND WAIVE ANY AND ALL RIGHTS WE MIGHT HAVE AS A RESULT OF THE LIMITED SPORTS PHYSICAL EXAMINATION . I/We assume these risks due to the many significant benefits associated with voluntary participation in SYF and the costs associated with sports physical examinations.

I/We, 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("Releasees") **FROM ANY AND ALL INJURY, DISABILITY, DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE 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 Pre-participation Physical 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.

Name of Minor Child (print) _____ Team _____

Name of Parent/Guardian (print) _____

Parent/Guardian/Coach Signature _____ Date _____

(Rev. 08/15/2019)

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.

Name of Minor/Coach (print) _____ Team _____

Name of Parent/Guardian (print) _____

Parent/Guardian/Coach Signature _____ Date _____

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

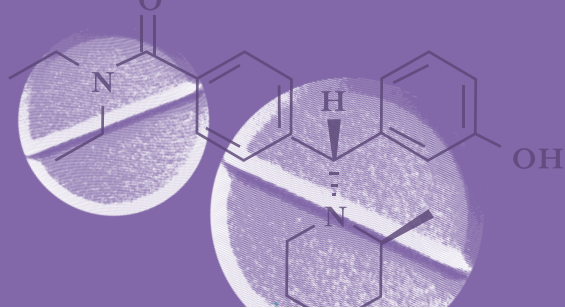
Parent or Legal Guardian
Printed

Parent or Legal Guardian
Signature

Date



PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as
1 in 4
PEOPLE*



receiving prescription opioids long term in a primary care setting struggles with addiction.

* Findings from one study

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



American Hospital
Association®

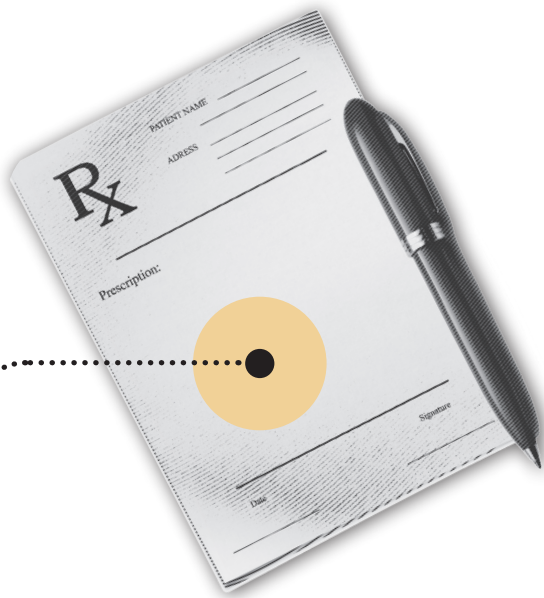
CS264107C

May 9, 2016

KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- ❑ Pain relievers such as acetaminophen, ibuprofen, and naproxen
- ❑ Some medications that are also used for depression or seizures
- ❑ Physical therapy and exercise
- ❑ Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.



IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- ❑ Never take opioids in greater amounts or more often than prescribed.
- ❑ Follow up with your primary health care provider within ___ days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- ❑ Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- ❑ Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- ❑ Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- ❑ Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- ❑ If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.



2020-21 FOOTBALL GUIDELINES & COVID-19 MODIFICATIONS

Foundational Statement

The following guidelines and modifications were created to allow for the safe participation of student-athletes during the Covid-19 Pandemic. The following guidelines follow best practices and recommendations from the CIF, the National Federation of State High School Associations (NFHS), and will continue to remain within the scope of all state public health orders.

MODERATE

General Guidelines

- Masks are recommended to be worn at all times by all individuals participating in the activity, even with heavy exertion as tolerated.
- Social distancing measures shall be in place at all times other than when engaged in competition.

Event Limitations

- 10 games permitted during the season.
- Adhere to local county guidelines.

Pre-Game Conference

- Limit attendees to one captain from each team, Head referee and Umpire.
- Coin toss should take place in the center of the field with designated individuals maintaining social distancing of 6-feet.
- No handshakes prior to and following the coin toss.
- Maintain social distancing of 6 feet while performing all pregame responsibilities with all officiating crew members, game administration staff, line-to-gain crew, clock operators, individuals handling the balls during the game and team personnel.

Team Benches

- The team box may be extended on both sides of the field to the 10-yard lines (for players only) in order for more social-distancing space for the teams.
- Maintain social distancing of 6-feet at all times while in the team box.

Pre/Post-Game Ceremony

Replace handshakes after the game with a social distance acknowledgment of the team's choosing.

Football Sanitation

Games shall utilize a three-ball rotation, ensuring that anytime a ball goes out of play it shall be sanitized thoroughly with a bleach wipe before returning to the rotation.



Equipment & Accessories

- Permissible face coverings are required to be worn at all times by all attendees present.
- Gloves are permissible.
- Players shall utilize their own equipment bin for all personal gear on the sideline.

Uniform

- Long sleeves are encouraged to reduce skin contact with the ball.
- Long pants and undergarments are permissible.

Water Bottles & Hydration Stations

- Team members shall not share water bottles.
- Hydration stations may be utilized but shall be touched only by a single appointed monitor.

Officials' Uniform & Equipment

- By local association adoption, long-sleeved shirts are encouraged.
- Do not share uniforms, towels and other apparel and equipment
- Permissible face coverings are required.
- Gloves are permissible.