

Southern California Junior All American Football & Cheer Conference, Inc.

20 __ Participant Season Contract

Please Complete in black or blue ink only

SECTION I

PARTICIPANT INFORMATION

NO CANDIDATE will be permitted to participate in any activity until SECTIONS II, III, and VII of this Contract has been completed in full. The CANDIDATE PLAYER agrees that he will faithfully abide by the Rules of the SCJAAF&C, Inc. to the very best of his ability.

Last Name, First, Middle: _____ Jersey Name: _____

Birthdate: _____ Age: _____ School & Grade: _____

Home Address: _____ City: _____ Zip: _____

Home phone number: _____ Cell number Parent/Guardian: _____

Cell number Parent/Guardian: _____ Email: _____

SECTION II

PARENT/LEGAL GUARDIAN ACKNOWLEDGEMENT - INHERENT RISK

I/We the parents/legal guardians of the minor named in Section I Candidate for a position on a SCJAAF&C, Inc. Team, hereby understand there is an inherent risk and danger to his/her participation in any and all SCJAAF&C, Inc. sports activities during the current season, that may result in bodily injury, paralysis, TBI, temporary/permanent disability, &/or death. In signing this form, I/We the parents/legal guardians of the minor name in Section I Candidate for position acknowledge this participant is physically fit to play football or cheer, and is voluntarily participating.

PARENT/LEGAL GUARDIAN CONSENT - PROMOTIONAL PHOTO & ADVERTISING AUTHORIZATION

I/We the parents/guardians of the minor named in Section I Candidate, hereby agree that SCJAAF&C, Inc. has advertising, modeling, and photo copyrights of images captured during the practice and/or playing season, in which my participant has previously or will currently participate in. Further, I hereby grant SCJAAF&C, Inc. the unrestricted, perpetual right to create, reproduce, distribute, broadcast, or otherwise use my child's name, likeness, and image—including photographs, films, videos, audio recordings, or any other depictions—in any form of media, worldwide. Such use may include promotional, advertising, editorial, trade, or any other lawful purpose. I eternally waive any right to compensation or claim to any benefits that may arise from such use, and acknowledge that SCJAAF&C, Inc. is not obligated to exercise any of the rights granted in this authorization.

PARENT/LEGAL GUARDIAN CONSENT - MEDICAL TREATMENT AUTHORIZATION

I/We the parents/guardians of the minor named in Section I Candidate for a position on a SCJAAF&C, Inc. Team, hereby give my/our approval to his/her participation in any and all SCJAAF&C, Inc. activities during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from such activities. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the team, the Chapter, and the SCJAAF&C, Inc. including sponsors and other related participants, for any injury to my/our child. In the event of injury to MY/OUR Child, I/We hereby grant authority to a qualified Doctor of Medicine to render such medical treatment as said Doctor of Medicine deems necessary under the circumstances.

PLEASE LIST ALL ALLERGIES: _____

MEDICAL INSURANCE COMPANY NAME (OWN AND/OR EMPLOYMENT GROUP INSURANCE COMPANY):

POLICY NO. REQUIRED: _____

(IF NO INSURANCE, List Father's or Mother's Soc. Security No.)

SECTION III

ABOUT THE CONFERENCE/LEAGUE INSURANCE COVERAGE

The SCJAAF&C, Inc. has Secondary Excess Accident-Medical Group Insurance coverage, with a deductible amount for each injury incurred. The SCJAAF&C, Inc. group insurance is "**SECONDARY EXCESS COVERAGE**," over any valid collectable coverage provided by the parent's separate personal or employee's dependent group insurance. The SCJAAF&C, Inc. secondary group covers one year from date of first treatment, for each injury, with dental coverage, for sound natural teeth, including dental X-rays. Abdominal hernia and pre-existing conditions are excluded. In executing the foregoing release, I/we, the under- signed acknowledge and represent that I/we understand that any claim for injuries which arises out of our child's participation, must be reported to the Team or Chapter Officials "**IMMEDIATELY**". The insurance claim form must be filled out and delivered to the Conference Insurance Commissioner "**WITHIN 30 DAYS**" from the date of injury. I/We have read the foregoing release, understand it and signed it voluntarily.

A. IMPORTANT NOTICE (State required "Disclosure" statement; C.I.C. Section 10270.2)

THIS IS AN EXCESS PLAN – The Medical Expense Benefit of this Plan (Program) is an "EXCESS" type benefit that picks up where other coverage leaves off. If you have any other individual, franchise, blanket or group (except automobile medical payments insurance) coverage which provides benefits of services for, or by reason of, medical or dental care or treatment, then this Plan (Program) will pay ONLY the medical expenses not provided or reimbursable under your other coverage. The premium for this Plan (Program) has been reduced, taking this into account. If you have any other coverage, you should first submit you claim under that coverage. You should submit a claim under this Plan (Program) only if you have no other coverage or if your other coverage does not fully provide or pay for your medical care or treatment. Failure to submit the claim to your primary carrier can result in delaying payment by SCJAAF&C, Inc. insurance carrier.

B. The Conference/League insurance is "EXCESS" only. This means that the Parents/Guardians OWN INSURANCE MUST BE NOTIFIED OF THE INJURY. If the Parents/Guardians have insurance WITH PRE-PAID MEDICAL PLANS, such as Kaiser or Ross Loos, the injured person MUST BE TAKEN TO THE PRE-PAID MEDICAL FACILITIES, for treatment.

C. If insured's Parent's/Guardians HAVE NO OTHER 1st OR PRIMARY INSURANCE; the Conference/League group insurance may be used. BUT THERE IS A \$1000.00 DEDUCTIBLE FOR EACH INJURY.

D. The Conference/League group insurance PAYS ONLY TO THE HOSPITALS AND DOCTORS unless receipts are submitted showing proof of payment by Parent/Guardian to the Hospital/Medical Treatment center. The following forms are required to process the claim. 1. Insurance Claim Form. 2. Chapter AD report of injury. 3. Copy of Parent/Guardian Insurance card. 4. HIPPA Form (on www.scjaaf.com). 5. Copy of any medical bills. 6. Copy of player's contract.

E. Any and all claims MUST be reported to your Chapter AD. The Chapter AD will then notify SCJAAF.

SECTION IV

EQUIPMENT RESPONSIBILITY

I/We as parent/guardian of said candidate do hereby assume full and complete for the proper care and maintenance of all equipment loaned by Local Chapter to said candidate. I understand all equipment is to be used for SCJAAF&C, Inc. activities only and that all equipment remains the legal property of Local Chapter. I agree to reimburse Local Chapter for any and all equipment that is lost, damaged or stolen for the full replacement cost of said equipment, with payment due when equipment is requested by Local Chapter, or immediately upon the withdrawal of said candidate from Local Chapter.

FINANCIAL RESPONSIBILITY

I/We as parent/legal guardian of said candidate do hereby assume full and complete financial responsibility in relation to the participation in SCJAAF&C, Inc. by/for my candidate, including registration, fundraising, or monetary penalties asserted by violation of said candidate or myself, and agree to fully comply with those obligations. My signature below also confirms my understanding, if I am requesting a full refund I must submit said request in writing by May 31st of the upcoming season. Any portion of an amount and/or administration fees are not guaranteed, and depends on the policies of the local organization associated.

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UNIVERSAL CODE OF CONDUCT

In an effort to create a safe environment, foster good sportsmanship, and maintain a positive culture, the following items are recognized as written guidelines and ethical standards, outlining the expected behavior and responsibilities, of all person(s) participating and/or volunteering under any capacity of the Conference or Membership Chapters, including all relatives and spectating associates of said person(s). These items will be known as the SCJAAF&C, Inc. Code of Conduct, and include but are not limited to the following:

- Be mindful of the audience, and respectful of the environment.
- Have a positive attitude, and exercise sportsmanship at every interaction.
- Keep a safe distance from the practice & game field, never attempting to cross or enter onto the area, unless authorized.

Unacceptable actions and considerable misconduct in the presence of minor participants, and while attending any preseason, in season, or postseason SCJAAF&C, Inc. sanctioned event, inclusive to clinics, trainings, practices, games, or special programs, will be met with the appropriate penalty at the discretion of the Conference Board of Directors. These actions include, but are not limited to the list below:

- The use of tobacco or cannabis in any form and/or vapor products within 1000 feet of the vicinity or in the presence of a minor.
- The possession or use of any alcoholic beverage and/or drugs or paraphernalia.
- Arriving at, or attempting to participate under the influence of alcohol and/or drugs.
- Using suggestive, profane, vulgar, or abusive language or gestures.
- Criticizing and/or threatening participants, staff, spectators, or officials of the home or visiting Chapters, by word of mouth, written, email, text, post, gesture, or any inciting behavior.
- Encouraging or displaying physical behaviors of/in an aggressive manner towards another person, including to inappropriately gesture, push, shove, kick or strike. Strike is defined as touching the body of another person in an aggressive manner with intent to do harm, or attempting to strike even though contact is not made.
- Attempting to spat on, aggressively throw at, or intentionally grab from another person.
- Social media use by any Chapter's staff/volunteers, parents, legal guardians, or relatives of participants shall be limited to common sense use, and completely void of derogatory language towards a minor participant, Chapter staff/member, officials, or opposing Chapter members/team. This includes any use of profane, vulgar, racist, bigoted, sexist, or gender-related comments.

RULES AND REGULATION

I/We as parent/guardian of said candidate understand it is the responsibility of the parent/guardian, candidate, team, and chapter to comply with any and all rules and regulations of SCJAAF&C, Inc. and Local Chapter. Any noncompliance with rules and regulations shall be cause for disciplinary action to be taken against said candidate, parent/guardian, team, or chapter by SCJAAF&C, Inc.

PARENT/GUARDIAN Signature: _____ PrintName: _____ Date: _____

RELATIONSHIP TO MINOR FATHER MOTHER GUARDIAN (**LEGAL PROOF ATTACHED**)

Name (Please Print)

Relationship to Minor (Parent or Guardian)

Signature

Date Signed

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THIS SECTION TO BE COMPLETED BY THE CHAPTER & CONFERENCE REPRESENTATIVE

Chapter _____ Team Name _____

CHECK STATUS: NEW NEW W/ WAIVER GRANDFATHERED RETURNER FROM: _____

PROOF OF RESIDENCY CONFIRMED: _____

CHECK TYPE OF PARTICIPANT: Cheerleader Football 7v7 League Flag

CHECK DIVISION: MASCOT JR. MICRO MICRO JR. PEEWEE PEEWEE MIDGET

PROOF OF AGE (to be completed by Athletic Director in PRINT only & no nicknames)

FULL Legal Name: _____ DOB: _____

PROOF OF AGE: Birth Cert/Abstract Government ID Foreign Birth Record School Record

RESPONSIBLE CHAPTER AND CERTIFICATION OFFICIALS ONLY

In approving the above Candidate's Player Season Contract, we hereby certify that the Proof of Age submitted does correspond with the name and birth date shown in Sections II and IV. In addition, we hereby certify that the Parental Consent and Medical Treatment Authorizations portions are completed, and together with the Medical Examination, completed by a qualified Doctor of Medicine listed, prior to the Candidate's participation in any manner with this team. We certify that we have explained the procedures to follow in the event of injury, and that injury/insurance reporting must be performed in accordance with SCJAAF&C, Inc. rules and procedures. Finally, we certify that a copy of the Player Season Contract was furnished to the Parent(s) or Guardian, as applicable.

Responsible Chapter Official & Date

Certifying Official & Date

Chapter/ Division/ Team

Chapter/Division/Team