

**2011 PARTICIPANT INFORMATION COVER SHEET**

League Official Use

Fee Information

Amount \_\_\_\_\_

How paid \_\_\_\_\_

Receipt # \_\_\_\_\_

Notes:



League Official Use

League Age (as of 7/31/11) \_\_\_\_\_

Weight \_\_\_\_\_

Division \_\_\_\_\_

Approved by \_\_\_\_\_

Notes:

**PARENTS FILL OUT THIS PORTION:**

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

Siblings and their age participating in this organization: \_\_\_\_\_

Parents / Guardians: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**LEAGUE OFFICIALS COMPLETE THIS SECTION:**

- \_\_\_\_\_ League received 2011 Player Contract (Reg)
- \_\_\_\_\_ Parent understands that the JAAFSCC group insurance is a Secondary Excess Coverage over insurance provided by the parents' insurance coverage (Reg)
- \_\_\_\_\_ League received 2011 OCJAAF Contract (Reg)
- \_\_\_\_\_ League received 2011 Parent Participation form (Reg)
- \_\_\_\_\_ Utility bill checked to verify address (Reg)
- \_\_\_\_\_ League received Medical Examination (AD) on \_\_\_\_\_

**SOUTHERN CALIFORNIA JUNIOR ALL AMERICAN CONFERENCE, INC.**  
**2011 PLAYER'S SEASON CONTRACT**  
(PLEASE READ CAREFULLY)

Rev. 02/07

**SECTION I** (*Chapter Officials WILL complete SECTION I AFTER candidate has been assigned a specific Team, League and Division*)

SCJAAFC Chapter           **ORANGECREST JAAF**           Team Name \_\_\_\_\_

**DIVISION:**  JR. MICRO  MICRO  JR. PEE WEE  PEE WEE  MIDGET  CHEERLEADING  RETURNING  NEW

**SECTION II** (TO BE COMPLETED BY CANDIDATE PLAYER PARENT/ GUARDIAN)

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

Legal Last Name \_\_\_\_\_ Legal First \_\_\_\_\_ Middle \_\_\_\_\_ Birth date \_\_\_\_\_ Age (as of 7-31-11) \_\_\_\_\_ School & grade (as of 7-31-11) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone number (with area code) \_\_\_\_\_ Cell number Parent/Guardian (with area code) \_\_\_\_\_ Cell number Parent/Guardian (with area code) \_\_\_\_\_

**SECTION III** (TO BE COMPLETED BY CANDIDATE PLAYER PARENT/GUARDIAN)

**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 SCJAAFC 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.

**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 SCJAAFC. Any noncompliance with rules and regulations shall be cause for disciplinary action to be taken against said candidate, parent/guardian, team or chapter by SCJAAFC.

PARENT/GUARDIAN: Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
**RELATIONSHIP TO MINOR:** FATHER  MOTHER  LEGAL GUARDIAN  \_\_\_\_\_

**SECTION IV** **PROOF OF AGE** (TO BE COMPLETED BY THE CHAPTER ATHLETIC DIRECTOR)

FULL Legal Name: \_\_\_\_\_ Birth date \_\_\_\_\_  
(No Nicknames) (Please print!) (Month, Day, Year)

Proof of Age:  Birth Cert  Abstract  Gov't ID  Record of foreign birth  School Record  Red Roster

**SECTION V** **MEDICAL EXAMINATION** (TO BE COMPLETED BY QUALIFIED DOCTOR OF MEDICINE)

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pr. \_\_\_\_\_  
 Heart  Ears  Nose  Teeth  Abdomen  Extremities  Hernia (recommended)

REMARKS: \_\_\_\_\_  
( ) While this examination does not constitute a complete Medical Examination, it does on this date, and based upon my observation, meet the requirement for participation in this youth football program.  
( ) Individual examined by me this date is considered not physically qualified to participate in this youth football program for the following Reasons: \_\_\_\_\_

Examining Dr. \_\_\_\_\_ Office Phone \_\_\_\_\_ Date \_\_\_\_\_

**SECTION VI** (TO BE COMPLETED BY RESPONSIBLE CHAPTER AND TEAM OFFICIALS ONLY)

In approving the above Candidate's Player Season Contract, we hereby certify that the Birth Certificate submitted does correspond with the name and birth date shown in Sections I and II. In addition, we hereby certify that the Parental Consent and Medical Treatment Authorizations, Section III, was completed, and, together with the Medical Examination, Section IV, was completed by the qualified Doctor of Medicine listed, prior to the Candidate's participation in any manner with this team. We certify that we have explained fully the procedures to follow in the event of injury, and that injury/insurance reporting must be performed in accordance with SCJAAFC 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 Signed \_\_\_\_\_

Certification Official \_\_\_\_\_

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

**ABOUT THE CONFERENCE/LEAGUE INSURANCE COVERAGE**

**SECTION VI. (TO BE COMPLETED BY CANDIDATE PLAYER PARENT/ GUARDIAN)**

**PARENTAL CONSENT**

I/We the parents/guardians of the minor named in Section II Candidate for a position on a SCJA AFC Team, hereby give my/our approval to his/her participation in any and all SCJA AFC 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 SCJA AFC including sponsors and other related participants, for any injury to my/our child. SCJA AFC has advertising, modeling and photo copyrights.

**MEDICAL TREATMENT AUTHORIZATION**

The SCJA AFC has Secondary Excess Accident-Medical Group Insurance coverage, with a deductible amount for each injury incurred. The SCJA AFC 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 SCJA AFC 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.

**THE NAME OF OUR OWN AND/OR EMPLOYMENT GROUP INSURANCE COMPANY IS:**

**POLICY NUMBER:**

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

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 or mark NKA**

**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 SCJA AFC 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 1<sup>st</sup> OR PRIMARY INSURANCE; the Conference/League group insurance may be used. BUT THERE IS A \$100.00 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.leaguelineup.com/jaafsc). 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 SCJA AFC.

Parent/ Guardian'sName (Please Print)

Relationship to Minor

Signature

Date



**Orangecrest JAAF and Cheer**  
 19510 Van Buren Blvd F-3 #225 - Riverside CA 92508  
 www.orangecrestwolves.org

## 2011 MANDATORY PARENT PARTICIPATION FORM

Dear Parent and Guardians,

Volunteers run this entire league and you are needed! Even if this is your first year with us, we will inaugurate you! There are so many people to train, support and encourage you that anything you volunteer for will be fun and exciting! With over 300 participants, there is much to be done. That's why Parent Participation is such an important component of our league and a mandatory part of the registration.

**Please rank your top three choices by marking 1-for most desired, 2-second most and 3-third.**

- |                                                                        |                                                      |                                               |
|------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Head Coach *- <b>submit coaching app</b>      | <input type="checkbox"/> Game Announcer              | <input type="checkbox"/> Team Snacks          |
| <input type="checkbox"/> Assistant Coach *- <b>submit coaching app</b> | <input type="checkbox"/> Clock Keeper and/or Spotter | <input type="checkbox"/> Information Officer  |
| <input type="checkbox"/> Cheer Coach * <b>submit coaching app</b>      | <input type="checkbox"/> Snack Bar Worker            | <input type="checkbox"/> Field Prep           |
| <input type="checkbox"/> Team Athletic Director *                      | <input type="checkbox"/> Water person                | <input type="checkbox"/> Minimum Plays Keeper |
| <input type="checkbox"/> Team Parent *                                 | <input type="checkbox"/> Chain Gang                  |                                               |
| <input type="checkbox"/> Field Medic *                                 | <input type="checkbox"/> Team Photos/ Yearbook       | <input type="checkbox"/> League Board Member  |

*\* Volunteer positions in which you are in direct contact with the participants. You will be run under Megan's Law. I agree that I may also be required to complete a livescan, fingerprinting background check.*

Your FULL LEGAL Name \_\_\_\_\_ Your Birthdate \_\_\_\_\_

Child Participant's Name \_\_\_\_\_ Child's League Age/ Division \_\_\_\_\_

Home address \_\_\_\_\_ Phone (with area code) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Phone (with area code) \_\_\_\_\_

Provide a brief summary of your knowledge/ experience of youth sports and football.

\_\_\_\_\_

Have you ever been convicted of a crime? YES / NO If yes, please explain and include when and in which state:

\_\_\_\_\_

Have you ever been refused participation in any youth programs? YES / NO If yes, please explain.

\_\_\_\_\_

*If you are volunteering for a position in which you are in direct contact with any participants, please also complete the driver's license information. By filling in this information, I give my permission for this organization to conduct a background check on me, which may include sex offender, child abuse and criminal history backgrounds.*

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

**Please read and sign to complete this form:**

Parent participants must realize they hold a position of trust and responsibility in a youth program, which deals with a sensitive and impressionable period in a child's development. All parent participants must have patience, understanding and good communication skills with both children and adults. I agree to comply with all of the by-laws, rules and regulations of the Southern California Junior All American Conference and Orangecrest Wolves Youth Football and Cheer Program. I understand I can be removed from this organization if the above is violated.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



**Orangecrest JAAF and Cheer**  
 19510 Van Buren Blvd F-3 #225 - Riverside CA 92508  
 www.orangecrestwolves.org

**2011 OCJAAF FOOTBALL CONTRACT FORM**

Participant's Full Legal Name \_\_\_\_\_ League Age (as of 7-31-11) \_\_\_\_\_

Parent/ Guardian's Full Legal Names: \_\_\_\_\_

Relationships to participant: \_\_\_\_\_

**Handbook, By-laws, OCJAAF Registration, and JAAFSC Player Contract:** Parents are responsible to know and adhere to the documents that govern this organization.

**Sportsmanship:** Through word and action, parents/spectators are expected to be a positive presence in this organization before, during, and after practices, games, and competitions.

**Honor our Mission Statement:** The goal of the Orangecrest Wolves J.A.A.F. Youth Football and Cheer Organization is to teach young men and women the fundamentals of football and cheer in an atmosphere that challenges and supports team sportsmanship, individual self-discipline, physical fitness, and positive competition. We seek to comply with the rules and guidelines set forth by the Southern California J.A.A.F. conference and our own Chapter by-laws. We hope to create meaningful experiences for each participant that they may take what they have learned and the relationships they have formed, to remain active in this and other youth programs. It is our desire that the participants witness the value of adult volunteer service and that the Orangecrest J.A.A.F. Youth Football and Cheer organization serves as a positive presence in the community.

**Parent Participation:** Our football and cheer teams are only as strong as our parent teams. An important component of our registration process and league success is our parent participation. At least one parent/guardian per child **must** volunteer in some capacity.

**Fundraiser:** Each child is required to participate and fulfill the fundraiser obligation or buy-out. Jerseys, pictures, trophies, yearbooks, and play-off patches will be dispersed when **all** financial obligations have been met.

**Sponsorship:** Each football team is required to raise \$750 to pay for team insurance.

**Fees:** Registration fees and fundraisers must be paid in a timely manner. The football registration fee is \$225 per participant and may be paid with a cashiers check, in cash, or with a debit card. Fees do not include snacks and team expenses.

**Refunds:** Football registration refunds will be issued if requested in writing *prior* to the first day of practice. The \$25 spirit pack fee will be deducted. If a participant suffers a season-ending injury, before the third game in regular-season play, as verified in writing by a medical doctor, the parent may request a refund of \$100. There will be no other refunds for any reason after the first day of practice.

**Uniforms:** Each football player will be provided with practice and game uniforms and equipment. Parents must provide rubber cleats, practice shorts for conditioning, and a protective cup. The cheer uniform is detailed in the cheer information. Fees will be charged for replacements. Pictures, trophies, yearbooks, and play-off patches will be held until all obligations are met.

**Photography:** There are often photos being taken of the kids. These photos may be posted on the website or in league albums.

Initial here if you **give your consent** for your child to be photographed and his/her photo to be posted in connection with OCJAAF.

**Parking and other rules:** Adherence to parking and all other rules at all fields, including Orange Terrace and any visitors' field, is mandatory and necessary for our continued ability to use these facilities.

**We agree to comply with all of the by-laws, rules and regulations of the Junior All American Football of Southern California Conference and the Orangecrest Youth Football and Cheer Program, both at home and away, and understand that it is our responsibility to inform our guests of the rules and expectations.**

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

The medical exam must be performed and, this form, completed after **April 1, 2011** to be valid.

**Southern California Junior All American  
Medical Examination Form Season 2011**

**S.C.J.A.A.C. Chapter: ORANGECREST**

This form satisfies the Medical Examination requirement of the Player's Season Contract (Section IV). As per the conference by-laws: No player shall be registered or certified or enter into any physical type of activity if he has not attained a sound physical as attested by a qualified Doctor of Medicine, Doctor of Osteopathy, Nurse Practitioner or Physicians Assistant. No chiropractor is allowed to perform a physical.

**Parent/guardian fills out that which is highlighted.**

**The doctor fills out the rest. Be sure to get a doctor's/ medical group stamp.**

<b>Legal Last:</b>	<b>First:</b>	<b>MI:</b>	
<b>Phone:</b>	<b>DOB:</b>	<b>League Age:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Height:</b>	<b>Weight:</b>	<b>Blood Pr:</b>	
<b>Heart:</b>		<b>Ears:</b>	
<b>Nose:</b>		<b>Teeth:</b>	
<b>Abdomen:</b>		<b>Extremities:</b>	
<b>Hernia:</b>			

**Any additional Remarks:**

<hr/>	While this examination does not constitute a complete Medical Examination, it does on this date, and based upon my observation, meet the requirements for participation in full contact tackle football and cheerleading.
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<hr/>	The above individual examined by me on this date is considered not physically qualified to participate in this youth football program for the following reason(s):
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**Examining Doctor:**

*\* Place Dr. Stamp above \**

**Office Phone:**

**Date:**