

PACIFIC YOUTH FOOTBALL LEAGUE

CHEERLEADER CONTRACT

Season 2010

Chapter

Ventura

PLEASE READ CAREFULLY - OTHER THAN SIGNATURE, PLEASE PRINT ALL INFORMATION

*** REFUND POLICY - \$100 nonrefundable deposit (Administration cost) - NO REFUNDS AFTER 8-4-10 Initial _____**

Fee Balance/Ad money must be paid in full by 6/26/10 or risk being put on a waiting list. Initial _____

Section I. No Participant will be permitted to take part in any league activity prior to all information on this from being completed.

"I will faithfully keep and abide by the following rules, and carry them out to the best of my ability."

1. I agree that I will maintain at least a "C" average throughout the school year.
2. I will cheer with the squad assigned to me and will do my best at all times.
3. When my team is not playing, I will stay off the playing field completely and not interfere with those cheering.
4. I solemnly pledge that I will not in any way damage or deface any property, building or equipment.
5. I agree to abide by all decisions of game officials and will not create any non sportsmanlike gestures at any time.
6. I agree that I will refrain from using any foul language
7. I agree that I will remain a member of the team until properly released.
8. I agree to return, the uniform and all equipment loaned to me, in good condition except for normal wear.

Measurements

Bust _____

Back _____

Waist _____

Hips _____

Length _____

Shoe Size _____

Briefs _____

Participants Full Name - Last, First Middle Initial

Players Signature

Date

Street Address

Cheerleader's Date of Birth

Age As of 12/2/10

City, Zip Code

Home Phone Number

Emergency Contact

Emergency Phone #

School

Grade

As of 12/2

Email Address

New Cheerleader

Yes

No

Last Years Division

This years assigned division based on

Registration Information

(circle one)

Pw Bant Mid Jr Sen

Notes:

Section II. Risk Warning-Informed Consent

The PYFL is concerned about the health and welfare of all participants. Although there are low rates of incidents and accidents for youth participation in athletic activities, we feel that you should be aware that the safety equipment and protective gear "Cannot guarantee it will prevent all injuries". For the protection of your child pre-participation examinations are required before any participation may begin. Joining an athletic team is a privilege, not a right.

I have been advised of the risk of sports, I realize that my child may be at an extra risk due to the following medical condition:

List any Conditions: _____

_____ I have read and understand the above. Parent/Guardian Signature

_____ Date

Section III. Parental Consent & Medical Treatment Authorization

I/We the parents/guardians of the above names participant, hereby give my/our approval for participation in any an all PYFL & local Chapter activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from such activities; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the local team, chapter, league, and other organizations this football program is affiliated with, the organizers, sponsors, supervisors, coaches, and other participants, and persons transporting my/our child to and from such activities or games for any claim out of injury to my/our child

The League has "Secondary Excess Accident Medical Group Insurance Coverage", only, over any valid collectable coverage provided by the parent's separate personal or employee's dependent group insurance.

In executing the forgoing release, I/We the undersigned acknowledge and represent the (A) I/We understand that any claim for injury must be reported to the players coach and/or an authorized organization/PYFL official within 30 days of the injury. (B) I/We understand that any monies I/We paid to the team/Chapter our child is affiliated with, does not constitute a premium payment for insurance coverage.

Name of our Personal or Group Insurance Carrier is:

Group #

Plan #

_____ I/We hereby grant authority to a qualified Doctor of Medical or Physician such medical treatment as said Doctor or Physician deems necessary under the circumstances.

_____ Parent/Guardian Signature

_____ Print Name

_____ Relationship

_____ Date

**League / Chapter
USE only**

Fees Paid

Circle One

Cash

Check#

_____ Amount

_____ Balance Due

_____ Date Registration Turned In

_____ Time Turned In