

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

Buena Ventura Youth Football Association

P.O. BOX 6847 - Ventura, CA 93006
www.VenturaPackers.net

2010 Season

Ventura Packer Parents,

PAYMENT DAY: All registration fees must be paid in full by Saturday, June 26th. We will be at Balboa Middle School (near the basketball courts), located at 247 S. Hill Rd. in Ventura, from 9:00am-11:00am accepting payments on remaining balances. **Any players with an outstanding balance will go on a waiting list until payment is made in full and will not be issued equipment.**

BOARD OF DIRECTORS

Executive Officers

Kurt Tauchert
President

Anne Albaugh
Vice President

Dorothy Gibbens
Secretary

Todd Cates
Treasurer

Chuck Mundy
Athletic Director

Joe Baca
Equipment Manager

Rich Olivares
Coaches' Liaison

Rich Zaragoza
Cheer Advisor

Maria Brunett
Snack Bar Manager

Griselda Gaytan
Ways and Means Manager

Samm White
Director of Team Managers

Shannon Tauchert
Apparel Manager

David Winter
Assistant Athletic Director

Jason Whittenton
Assistant Equipment Manager

Bren Tomaszewski
Assistant Snack Bar Manager

PHYSICALS: All football players must have a physical before being allowed to participate in any Packer practices, including the football camp. The physical can be by your own doctor or by Dr. Pulido.

Where: Dr. Pulido's Office, 138 W. Main St – Ventura (CMH Center for Family Health)

When: Sat. July 10 • 9:00am-12:30pm

Wed. July 14 • 2:00pm-6:00pm

Sat. July 17 • 9:00am-12:30pm

Do not go into Doctor's office except for listed times.

Cost: \$20 (all money will be donated back to the Packers program)

PARENT/GENERAL MEMBERSHIP MEETING: All parents are required to attend the 2010 Parent/General Membership Meeting on July 24, 2010 at 9:00am. The meeting will be held at Balboa Middle School. This is a mandatory meeting. You will need to bring proof of residency, such as a current utility bill; completed PYFL physical form; a \$200 equipment deposit check post dated for December 1, 2010, and a certified birth certificate for all players who did not participate in the 2009 football season (**photocopies are not acceptable**). Your child's head coach will retain required documents until the certification process has been completed. The equipment deposit check will be held by the league until the equipment is returned at the end of the season.

FOOTBALL CAMP: Ventura Packers will offer a Camp for new and returning players. It is a great opportunity to learn new skills that will be needed for the upcoming season. Camp sign-ups will be held at the Parent Meeting on July 24th.

Where: Balboa Middle School

When: Monday, July 26th – Thursday, July 29th, from 5:30pm-7:30pm

Cost: \$30 (camp T-shirt included)

IMPORTANT DATES:

June 26 Payment Day - Fee Balance/Ad money **must be paid in full.**

July 10,14,17 Packer Physicals

July 24 Parent Meeting (paperwork must be turned in).

July 26-29 Football Camp (must have a physical to participate)

July 30 First day of Practice (must have fees and paperwork to participate)

August 21 Certification Day (**mandatory** for all players)

August 22 Picture Day

August 28 Jamboree (Lots of fun for the entire family)

September 11 First Game

QUESTIONS: If you have any questions about the upcoming season, please visit our website, www.VenturaPackers.net and send an E-mail with your question or call 805-655-7890.

Sincerely,
Anne Albaugh
Vice President

VENTURA PACKERS • VOLUNTEER AGREEMENT

THE VENTURA PACKERS YOUTH FOOTBALL AND CHEER ORGANIZATION IS PROUD TO BE AN ALL-VOLUNTEER PROGRAM. IT IS NECESSARY AND REQUIRED, THAT ONE PARENT/GUARDIAN PER CHILD, VOLUNTEER FOR SNACK BAR AND/OR FIELD DUTY ASSIGNMENTS, DURING HOME GAMES AT BUENA HIGH SCHOOL. NOT ONLY IS THIS COMMITMENT VITAL TO PROVIDING A GREAT EXPERIENCE FOR ALL FAMILIES, IT IS A WONDERFUL OPPORTUNITY TO GET TO KNOW OTHER PARENTS AND BE INVOLVED WITH YOUR CHILD'S OVER ALL PACKERS EXPERIENCE. FOOTBALL IS A "TEAM" SPORT AND WE NEED YOU TO BE PART OF THE "TEAM". WE LOOK FORWARD TO VOLUNTEERING ALONG SIDE WITH YOU. THANK YOU FOR YOUR UNDERSTANDING AND WELCOME TO THE VENTURA PACKERS FAMILY.

"The heart of a volunteer is not measured in size, but by the depth of the commitment to make a difference in the lives of others." -- DeAnn Hollis

If you are not able to fulfill this obligation for any reason, an "Opt-Out" fee of \$100.00 per child, will be required, to cover the expense of hiring a replacement.

"OPT-OUT" PAYMENT IS DUE BY JUNE 26, 2010.

VOLUNTEER PREFERENCE

(Does NOT include post-season games, should your team advance beyond the regular scheduled season, an additional commitment may be required.)

Please make a selection:

- I agree to volunteer up to a maximum of four (4), three and one half (3 ½) hour shifts as scheduled for snack bar and/or field duty during the pre-season and regular season scheduled games.
- Unfortunately, I am unable to volunteer this season and will pay the \$100.00, per child, "Opt-Out" fee.

PAYMENT METHOD

Please circle one:

Personal Check

Credit Card

Cash

My signature below confirms I have read and fully understand the Ventura Packers' Volunteer Agreement policy. I also acknowledge, this Agreement pertains to pre-season and regular season games ONLY and does not include possible coverage of my child's post-season (playoff) games. I fully understand if I do not pay the "Opt-Out" fee by June 26, 2010, that I will be placed on the Volunteer List and notified of the dates of my obligation. I understand and agree, if I do not fulfill my commitment it will result in a (1) game suspension (player's next eligible game) for my child. I understand this Agreement pertains to snack bar and/or field duty volunteerism only and has no relation to the commitment that may be requested/required of you, within individual teams. I am aware these team duties may include, but are not limited to; scoreboard operator, "chain-gang", or team halftime drinks/snacks.

Parent Name (Please Print)

Parent Signature

Home Phone

Cell Phone

Child's Name (Please Print)

Division

Chapter Use Only:

Payment Method: Check Credit Cash Amount \$ _____ Receipt # _____ Received by: _____ Date _____

VENTURA PACKERS

STADIUM FUNDRAISER

The Ventura Packers' fundraiser goal for 2010 is to raise \$20,000 for maintenance of our contract with Buena Stadium. In our efforts to reach that goal, Ventura Packers is requiring that each Ventura Packer player/cheerleader sell a minimum of 20 raffle tickets (\$5.00 each ticket) for a total of \$100.00.

In past years, these raffle tickets gave only one(1) chance to win one of three (3) prizes. This year, Ventura Packers will be adding to the prizes so that there are more chances to win! In fact there are...

3 chances to win!!!

Chance #1. At the drawing at the PYFL Superbowl for a car and other great prizes.

Chance #2. At the drawing on October 23rd at Buena Stadium (lots of prizes)

Chance #3. Be the Top seller (great prizes for #2 and #3 sellers as well)

There is no limit to the amount of raffle tickets you can sell.

The money and raffle tickets are due: **October 2, 2010**

_____ I have read the above and I agree to sell 20 tickets (\$100.00) to be turned in
October 2, 2010

Parent Signature

Date

Chapter USE only:

_____ Tickets Issued by _____

PACIFIC YOUTH FOOTBALL LEAGUE

PLAYER/CHEERLEADER PHYSICAL FORM

Season 2010

Chapter Ventura Packers

Section I. PHYSICAL DESCRIPTION & CONDITION – SIGN-UP

Participants Name _____

Height: _____ Ft. _____ In. Weight: _____ Lbs.

Hair: _____ Eyes _____

Section II. HEALTH HISTORY

Family Physician _____ Phone _____

Other Caregiver _____ Phone _____

Current Medications _____

Preferred Emergency Room _____

Hospital _____

Current Problems	Yes	No
Asthma		
Kidney Injuries		
Head Injuries		
Shoulder or Hip Injuries		
Heat Stroke		
Diabetes		
Heart Condition		
Other		

Section III. MEDICAL EXAMINATION

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ TEMP _____

EAR _____ EYES _____ NOSE _____ NOSE _____

HEART _____ LUNGS _____ SKIN _____ TEETH _____

HERNIA _____ ABDOMEN _____ EXTREMITIES _____ FEET _____

REMARKS: Please check appropriate block.

[] While this examination does not constitute a complete Medical Examination, it does on this date, on my observations, meet the requirements for participation in the youth football program.

[] The individual examined by me on this date is considered "not" physically qualified to participate in this youth football program for the following reasons:

EXAMINED BY _____ DATE _____ SIGNATURE _____

ADDRESS _____ OFFICE PHONE _____