



2023 Fontana SkyHawks Football Player REGISTRATION FORM

Player's Name: _____ Returning Player: YES NO

Birthdate: _____ Player's Age (as of July 30, 2023): _____ Player's Weight: _____

Where did your child play last year? _____ Division Played in 2022: _____

School: _____ Grade: _____

Primary Parent/Guardian Name: _____ Phone #: _____

Parent Email: _____

Home Address: _____

City: _____ Zip Code: _____

Emergency Contact Information:

Name: _____ Phone #: _____

Address: _____

I acknowledge that the PLAYER'S CONTRACT FORM must be filled out only by a parent or guardian. The parent MUST be listed as a birth parent, unfortunately step-parents are not able to complete this form. Also, guardians must provide legal guardianship papers.

Parent Signature: _____

How did you hear about Fontana SkyHawks? _____

NOTE: ALL FEES NEED TO BE PAID BEFORE AUGUST 1, 2023 – NO EXCEPTIONS



Address Verified By: _____

SOUTHERN CALIFORNIA JUNIOR ALL AMERICAN CONFERENCE, INC.

20__ PLAYER'S SEASON CONTRACT

(PLEASE READ CAREFULLY)

Rev. 1/16

SECTION I

SCJAAFC Chapter _____ Team Name _____

CHECK STATUS ☐ NEW ☐ RETURNING

CHECK DIVISION: ☐ FLAG ☐ JR. MICRO ☐ MICRO ☐ JR. PEE WEE ☐ PEE WEE

☐ MIDGET ☐ CHEERLEADER ☐ 7v7 League

SECTION II

TO BE COMPLETED BY CANDIDATE PLAYER & PARENTS

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 SCJAAFC to the very best of his ability.

Last Name	First	Middle	Birth Date	Age	School & grade
Address			City	Zip	
Home phone number	Cell number Parent/Guardian		Cell number Parent/Guardian	Email address	

SECTION III

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 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 SCJAACF.

SCJAAFC.PARENT/GUARDIAN: Signature _____ Print Name _____ Date: _____

CHECK RELATIONSHIP TO MINOR ☐ FATHER ☐ MOTHER ☐ LEGAL GUARDIAN (LEGAL PROOF ATTACHED)

SECTION IV

PROOF OF AGE (to be completed by 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

SECTION V

FOR RESPONSIBLE CHAPTER AND TEAM OFFICIALS ONLY

In approving the above Candidate's Player Season Contract, we hereby certify that the Birth Certificate/ 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 the attached Medical Treatment Authorizations, was completed, and, together with the Medical Examination, 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	Certifying Team AD	Date
Team/ Division/ Chapter		Team/ Division/ Chapter	

ABOUT THE CONFERENCE/LEAGUE INSURANCE COVERAGE

SECTION VI.

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:**

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 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 SCJA AF.

Name (Please Print)

Relationship to Minor (Parent or Legal Guardian)

Signature

Date Signed



Parent's Code of Conduct

All parents/guardians who have children participating within the Fontana SkyHawks Football & Cheer Program must abide by a Code of Conduct, which includes the provisions that follow. Any violation of these rules may result in the removal from the Fontana SkyHawks league.

I/We agree to be financially responsible for League equipment issued to player/cheerleader other than the normal wear and breakage during games or practice. Further, I/We will reimburse the League for the loss or damage to league-owned equipment.

Initials: _____

I/We agree to pay the registration fees as set forth upon registration day, as well as to participate, to the best of my/our ability, in League and Team fundraisers. I/We understand that failure or refusal to do so may result in my/our player/cheerleader being removed from the team for one or more games. No refunds. **Initials:** _____

I/We agree to follow all Fontana SkyHawks rules and City of Fontana ordinances, in regard to the use of City fields. **Initials:** _____

I/We agree to abstain from the possession and drinking of alcoholic beverages and the possession or use of any illegal substance at any Fontana SkyHawks function, INCLUDING GAMES and PRACTICES. **Initials:** _____

I/We agree not to deliberately incite or participate in "unsportsmanlike" conduct at any Fontana SkyHawks function. Action will be taken for violations of any verbal, physical assault*, intimidation and/or "unsportsmanlike" conduct. *The term physical assault includes but is not limited to: hitting, slapping, pushing, spitting, kicking, or striking in any way with any part of the body or physical implement. **Initials:** _____

I/We agree not to use abusive or profane language at any time during any Fontana SkyHawks Function. **Initials:** _____

I/We agree not to criticize, belittle, antagonize, berate, or otherwise incite the coaches, players, cheerleaders, volunteers, or fans and or opposing teams, its players, coaches, cheerleaders, volunteers or fans by word of mouth or gesture. **Initials:** _____

I/We agree to accept all decisions of the game officials, judges, or conference Officials as being fair and called to the best of their ability. **Initials:** _____

If I/we have an issue with any coach, player or conduct we will follow the proper grievance procedures. I/we will also not have communication with any other child other than my own in reference to behavior, or anything related to Fontana SkyHawks. If there is a problem on a team, I will again follow the grievance procedures. **Initials:** _____

I/We agree not to interfere nor be in the area of the Pre-Game check in area or "scale area" on the football fields. **Initials:** _____

I/We will not post anything derogatory, or boasting (gloating) about another player, member, or anyone involved with any league affiliation on any internet site, such as social media sites, via email or anywhere that can be publicly seen, AND I/we agree to monitor our player/cheerleader's use, and further understand that the child may be suspended from the program for violating this policy. **Initials:** _____

I/We agree to take responsibility for any actions that violate this Code of Conduct by a guest or relative of attending parent/guardian. **Initials:** _____

I/We agree to volunteer a minimum of (2) hours to the league wherever needed. Volunteer opportunities many include support in the snack bar, working the chains or scoreboard, set up/tear down of field(s). **Initials:** _____

Parent's Code of Conduct – Page 2

Disciplinary Process:

First offense: Verbal warning.

Second offense: Parent/Guardian and child(ren) will be removed from the practice or game. The Fontana SkyHawks Executive Board will issue a written warning.

Third offense: Parent/Guardian and child(ren)- all teams- will be removed for the season. After one year, the parent/guardian may apply to be reinstated. Upon review by the Fontana SkyHawks Executive Board, the child(ren) will be allowed to participate.

A probation period of one year with no offenses will apply. If during the probation time, the parent/guardian does not comply with the "Parent's Code of Conduct" he or she will have self and child(ren) permanently removed from the Fontana SkyHawks program.

Depending upon the severity of the offense committed by a parent/guardian, the Fontana SkyHawks Executive Board have the authority to by-pass the first and second offense procedures and act to use the third offense guidelines if necessary.

At any time, the local authorities may be contacted. The parent/guardian offense would be viewed by those local officials for further actions to be taken to the full extent of the law.

Please be advised that by signing below you acknowledge that you have read and understand the Fontana SkyHawks Football and Cheer Parent Code of Conduct. You also understand the consequences of these policies.

Person(s)/ Parent(s) signing are responsible for all friends and family members to follow the rules as well.

Child's Name

Parent/Guardian Name (PRINT)

Date

Parent/Guardian Signature

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, local governments and health agencies recommend many precautions, including social distancing, and have, in many locations, prohibited the congregation of groups of people.

Junior All American Football of Southern California (JAAFSC) have implemented preventative measures to reduce the spread of COVID-19: however, JAAFSC, cannot guarantee that you, your child(ren), and those whom you and/or your child(ren) encounter will not become infected with COVID-19. Further, participating in a JAAFSC activity could increase your risk, your child(ren)s risk, and the risk to those whom you and your child(ren) may encounter of contracting COVID-19.

By signing this agreement, I acknowledge the highly contagious nature of COVID-19 and voluntarily assume the risk that my child(ren), those whom I and/or my child(ren) encounter, and I may be exposed to or infected by COVID-19 by my child(ren) participating in a JAAFSC activity and/or my and/or another responsible adult's visit to an JAAFSC activity and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death.

I understand that the risk of becoming exposed to or infected by COVID-19 at any JAAFSC facility may result from the actions, omissions, and/or negligence of myself and others, including, but not limited to JAAFSC representatives, including Board members, agents, volunteers, program participants, their families and anyone the foregoing individuals may encounter. I understand that several government entities, including the Centers for Disease Control and Prevention, the California Department of Health, County Public Health, and others have released and continue to release guidelines designed to prevent the spread of COVID-19. I agree to familiarize myself with all applicable Guidelines, including revisions to those guidelines as they may be released from time to time, and adhere to all guidelines on behalf of myself, my child(ren) and any responsible adult who acts on my behalf prior to and during my child(ren)s participation in JAAFSC activities. I further agree to ensure that my child(ren) is/are properly prepared and equipped to participate in JAAFSC program in accordance with the Guidelines. For example, I agree to ensure that myself, my child(ren), and responsible adults acting on my behalf shall not visit any JAAFSC facilities, parents, parents, responsible adults, and/or those who the foregoing individuals may encounter if experiencing any Covid-19 symptoms or coming in contact with anyone who has experienced those symptoms within the timeframe, established by appropriate government entities. I understand that JAAFSC may offer input regarding the Guidelines, but such input shall not, in any way, limit my obligation to familiarize myself with and follow any applicable Guidelines as described in this paragraph or my voluntary assumption of the risks and waiver of liability.

I voluntarily assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren), myself, and/or those whom I and/or my child(ren) encounter. For purposes of this Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19, I understand and agree that the term "injury" is interpreted in its broadest sense possible and includes, but is not limited to, personal injury, disability, death, illness, damage, loss of any kind whatsoever, claim, liability or expense, of any kind, that I, my child(ren), and/or those whom we encounter may experience or incur in connection with my child(ren)s participation in JAAFSC activities, including my and/or another responsible adults visit(s) to JAAFSC facilities. On my behalf, and on behalf of my child(ren), and for any other responsible adult(s) who access JAAFSC facilities on my behalf, I hereby forever release, covenant not to sue, discharge, and hold harmless JAAFSC, and JAAFSC representatives; of and from any and all Claims whatsoever, including any and all liabilities, claims, actions, damages, costs or expenses of any kind whatsoever arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of JAAFSC; and JAAFSC representatives, whether a COVID-19 infection occurs before, during, or after participation in any JAAFSC program.

I have read and understand this Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 in full and understand and voluntarily agree to all such provisions. I have consulted with counsel of my choosing, or chosen not to do so, in considering the terms of this Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19. I have the legal capacity to understand and execute this Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19. If any provision of this Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 is found to be void, voidable, or unenforceable, the remaining terms shall remain in full force and effect. I will also follow each Chapters individual Coronavirus/COVID-19 protocols at all activities, practices and/or games.

I/We acknowledge the Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Print Name of Participant



Registration Payment Agreement & Refund Policy

The Terms and Conditions:

I _____ agree to pay in full, either at the time of registration or through the payment plan option offered by Fontana SkyHawks, the entire registration fee in accordance with the terms and conditions set forth below. If I elect to participate in the payment plan option offered by Fontana SkyHawks, I agree to pay an initial minimum down payment in the amount of \$100.00 for each tackle and cheer participant. I agree to pay the remaining account balance before the first game of the season.

Early registration: discounted rates must be paid in full to receive the discount. I agree to forfeit the early registration discounted fee if at any time during the payment process, fees are incurred for any reason for which I am at fault (i.e., insufficient funds, etc.) or due to practices of my financial institution, the incurred fees will be added to the outstanding account balance.

Payment plans will be agreed upon between Fontana SkyHawks and the asking registration party.

Late payments: will be subject to a \$20 late fee for each occurrence and will also be added to the outstanding account balance. I understand the entire outstanding account balance must be paid in full for each tackle and cheer participant before the First Game of the Season. No participants will be allowed to practice or play in games until all fees are paid in full.

Refund Policy: Registration refunds are available until 7:00 PM on August 1st. After this date, there will be no refunds. Refunds must be requested in writing all refunds will be subject to a \$30 administration fee. There are no refunds for participant physicals or funds used in accordance with fundraising efforts. The terms and conditions set forth in this agreement are in addition to the terms and conditions set forth in the Southern California Junior All American Conference, Inc., Player's Season Contract and the Fontana SkyHawks football/cheer contract.

By completing and signing this form, you agree to accept all the terms and conditions listed above.

Parent/Guardian Signature: _____ Date: _____

Player Name: _____



Fontana SkyHawks

Football Fee Breakdown

Football Registration Fees: <i>(mandatory)</i>	\$375	Deposit of \$100 must be paid by: 7/1 Must be paid in full by: 8/1
Discounts:	\$50 off \$25 off \$25 off	If paid in full by 6/1 Returning Player Discount (must pay deposit by 4/13) Sibling Discount (applied to additional siblings) <i>You can stack discounts if you meet the deadlines!</i>
Fundraisers: <i>(mandatory)</i>	\$100 buyout	All players/cheerleaders must participate in League Fundraiser. The buyout is \$100 if you do not want to participate. <i>Each team may have additional team Fundraisers at the discretion of the coach & team AD.</i>

Registration Fees cover:

- Football –Home/Away Jerseys (*player keeps Home Jersey*)
- Football- Rental of Practice Jersey & Integrated Pants for Practice & Game Day, Shoulder Pads, Helmets (*equipment must be returned at the end of the season.*)
- Football- Spirit shirt & shorts to wear at summer conditioning & league weigh-ins
- Trophies for all participants
- Basic Photo Package
- Rental of training equipment, blocking bags & cheer mats
- Annual reconditioning of helmets and replacement of non-usable helmets
- Game Day referees' fees
- Game Day Equipment – Clocks, Pads, Field Markers
- Field usage and rental fees, including lights
- Conference fees (includes insurance premiums)
- Office supplies and copying costs
- Volunteer training, clinics, Heads Up Certification and field badges
- Field, office and snack bar equipment maintenance and/or replacement

Jr All American of Southern California Conference Mandatory Medical Release Form

Chapter Name _____

Division _____

This form must be **dated and physical performed AFTER March 24, 2023 AND within 4 months prior to first day of practice** and submitted to your Local Chapter. Section I must be completely filled out by the parent or legal guardian. Section II must be completed in its entirety ONLY by a duly qualified Doctor of Medicine, Doctor of Osteopathy, Nurse Practitioner, or Physician's Assistant. **A Doctor of Chiropractic and a Registered Nurse are not considered to be qualified to give a physical to a player and a physical will not be accepted from one.**

Section 1: FILLED OUT BY PARENT OR LEGAL GUARDIAN (Legal name must match proof of age.)

Last: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Age: _____ DOB: _____ Circle M / F _____

PARTICIPANTS MEDICAL HISTORY

- | | | | |
|---|---------|---|----------|
| 1. Are there any injuries requiring medical attention? | Yes/ No | 6. Are there any past surgeries/scheduled surgeries? | Yes / No |
| 2. Is the participant currently under the care of a doctor? | Yes/ No | 7. Is the participant currently taking any medication? | Yes / No |
| 3. Does the participant have any allergies (bee sting, penicillin)? | Yes/ No | 8. Does the participant have asthma/require inhaler | Yes / No |
| 4. Is the participant diabetic/ require medication for Diabetes? | Yes/ No | 9. Does the participant wear glasses or contact lenses? | Yes/ No |
| 5. Does/ has the participant have/had seizures? | Yes/ No | 10. Does the participant have any physical limitation/ medical condition? | Yes/ No |
| | | 11. Does the participant wear a brace or other medical support | Yes/ No |

If you answered YES to any question above, please provide the question number and an explanation below:

I hereby certify that this information is accurate to the best of my knowledge. I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it is my responsibility to obtain written clearance from my child's physician on official medical stationery in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

Signed _____ Print Name: _____

Relationship to Participant: _____ Dated: _____

Section II: THIS SECTION IS TO BE COMPLETED ONLY BY A STATE LICENSED MEDICAL PROFESSIONAL

If there are any cross outs, white out, or information written over on this form, this form will be denied, and a new physical required.

Participant's Name: _____

(Please check the following if healthy or note otherwise): Height _____ Weight _____ (lbs.) B/P _____

Ears _____ Mouth _____ Nose _____ Throat _____ Respiratory _____ Cardiovascular _____ Neurological _____

Eyes _____ / _____ Hernia(optional) _____

Notes: _____

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in SCJAAF Football or Cheer Program. I hereby swear and attest that this individual is physically fit, and I have found no medical reason which would prevent this individual from safely participating in SCJAAF Football activities for the 2023 season. I am therefore clearing this individual for athletic participation without limitation.

Signed _____ Print Name: _____

Date: _____ Date Physical was actually performed: _____

A Doctor of Chiropractic and a Registered Nurse are not considered to be qualified to give a physical to a player and a physical will not be accepted from one.

Address: _____ Mandatory Dr. Stamp Here: _____

City: _____ State: _____

Telephone: _____