



MILPITAS KNIGHTS YOUTH FOOTBALL & CHEER

INSURANCE: The conference has group accident Insurance coverage for medical and hospital expenses, with a given deductible amount for each accident incurred. The conference insurance is considered as secondary coverage, when there is any other valid and collectible coverage provided by parents insurance. I understand that any claim for medical services which arise out of injury must be reported to the league's board within Twenty Days (20) of the date of injury. I understand that any registration fee or other sums paid does not constitute a direct premium payment for insurance.

ELIGIBILITY: I understand that my child must meet the age and weight requirement of Milpitas PAL by the official certification date established by San Jose PAL. I understand that proof of age must be present at the time of certification and that is the responsibility of the parent/guardian to provide such proof in the form of a certified birth record /certificate to Milpitas PAL and San Jose PAL. I understand that if proof of age is not provided by official certification date, the participant is automatically ineligible for participation in any and all activities of the Milpitas Knights as a player/cheerleader until such proof is provided.

FEE: I, understand that any and all fees assessed by Milpitas Knights are non-refundable once the participant has begun practicing with his/her team.

EQUIPMENT: I, do hereby assume full and complete responsibility for the proper care and maintenance of all equipment issued by Milpitas Knights. I understand all equipment is to be used for association activities only and remains the legal property of Milpitas Knights. I agree to reimburse Milpitas Knights for any and all equipment that is lost or intentionally damaged for the value stated by the association. I agree to return upon request any and all equipment/uniform that was issued by Milpitas Knights.

SCHOLASTIC VERIFICATION: I attest that the participant shows satisfactory progress in school.

RULES & REGULATIONS: I understand that it is the responsibility of the parent/guardian, participant, team and Milpitas Knights to comply with any and all rules & regulations of Milpitas PAL, San Jose PAL and Milpitas Knights. Any non-compliance with rules & regulations shall be cause for disciplinary action being taken against parent/guardian, participant and Milpitas Knights by Milpitas PAL, San Jose PAL or Milpitas Knights.

INTENT TO INFORM: There have been many improvements made in protective equipment to reduce injuries in the game of football. Over the years there have been significant changes in coaching techniques and advances in sports medicine all for the purpose of decreasing injuries. It is important, though, for you to know that injuries do occur in football and that some of these injuries can be catastrophic. Catastrophic means permanent, serious injury such as partial/total paralysis. It is possible for this to happen to your child and it is important that you fully understand this before participating in this sport.

I fully understand and agree with these terms & conditions.	
Parent / Guardian Si	gnature & Date
MEDIA RELEASE	
Throughout the season, staff members may come out to events	s to photograph your child for publications or websites.
Your child may appear in a photograph, TV channel, video, or he	ave his/her voice recorded for audio or have his/her
name in a news article. Do you approve or object to having you	r child in any of the media activities mentioned above?
[] I Approve	[] I Object
Parent Signature:	Date:





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Child's First Name:	Last Name:
MEDICAL INFORMATION:	
Are there any medical conditions that may prevent your son/daughter from participating in any physical activities affiliated with Football or Cheerleading? [] YES [] NO If YES, please explain:	
If YES, please list:	
CONCESSION STAND DUTIES:	
volunteering for MPR's, Chain Our Concession Stand is one of Concession Stand at least one (requires lots of volunteer assistance from parents. Parents can get involved by Gang, Field set-up, field clean-up, and with our Concession Stand (Snack-Shack). our most important sources of income. All parents are required to assist in our (1) home game during our season. Team Moms will coordinate dates/times. If his requirement, you may opt-out by making an additional payment of \$100 in
Please choose one of the follow	ving options: [] Volunteer Time [] \$100 Payment
Parent/Guardian Signature:	Date:
PLAYER / CHEERLEADER CODE	OF CONDUCT
disciplined by either for 2) I will always conduct my organization or PAL. 3) I will always try my best 4) I will respect all League Opposing League volunt 5) I will NOT, in any way dafacilities. 6) I understand that my somy parents may not allost standards.	volunteers, including Coaches, Board Members, Team Moms, Referees and teers. amage or deface any property, building or equipment at home or away hooling will be held to a high standard and if I cannot live up to that standard, ow me to participate any further or until I make a stronger effort to meet those
Player / Cheerleader Signature:	: Date: