

2015 PARTICIPANT INFORMATION COVER SHEET

League Official Use
Fee Information
 Amount Paid: _____
 Buy-Out Paid: _____
 How paid: _____
 Receipt #: _____
 Raffle Tickets: _____



League Official Use
 BC Birthdate: _____
 League Age (as of 7/31/15): _____
 ME Weight: _____
 Division: _____
 Approved by: _____
 Raffle Tickets: _____

PARENTS/LEGAL GUARDIANS FILL OUT THIS PORTION:

Participant Legal Name: _____
LAST FIRST MIDDLE

Participant Address: _____
ADDRESS CITY ZIP

Siblings participating in this organization: Sibling Name: _____ Age: _____
 Sibling Name: _____ Age: _____

Mother/Guardian Name: _____

Mother Address: (if different from Participant's) _____
ADDRESS CITY ZIP

Home Phone: _____ **Cell phone:** _____

E-mail address (must be written clearly!): _____

Father/Guardian Name: _____

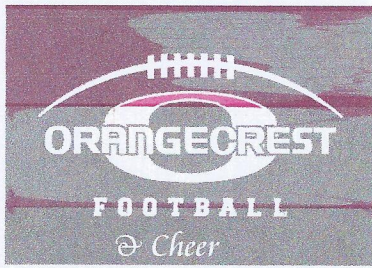
Father Address: (if different from Participant's) _____
ADDRESS CITY ZIP

Home Phone: _____ **Cell phone:** _____

E-mail address (must be written clearly!): _____

LEAGUE OFFICIALS COMPLETE THIS SECTION:

- _____ League received 2015 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 2015 OCJAAF Contract (Reg)
- _____ League received 2015 Parent Participation form (Reg)
- _____ Utility bill checked to verify address (Reg)
- _____ Medical Examination (AD)



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

2015 OCJAAF FOOTBALL CONTRACT FORM

Participant's Full Legal Name _____ League Age (as of 7-31-15) _____

Parent/ Guardian's Full Legal Names: _____ and _____

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 for \$75 via cash or debit/credit (Visa or Mastercard only). 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 \$250 per participant and may be paid with a money order, bank cashier's check, in cash, or with a Visa/Mastercard credit/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. Fees will be charged for replacements. Failure to return the equipment or pay the replacement costs may result in small claims action taken against you in Riverside Superior Court and pictures, trophies, yearbooks, and play-off patches will be held until all financial obligations are met. The cheer uniform is detailed in the cheer information.

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.
 _____ Initial here if you give your consent to have your child's photograph on our website, orangecrestwolves.org, or our Facebook pages.

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: _____

SOUTHERN CALIFORNIA JUNIOR ALL AMERICAN CONFERENCE, INC.

2015 PLAYER'S SEASON CONTRACT

(Please only complete the yellow highlighted section of this form)

(PLEASE READ CAREFULLY)

Rev. 03/15

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 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.

Participates Legal Last Name Legal First Middle Birth date Age (as of 7-31-15) School Name & Grade (as of 7-31-15)
Address City Zip
Home phone number (with area code) Cell number Parent/Guardian (with area code) Cell number #2 (with area code) Parent/Guardian e-mail addresses

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 A 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 IV (*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 II and III. 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 SCJAAFC Team, hereby give my/our approval to his/her participation in any and all SCJAAFC 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 SCJAAFC including sponsors and other related participants, for any injury to my/our child. SCJAAFC has advertising, modeling and photo copyrights.

MEDICAL TREATMENT AUTHORIZATION

The SCJAAFC has Secondary Excess Accident-Medical Group Insurance coverage, with a deductible amount for each injury incurred. The SCJAAFC 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 SCJAAFC 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 undersigned 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 SCJAAFC 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. Subject to change.

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/jaafc). 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 SCJAAF.

Parent/ Guardian'sName (Please Print)

Relationship to Minor

Signature

Date

S.C.J.A.A.F

Medical Examination Form

Season 20___

This form satisfies Section IV of Player's Season Contract. This form MUST be completed by a qualified Doctor of Medicine, Doctor of Osteopathy, Nurse Practitioner or Physician's Assistant as described in rules, Article III, Section C, and Certification #2.)

J.A.A.F.S.C. Chapter _____ Team Name _____

Last Name	First Name	Middle	Birth Date	Age	Phone
-----------	------------	--------	------------	-----	-------

Address	City, State	Zip code
---------	-------------	----------

Height _____

Weight _____

Blood Pressure _____

- Heart
- Ears
- Nose
- Teeth
- Abdomen
- Extremities
- Hernia (*recommended, NOT REQUIRED*)

Remarks: _____

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

Explanation

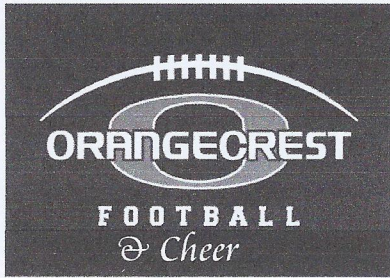
Examining Dr. _____ Office Phone _____

Signature

Date: _____

Date Actual Physical performed: _____

Stamp required



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2015 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 * - submit coaching app | <input type="checkbox"/> Game Announcer | <input type="checkbox"/> Team Snacks |
| <input type="checkbox"/> Assistant Coach * - submit coaching app | <input type="checkbox"/> Clock Keeper and/or Spotter | <input type="checkbox"/> Information Officer |
| <input type="checkbox"/> Cheer Coach * submit coaching app | <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** _____

Your Home address _____ **Your phone (w/ 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 _____

Inherent Risk Sheet
Acknowledge of Rules

Cheerleading is reasonably, safe and fun as long as certain guidelines are followed. But there is an inherent risk of injury as in any athletic activity. Training is an aerobic activity, which includes jumping, stunting, motions, and tumbling. Although the probability of injury is minimized if you practice correctly, there is always the possibility of one occurring. Injuries that can occur in training include, but are not limited to, the following: blisters, muscle strains, ligament sprains, joint or muscle soreness, abrasions, contusions, stress fractures, broken bones, spinal cord injury involving paralysis, and even death. However, if you take certain precautions and follow all the given rules, the possibility of such injuries will be largely decreased. A certified AD (athletic director) will be present at all practices.

Be sure to consistently abide by the following guidelines and the rules listed in the Orangecrest Junior All-American rulebook:

- Never stunt or tumble unless a certified coach or trainer is present.
- Always practice in the presence of a certified coach.
- Always warm-up/stretch appropriately before cheering or stunting.
- Do not attempt a stunt that you do not know how to perform safely, the coach has not approved, or is not age-appropriate. Always use a spotter.
- Always cheer in an area free from obstruction, using a grassy area when stunting during practices. Do not stunt on uneven ground, wet surfaces, or on concrete.
- Stay focused while stunting. Don't talk, laugh, or mess around when performing a stunt.
- Report all injuries to the coach as soon as they occur.
- Always wear appropriate shoes and clothing.
- Always come prepared to practices.
- Never wear jewelry of any kind during practices or games. This includes any type of body piercing.
- Never chew gum during practices or games.
- Always wear hair pulled back from your face and shoulders.
- Always keep nails at appropriate length (no longer than your fingertips).
- Eat nutritious meals and get plenty of rest before practices and games.
- Always ask for assistance or advice when needed.

I, _____, have read and understand this inherent risk form. I thoroughly appreciate and understand the assumptions of risks inherited in cheerleading participation. I have acknowledge that I am physically fit and am voluntarily participating in this activity and promise to follow the given rules. I further understand that if I do not follow the rules and guidelines, that I can be suspended or completely removed from the Orangecrest Junior All-American cheerleading program.

Participant signature & date _____

Cheer coordinator signature date _____

Code of Conduct

During the season it is important for everyone to understand some very basic rules which we as adults must adhere to. While these rules of conduct comply with Junior All-American conference of Southern California rules, and our Chapter bylaws, the following list is a brief outline for parents, spectators, or guests to follow while visiting during practices and games. Failure to comply with these rules, may result in the suspension or termination of a parent, spectator, or guest and their right to attend practices and/or games.

No one is allowed on the practice field unless they are a coach, cheerleader, team parent, or board member; except in the areas designated for spectators.

No coach, team parent, or board member is allowed to give a child medication at the field. Parents, likewise, are not allowed to give their child medication and then return them to practice. The only exception is inhalers which must be administered by a certified team A.D., or certified chapter A.D. and their assistant. Parents are not allowed to administer inhalers from the sideline. All children required to use inhalers must have the correct prescribed or type of inhaler in the possession of the team AD at all practices. We will expect parents to give the team AD the appropriate inhaler to keep during the season.

Parents or spectators are not allowed to interrupt practices or games expecting to talk with the coaching staff. All concerns must be addressed to the Parent Liaison, who will approach the coaching staff in the event of a concern requiring immediate attention. All conversations with the coaching staff are to be reserved for after practices or games, conversations before practices or games will be at the coaches discretion.

Food or soft drinks given by spectators to players will not be allowed during practices or games. Water breaks given by the coaching staff will be for water or Gatorade.

No spectators are allowed within 50 feet of the check in area by conference rule, or allowed across the game field barrier set up by the home chapter during games.

No spectator is allowed to harass, provoke or strike a game official, board member, coach, staff member, or player at any time during, before or after a game (or practice).

No one is allowed to hinder the designated medical personnel while they are fulfilling their duties on the field or elsewhere within the jurisdiction of our program.

Spectators are to refrain from any fowl/derogatory remarks or actions directed to the opposing teams or chapters, in any manner which may provoke, confront, or insight the confrontations.

I have read and received a copy of the Orangecrest code of conduct, and agree to abide by the rules as described in the above sections.

Parent Signature & date

Parent Signature & date