SOUTHERN CALIFORNIA JUNIOR ALL AMERICAN CONFERENCE, INC.
2022 PLAYER'S SEASON CONTRACT

(PLEASE READ CAREFULLY) Rev. 1/16

SECTION I

SCJAAFC Chapter **UPLAND** Team Name **HURRICANES**

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 SCJAAF

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 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 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 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.

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 SCJAAF.

_____ _____

Name (Please Print) Relationship to Minor (Parent or Legal Guardian)

_____ _____

Signature Date Signed

UPLAND HURRICANES
JR ALL-AMERICAN FOOTBALL & CHEER
A Chapter of the Southern California Jr. All American Conference
1042 N. Mountain Avenue Suite B-440 Upland, CA 91786
www.uplandjaaf.com | information@uplandjaaf.com | Direct (909) 978-7779

ZERO TOLERANCE POLICY

This policy is to inform the participant and the parents of participants of the Upland Hurricanes Youth Football and Cheer program of our "**Zero Tolerance Policy**". The Hurricanes Board of Directors has given full discretion to coaches and board members to enforce this policy. The following will not be tolerated:

- Possession/consumption of alcoholic beverages, possession/use of illegal substances on the premises at any Association, League or Conference function, including home or away games, and practices or events where the children are present.
- Protesting a game official, judge or Commissioners decision in an aggressive demonstrative manner, or any behavior which might incite negative, violent or aggressive fan involvement.
- Use of abusive or profane language or actions at any time at any Association, League, or Conference function.
- Treatment of the program, board members, coaches, all children and adults while at any Association/League/Conference function with disrespect.
- Any physical violence, or verbal abuse or harassment towards any parent, coach, official, board member or player.

Failure to follow this policy will result in immediate dismissal from the event and/or season for a participant and/or his/her parents. Depending on the gravity of the incident, dismissal may be immediate for a participant or parent with the possibility of notification given to the local police departments and/or local recreation departments.

By signing below, I am representing myself and my entire family and/or any friends who may attend the event that my child is participating in. I will enlighten my friends & family and enforce this policy.
I acknowledge receipt of the Upland Hurricanes Zero Tolerance Policy. I will abide in accordance with the policy or risk dismissal of participation of my child/children.

_____	_____	_____
Player's Signature	Date	Printed name
_____	_____	_____
Parent's Signature	Date	Printed name

REFUND POLICY

The Board of Directors of the Upland Hurricanes Youth Football & Cheer program hold a financial responsibility to all its members in upholding our mission and league standards. Decisions and expenses for every upcoming season occur months before players even step onto the practice field. In return, we ask that all our families recognize their commitment to our program and adhere to our refund policy outlined below.

Flag/Tackle Football:

- Before June 30th - FULL REFUND
- July 1st through July 23rd - Refund less a *$50 Non-Refundable fee*
- ***After July 24th - NO REFUNDS. NO EXCEPTIONS!***

Cheer:

- Before June 30th - FULL REFUND
- July 1st through Uniform Fitting Date - Refund less a *$50 Non-Refundable fee*
- ***After Uniform Fitting - NO REFUNDS. NO EXCEPTIONS!***

_____	_____	_____
Parent's Signature	Date	Printed name

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VOLUNTEER HOURS

The Upland Hurricanes Youth Football and Cheer program is run ***ENTIRELY*** by volunteers. The success of the chapter is dependent on everyone *working together* to provide a great experience for our youth. As part of your commitment to the chapter, you will be required to volunteer at the following events for the minimum hours defined:

- Team snack bar duties during the practice - A minimum of 4 hours
- Home Games - A minimum of 4 hours before or after your scheduled game at either the snack bar, scoreboard monitor, announcer or field down marker group.

_____ _____ _____
Parent's Signature Date Printed name

EQUIPMENT DEPOSIT

In order to continue to keep our registration fees low, The Upland Hurricanes Youth Football and Cheer program has adopted an equipment deposit fee. The replacement cost of our loaned equipment (helmet, shoulder pads, practice/game pants, 7 pc pads) amount to over $250. In order to ensure our equipment is returned at the end of season, a $50 deposit (Cash/Venmo) will be collected at time of equipment distribution. This $50 deposit will be returned to you upon return of the loaned equipment at the end of the season collection dates.

_____ _____ _____
Parent's Signature Date Printed name

PHOTO RELEASE

I agree to give the Upland Hurricanes Youth Football and Cheer program, a chapter of the Southern California Junior All-American Youth Football & Cheer Conference, permission to use photographs or video of my child in any publication, media release, promotional announcement or advertisement, electronic or otherwise.

I understand that such image is the property of the Upland Hurricanes Youth Football and Cheer program, and I agree that neither my child, nor I, will receive any compensation if such image appears in such publication, media release, promotional announcement or advertisement, electronic or otherwise, if the use or publication is directly related to or in support of the Upland Hurricanes.

_____ _____ _____
Parent's Signature Date Printed name

Jr All American of Southern California Conference
Mandatory Medical Release Form

Chapter Name UPLAND Division 7x7

This form must be **dated AFTER March 26, 2022 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 Practioner, 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
			9.	Does the participant wear glasses or contact lenses?	Yes/ No
4.	Is the participant diabetic/ require medication for Diabetes?	Yes/ No	10.	Does the participant have any physical limitation/ medical condition?	Yes/ No
5.	Does/ has the participant have/had seizures?	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 is my responsibility to obtain written clearance from my child's physician on official medical stationary 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 2022 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: _____