



**PACIFIC COAST YOUTH
FOOTBALL AND CHEERLEADING CONFERENCE, INC.
PLAYER/CHEERLEADER SEASON CONTRACT**

(Revised 1/12)

PROGRAM <input type="checkbox"/> FLAG <input type="checkbox"/> TACKLE <input type="checkbox"/> CHEER	FOR OFFICIAL USE ONLY	
	Jersey #:	
	Team Name:	
		Division:

Sign-up Date: _____ Association: _____

No Candidate Will Be Permitted To Participate In Any Activity Until This Form Has Been COMPLETED IN FULL!

CANDIDATES STATUS: Please check which is applicable: NEW or RETURNING

Last Year's City/Association: _____ Team: _____ Division: _____

Name: _____ / _____ / _____ Birth Date: _____ / _____ / _____ Age: _____
Participant's First Name Last Name Middle Initial Month Day Year AS OF JULY 31st

Address: _____ / _____ / _____ Phone (____) _____ - _____
Street City Zip Code

School Name: _____ Grade: _____ School District: _____
This Fall

Parents Name-MOM: _____ E-mail Address-MOM: _____
 DAD: _____ DAD: _____

Work # MOM: (____) _____ - _____ Cell # (____) _____ - _____ Emergency Contact Name: _____

Work # DAD: (____) _____ - _____ Cell # (____) _____ - _____ Emergency contact # (____) _____ - _____

Do you have Medical Insurance? Yes No (If yes) Name of Carrier: _____

RULES & REGULATIONS: I/We willingly agree to comply with the program's stated and customary terms and conditions for participation. I/We will furnish a Certified Birth Certificate and a copy of the current year's report card of the above named applicant to the Conference officials. I/We give permission to the Pacific Coast Conference to validate above named applicants school grades. I/We certify that the above named applicant is scholastically eligible to participate. I/We agree to be financially responsible for Association/Youth equipment issued to applicant other than the normal wear and breakage during games and practice and I/We will reimburse the Association/Youth Conference for the loss and damage to said equipment. I/We as the parent of said candidate understand it is the responsibility of the parent, candidate, team and Association to comply with any and all Rules & Regulations of said Association and the Pacific Coast Conference Inc. Any noncompliance with Rules & Regulations shall be cause for disciplinary action to be taken against said candidate, parent or team by said Association of the Pacific Coast Youth Football/Cheerleading Conference, Inc.

MEDICAL AUTHORIZATION: By the physical form attached I/We the parent(s) of the above named applicant hereby certify that my child has been EXAMINED by a Doctor and in doing so the Doctor DID NOT find any reason to disqualify him or her from participation in the Pacific Coast Conference Youth Football/Cheerleading activities.

INSURANCE DISCLOSURE: * A DEDUCTIBLE MAY APPLY SEE YOUR CITY PRESIDENT*
 PCYFCC may provide insurance covering accidents that happen during participation in PCYFCC related activities. The medical expense benefits of any such plan are an "EXCESS" type benefit that picks up where other coverage's leaves off. If the parent has any other Primary Coverage, whether individual, blanket or group coverage which provides benefits or services for, or by reason of, medical or dental care or treatment, then this plan, subject to the limits of the plan, will pay only the medical expenses not provided or reimbursable under your coverage. If the parent has no Primary Insurance coverage then this plan, subject to the limitations and deductibles (if any) of the plan, will provide Insurance coverage. If the parent has coverage with any Pre-Paid Medical Plans, such as (but not limited to) Cigna, FHP, Aetna, Kaiser, Blue Cross, the injured person must be taken to the pre-paid medical facilities for treatment. All claims must be filed within 90 days of the injure/ accident.

WAIVER AND RELEASE OF LIABILITY: I, the parent of the above named applicant to the Pacific Coast Youth Football and Cheerleading Conference, Inc. (hereafter "PCYFCC") hereby give my approval to said applicant's participation in any and all activities during the current season. I agree that if my child engages in physical exercise or activity associated with such participation, or uses any facility or premises, he or she does so at his or her own risk, and assumes all risk of injury, damage or death. This includes, without limitation, the use of any equipment or any facility, and the participation in any activity, class, program or instruction. I agree, individually and on behalf of my child, our heirs, assigns, personal representatives and next of kin, to release and discharge the PCYFCC, and any of its affiliated entities or sponsoring agencies and their officers, directors, instructors, advisors, employees, agents, and co-participants from any and all liability whatsoever for injuries, damages, claims or causes of action (known or unknown) arising out of their negligence. This includes without limitation injuries or damages which may result from physical contact with participants or instructors, slipping or tripping and falling, or otherwise being injured due to a dangerous condition of property, improper maintenance of any premises or equipment, inadequate security, inadequate supervision, and/or improper or negligent hiring or instruction. I, for myself, my spouse, my child, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby agree to indemnify PCYFCC for any costs, including attorneys' fees, arising out of or related to claims asserted against it in connection with my child's participation. **I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability. I am waiving any right that I or my child may have to bring a legal action to assert a claim against PCYFCC or others for our negligence. This waiver and release is intended to be interpreted as broadly and all encompassing as permissible under California law.**

EMERGENCY MEDICAL RELEASE: I, the parent of applicant, give my permission for any emergency treatment necessary either on the practice field or on the game field. I authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any scheduled PCYFCC function including the supervised travel to and from said functions.

PARENTS ACKNOWLEDGEMENT: I certify, that to the best of my knowledge, all of the above information is accurate and correct and that any false information may be cause for disqualification of the applicant. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights both individually and on behalf of my child by signing it, and sign it freely and voluntarily without and inducement.

PARENTS SIGNATURE X _____ Date _____

The Undersigned Certifies That All Items Above Have Been Filled Out And Completed To The Best Of Their Knowledge. This Candidate Is Eligible For Conference Certification.

X _____ Date _____
 ASSOCIATION PRESIDENT SIGNATURE OR CHEER DIRECTOR SIGNATURE – For Cheerleaders ONLY