



# Sierra Youth Football & Cheer (SYFC)

## 2010 PLAYER/PARENT CONTRACT

TO BE COMPLETED, SIGNED AND SUBMITTED TO THE  
NATOMAS JR NIGHTHAWKS BY THE FIRST DAY OF PRACTICE.

### FINANCIAL RESPONSIBILITY AND PARENTAL/PARTICIPANT CONSENT

1. \_\_\_\_ (Parent Initials) **Sierra Youth Football & Cheer (SYFC)** is a group of member associations that has agreed to play together only.
2. \_\_\_\_ (Parent Initials) Membership within the **Natomas Jr Nighthawks (NJN)** starts when you signed up and are paid in full. Membership expires on **November 30, 2010**.
3. \_\_\_\_ (Parent Initials) I/We have read, understand and agree, as parent/guardian of the below named child to abide by the role of the parent and player's code of conduct and assume the absolute financial obligation for my/our child to participate in this youth program.
4. The child named below has read, understands and agrees to abide by the player code of conduct.
5. \_\_\_\_ (Parent Initials) The parent/guardian of the below named child, do hereby give my/our approval for participation in **NJN/Sierra Youth Football & Cheer (SYFC)** activities for the current season. I/We assume all risks and hazards to this participation for any claims arising out of injury to the above named child, including, but not limited to, transportation to and from such activities. I/We hereby waive, release, absolve, indemnify and agree to hold harmless, **NJN/SYFC**, the league, local team, organizers, managers, coaches, supervisors, participants, person providing transportation and any organization this youth football program may be affiliated with.
6. \_\_\_\_ (Parent Initials) In executing the foregoing release. I/We acknowledge that I/We understand that our personal medical/dental insurance will remain the primary carrier, and that insurance offered through this program is secondary in nature and is subject to an annual deductible by the carrier. It is understood that any claim for injury arising out of my/our child's participation must be reported to the designated association official within 30 days of the date of injury. It is also understood that the proof of loss must be completed in full and filed within 60 days of receipt by **NJN/SYFC**. All monies I/We have paid to the team do not constitute payment of insurance coverage. I/We do indemnify **NJN/SYFC**, the association and the insurance carrier should there be statement(s) by anyone that is in contradiction. I/We attest I/We has read and understand the terms of this contract and any disclosure information required.
7. \_\_\_\_ (Parent Initials) I/WE understand that if player/cheerleader has not had their physical examination they will not be allowed to participate in any **NJN/SYFC** activities. I/We hereby grant authority to a qualified physician to administer such medical treatment, as said physician deems necessary under emergency circumstances.
8. **NJN/SYFC players and cheerleaders can participate in other organized sports as long as it does not interfere with any of the NJN/SYFC practices and games. Attendance is necessary to continue involvement. School sports are encouraged along with any type of program that would help your child excel in the sport of Football and Cheerleading.**
9. \_\_\_\_ (Parent Initials) I understand that all football/cheer equipment given to my child will be turned when the association requests or has a equipment turn-in. If there are any questions please contact your local association.
10. \_\_\_\_ (Parent Initials) I/We have read and understand fully the provisions of this consent/release authorization, and I/We have voluntarily signed it.

### PARTICIPANT INFORMATION (PRINT OR TYPE)

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age As of 8/1/10 \_\_\_\_\_

Child's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Father's E-Mail: \_\_\_\_\_ Mother's E-Mail: \_\_\_\_\_

School Attending This Fall: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact: _____			
<b>(OTHER THAN PARENT)</b>	<b>Name</b>	<b>Relationship</b>	<b>Phone</b>
Allergies: _____			

Which high school do you plan on attending? \_\_\_\_\_

Medical Insurance Coverage: \_\_\_\_\_ Policy No. \_\_\_\_\_

Have you ever played for another association:  Yes  No When: \_\_\_\_\_ Who: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Player/Cheerleader Signature**

\_\_\_\_\_  
**Date Signed**