

OFFICIAL FEEDER TEAM OF YOUR ROSEMONT HIGH SCHOOL WOLVERINES
BE PART OF THE LEGEND

GET IN THE GAME
GRADES K-8TH



REGISTER TODAY



ROSEMONT JR. CHEER AND FOOTBALL
ROSEMONTJRWOLVERINES.NET



Dear Rosemont Junior Wolverines Parents,

Welcome to the 2018 Youth Football and Cheer season. In this registration packet you will find information and forms that need to be completed and submitted before your child can participate as a football player or cheerleader.

The following is a brief description of the forms and requirements for 2018:

1. 2018 REGISTRATION FORMS

- Registration Form
- Emergency Contact Form
- SYF Code of Conduct
- SYF Release of Liability
- SYF Concussion Form
- SYF Physical Form dated and signed after 4/1/18
- Volunteer Contract
- Cal Prep Form

2. PHYSICAL FORM

We must have a completed physical form signed by a physician with an office stamp in order for your child to participate in the RJW program. The form must be dated after April 1st of the current year.

3. PROOF OF AGE

- 11 yr. old and under participants may use original or certified copy of the Birth Certificate, Military I.D Card, Passport or school enrollment form for proof of age.
- School enrollment form required for ages 12 and up, must include address and date of birth on school letterhead or school stamped and signed.

NOTE: School enrollment cards (12 and up) and proof of age are required to validate your child's team placement. We are only interested in validating the grade your child is rising from, feel free to redact any information you deem sensitive other than the grade completed.

4. PAYMENT INFORMATION:

Payment may be made via credit card on the RJW website (www.rosemontjrwolverines.net), or by cash or check during the specified registration dates. Here is our fee schedule for 2018:

****Volunteer deposit of \$50 MUST be paid prior to any credits going toward 2018 registration fees. ****

-Volunteer deposit is fully refundable after completion of volunteer hours.

	New Players	Returning Players
Football	\$250 + Volunteer Fee	\$200 + Volunteer Fee
Cheer	\$300 + Volunteer Fee	\$300 + Volunteer Fee

All payments must be paid in full including volunteer deposit on or by June 8th

Returning Player Discount: The last day to qualify for the discount is July 4th, 2018. The maximum combined discount cannot exceed \$150 per family.

5. REFUND REQUEST: If your child should leave the program, written notification is required.

The amount of refund is:

- On or before July 21st – 50% of what was paid.
- After August 3rd – No Refunds, no exceptions
- No refunds will be issued if your child's jersey/uniform has been ordered.**

Players will be allowed to participate ONLY when all forms have been submitted
Your child cannot begin practice if there is any outstanding paperwork or payments due.
NO EXCEPTIONS.

Rosemont Jr Wolverines: 2018 Season Information

RJW encourages and supports the development of well-rounded individuals. This may include a variety of activities and interests. However, for a youth football/cheerleading program to flourish, it requires the commitment of its participants, parents and coaches. Practice during August is of paramount importance in how a team develops, both physically and in terms of its personnel being evaluated by the coaching staff. Therefore, players are expected to be at **every** practice. Coaches recommend that vacations be taken prior to the beginning of the football/cheer season. Participants are also strongly encouraged to attend camps but not mandatory.

Practice Restrictions:

- a) Practice shall not begin prior to the 31st of July.
- b) No team shall practice more than 10 hours prior to Jamboree.
- c) No team may practice more than 6 hours after Jamboree.
- d) Each association will determine their own conditioning program prior to contact / stunting.
- e) A week is defined as 7 calendar days beginning Monday and ending on Sunday.
- f) Playoff & Championship weeks, teams may practice 10 hours per week.
- g) All practices must comply with CA.AB2127 per H.S concussion rule for 10 hour weeks and be limited to 4 hours of full contact practices for 6 hour weeks thereafter and when applicable.

Practice is mandatory. If a player misses practice during the week, that player's eligibility for participation in that week's game is at the sole discretion of the coaching staff.

Player team assignments are generally based on grade with some age and weight restrictions as outlined: Xman will wear SYF authorized (Only) sticker on the rear of the helmet.

PLAYER WEIGHT and AGE POLICY

Age	Weight
6U (if applicable)	85 lbs
8U	105 lbs
8U X-Man	106 & Up
10U	152 lbs
10U X-Man	153 & Up
12U	178 lbs
12U X-Man	179 & Up
14U	Unlimited

Your registration fee ensures your child's opportunity to learn about cheerleading and the game of football in accordance with the Policies and Procedures of the SYF League in combination with the Rosemont Jr. Wolverines Cheer and Football program as outlined on both websites:

www.sacyouthfootball.com

www.rosemontjrwolverines.net

Communication:



The primary communication tools used by RJW is GroupMe and Email (info@rosemontjrwolverines.net) . We ask that you provide a valid email in order to receive important information regarding camps, practices, game day and any other important information regarding cheer and football. Weekly emails will be sent once the season kicks off so please keep a look out for those important emails. GroupMe has been another effective way communication amongst teams to within their own group chats to coordinate snacks, carpool, volunteer shifts as well as any other team specific information. This tool is not to be used for discussing wins, losses, playing time or to complain about coaching or staff members. If you do so, you will be removed by the board and will not be permitted to return the chat group for the remainder of the season. If you wish to be excluded from this communication tool please notify your child's coach, team mom or the parent coordinator.

Rosemont Jr. Wolverines Cheer and Football Registration Form

PARTICIPANT INFORMATION:

Last Name: _____ First Name: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth (MM/DD/YY): _____ Male/Female Current Age: _____ Age as of August 1st 2018: _____

Grade Level as of September 2018: _____ School Telephone number: _____

School of Attendance for Fall 2018: _____

Please list any allergies or other information you would like to notify our staff about below:

PARENT/GUARDIAN INFORMATION:

Legal Guardian: _____ Relationship to participant: _____

Address if different from above _____ Primary Phone Number: _____

Email Address _____

Secondary Guardian: _____ Relationship to participant: _____

Address if different from above: _____ Primary Phone Number: _____

Email Address _____

Emergency Contact: _____ Phone: _____ Relationship: _____

*Has your child participated in another program/organization last year? Yes/No

-If yes selected please provide details of transfer: (2-Game sit-out rule will apply for any non-verified/approved transfers)

Please Select election and age level below: (if you are moving your child up, coaches must assess skill level prior to finalizing ppwrk)

- | | <u>New Players</u> | | | | | <u>Returning Players</u> |
|---|--------------------|----|-----|-----|----------------------------|--------------------------|
| <input type="radio"/> Football: | 6U | 8U | 10U | 12U | 14U (\$250+ Volunteer Fee) | (\$200+ Volunteer Fee) |
| <input type="radio"/> Cheer: | 6U | 8U | 10U | 12U | 14U (\$300+ Volunteer Fee) | (\$300+ Volunteer Fee) |
| <input type="radio"/> Multiple players: \$50 sibling discount after full price of first participant and volunteer deposit paid in full. | | | | | | |

List any siblings: _____

Total amount: \$ _____ Paid by: ☐ Cash ☐ Check # _____ ☐ Card Type: _____

To make Credit Card Payments for Registration and/or Donations via MasterCard or Visa, please complete below and print clearly.

Card Number _____ Expiration Date: _____ Billing Zip Code: _____
(Your statement will show merchant as "Rosemont Jr. Sports")

If paying by check, please make checks payable to: **Rosemont Jr Sports**

Emergency Medical Form for the 2017 Season

Required for all RJW Participants

The Following Information Will Be Used In The Event That A Parent / Legal Guardian Is Not Available. The Purpose Of This Information Is To Provide A Quick Reference For Medical Personnel Should The Need Arise. Please Fill Out This Form Completely. If A Particular Question Is Not Applicable Write "None", N/A, Or Other Appropriate Comment otherwise NONE will be assumed. If Additional Space Is Needed, Please Use The BACK Of This Form. All Information Disclosed Here Will Be Treated As Confidential. It Will Be the Responsibility of the Parent/Legal Guardian to Notify the Participant's Coach and League Officials If Any Information Needs to Be Added, Deleted, Changed, and Or Updated in Any Way.

Participant's Name: _____		Nickname: _____	
Legal Guardian Name: _____		Relationship: _____	
Street Address _____		City: _____ State: _____ Zip: _____	
Email: _____		Cell Phone: _____	
Secondary Guardian Name: _____		Relationship: _____	
Email Address: _____		Cell Phone: _____	
Medical Insurance:		Family Physician:	
Carrier: _____		Name: _____	
Group: _____		_____	
Policy #: _____		Address: _____	
Group #: _____		Phone Number: _____	
ID #: _____		Alternate Number: _____	
Any known allergies: _____			
Preferred Hospital: (1) _____ (2) _____			
EMERGENCY CONTACTS: (must have at least two)			
Name: _____		Phone Number: _____ Relationship: _____	
Name: _____		Phone Number: _____ Relationship: _____	
Medical Conditions: _____			

Please List Any Medical Conditions (Allergies, Asthma, Etc.) And Medications Being Taken By The Participant Named Above. Please List Any Other Information You May Deem Relevant And Helpful To Emergency Medical Personnel: (Please Note If No Information Is Given And The Words "None" Or "N/A" Is Not Filled In Then, "None" Will Be Assumed.

I/WE HAVE READ, REVIEWED FOR ACCURACY, UNDERSTOOD, ACCEPTED AND AGREED TO THE ABOVE:

Print Parent/Legal Guardian

Signature Parent/Legal Guardian

Date

Volunteer Contract

Dear Parents/Guardians:

Welcome to the Rosemont Jr. Wolverines Program. We are honored that you are encouraging your child to participate in our sports program. Please take a minute to read the following volunteer contract. We are looking forward to a successful year.

Volunteer Requirements:

RJW requests an annual volunteer fee of \$50 in the form of cash to be paid prior to any credits towards your 2018 registration fees. The volunteer fee is per family and will be refunded upon the completion of a minimum of eight (8) hours per child or twelve (12) per family of qualified volunteer work. Parent involvement is crucial to Rosemont Jr. Wolverines Cheer and Football Program ongoing success. Each team is responsible for supplying the necessary manpower to help with game day (HOME & AWAY) operations (i.e. announcing, chain crew, clock, par, snack bar, participant snacks). Without the necessary help, we will be forced to forfeit scheduled games. In addition to the game-day needs, many other various fundraising activities are needed throughout the season. You will need to sign up for volunteer slots and they're on a first-come first-serve basis. If you are unable to fulfill a slot you signed up for, please find a replacement, someone to trade with, or contact the volunteer coordinator immediately so the slot can be filled in a timely manner. This will help our games run smoothly. Please take care of uniforms by washing them and storing them in a safe place. If your child is a football player, please return them to your coach in the manner he/she requests.

* * * * *

(please list ALL of the participating athletes below)

Name: _____	Age Level: _____	Cheer/Football (circle one)
Name: _____	Age Level: _____	Cheer/Football (circle one)
Name: _____	Age Level: _____	Cheer/Football (circle one)
Name: _____	Age Level: _____	Cheer/Football (circle one)
Name: _____	Age Level: _____	Cheer/Football (circle one)

I _____ agree to fulfill the duties outlined in the above letter and agree to communicate any issues or concerns to the appropriate person in a timely and respectful manner.

Signature X _____ Date _____

Please Select what you prefer to volunteer for below:

_____ Chains (2hrs/Away Games only)
_____ Snack Bar (2hrs per shift/Home Games/before or after your child's game)
_____ Front Gate (1-2hrs/Home Games only/before or after your child's game)
_____ Bring bottled waters for team members (Home/Away Games)
_____ Bring half time snack for team members (Home/Away Games)
_____ Bring after game snack for team members (Home/Away Games)
_____ Coaching/Assistant Coaching (will ZERO out volunteer balance)
_____ Team Mom (will ZERO out volunteer balance)
_____ Video Recording (Home/Away Games)
_____ Special projects (parades, homecoming, fireworks booth, other events)
_____ Other: _____



CIF Concussion Information Sheet

Why am I getting this information sheet?

You are receiving this information sheet about concussions because of California state law AB 25 (effective January 1, 2012), now Education Code § 49475:

1. *The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.*
3. *Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

What is a concussion and how would I recognize one?

A concussion is a kind of brain injury. It can be caused by a bump or hit to the head, or by a blow to another part of the body with the force that shakes the head. Concussions can appear in any sport, and can look differently in each person.

Most concussions get better with rest and over 90% of athletes fully recover. However, all concussions should be considered serious. If not recognized and managed the right way, they may result in problems including brain damage and even death.

Most concussions occur without being knocked out. Signs and symptoms of concussion (see back of this page) may show up right after the injury or can take hours to appear. If your child reports any symptoms of concussion or if you notice some symptoms and signs seek medical evaluation from your team's athletic trainer and a medical doctor trained in the evaluation and management of concussion. If your child is vomiting, has a severe headache, or is having difficulty staying awake or answering simple questions, call 911 to take him or her immediately to the emergency department of your local hospital.

On the CIF website is a ***Graded Concussion Symptom Checklist***. If your child fills this out after having had a concussion, it helps the doctor, athletic trainer or coach understand how he or she is feeling and hopefully shows improvement. We ask that you have your child fill out the checklist at the start of the season even before a concussion has occurred so that we can understand if some symptoms such as headache might be a part of his or her everyday life. We call this a "baseline" so that we know what symptoms are normal and common for your child. Keep a copy for your records, and turn in the original. If a concussion occurs, he or she should fill out this checklist daily. This Graded Symptom Checklist provides a list of symptoms to compare over time to make sure the athlete is recovering from the concussion.

What can happen if my child keeps playing with concussion symptoms or returns too soon after getting a concussion?

Athletes with the signs and symptoms of concussion should be removed from play immediately. There is NO same day return to play for a youth with a suspected concussion. Youth athletes may take more time to recover from concussion and are more prone to long-term serious problems from a concussion.

Even though a traditional brain scan (e.g., MRI or CT) may be "normal", the brain has still been injured. Animal and human research studies show that a second blow before the brain has recovered can result in serious

damage to the brain. If your athlete suffers another concussion before completely recovering from the first one, this can lead to prolonged recovery (weeks to months), or even to severe brain swelling (Second Impact Syndrome) with devastating consequences.

There is an increasing concern that head impact exposure and recurrent concussions may contribute to long-term neurological problems. One goal of this concussion program is to prevent a too early return to play so that serious brain damage can be prevented.

Signs observed by teammates, parents and coaches include:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Looks dizzy • Looks spaced out • Confused about plays • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or awkwardly • Answers questions slowly | <ul style="list-style-type: none"> • Slurred speech • Shows a change in personality or way of acting • Can't recall events before or after the injury • Seizures or has a fit • Any change in typical behavior or personality • Passes out |
|--|--|

Symptoms may include one or more of the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Headaches • "Pressure in head" • Nausea or throws up • Neck pain • Has trouble standing or walking • Blurred, double, or fuzzy vision • Bothered by light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Loss of memory • "Don't feel right" • Tired or low energy • Sadness • Nervousness or feeling on edge • Irritability • More emotional • Confused • Concentration or memory problems • Repeating the same question/comment |
|--|---|

What is Return to Learn?

Following a concussion, student athletes may have difficulties with short- and long-term memory, concentration and organization. They will require rest while recovering from injury (e.g., avoid reading, texting, video games, loud movies), and may even need to stay home from school for a few days. As they return to school, the schedule might need to start with a few classes or a half-day depending on how they feel. If recovery from a concussion is taking longer than expected, they may also benefit from a reduced class schedule and/or limited homework; a formal school assessment may also be necessary. Your school or doctor can help suggest and make these changes. Student athletes should complete the Return to Learn guidelines and return to complete school before beginning any sports or physical activities, unless your doctor makes other recommendations. Go to the CIF website (cifstate.org) for more information on Return to Learn.

How is Return to Play (RTP) determined?

Concussion symptoms should be completely gone before returning to competition. A RTP progression involves a gradual, step-wise increase in physical effort, sports-specific activities and the risk for contact. If symptoms occur with activity, the progression should be stopped. If there are no symptoms the next day, exercise can be restarted at the previous stage.

RTP after concussion should occur only with medical clearance from a medical doctor trained in the evaluation and management of concussions, and a step-wise progression program monitored by an athletic trainer, coach, or other identified school administrator. Please see cifstate.org for a graduated return to play plan. *[AB 2127, a California state law effective 1/1/15, states that return to play (i.e., full competition) must be **no sooner than 7-days** after the concussion]*

diagnosis has been made by a physician.]

10 days in SYF

Final Thoughts for Parents and Guardians:

It is well known that high school athletes will often not talk about signs of concussions, which is why this information sheet is so important to review with them. Teach your child to tell the coaching staff if he or she experiences such symptoms, or if he or she suspects that a teammate has had a concussion. You should also feel comfortable talking to the coaches or athletic trainer about possible concussion signs and symptoms that you may be seeing in your child.

References:

- American Medical Society for Sports Medicine position statement: concussion in sport (2013)
- Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012
- <http://www.cdc.gov/concussion/HeadsUp/youth.html>

CIFSTATE.ORG

05/2015 CIF

School:
& Team _____

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1. *The law requires a student athlete who may have a concussion during a practice or game to be removed from the activity for the remainder of the day.*
2. *Any athlete removed for this reason must receive a written note from a medical doctor trained in the management of concussion before returning to practice.*
3. *Before an athlete can start the season and begin practice in a sport, a concussion information sheet must be signed and returned to the school by the athlete and the parent or guardian.*

Every 2 years all coaches are required to receive training about concussions (AB 1451), as well as certification in First Aid training, CPR, and AEDs (life-saving electrical devices that can be used during CPR).

For current and up-to-date information on concussions you can
visit:

[http://www.cdc.gov/concussion/HeadsUp/youth.ht
ml](http://www.cdc.gov/concussion/HeadsUp/youth.html)

I acknowledge that I have received and read the CIF Concussion Information Sheet.

Student-Athlete Name
Printed

Student-Athlete
Signature

Date

Parent or Legal Guardian
Printed

Parent or Legal Guardian
Signature

Date



SYF

CODE OF CONDUCT - 2018

AS A PARENT, COACH, or ADMINISTRATOR, I hereby pledge to provide positive support, care, and encouragement for my child and/or the athletes in youth sports by following this Code of Conduct and ethics:

- (1) I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event recognizing that youth and adult participation is a condition privilege and not a right.
- (2) I will insist that my child and/or the athletes play in a safe and healthy environment. I acknowledge being trained on concussions and head injuries, and I shall strictly following all concussion laws, rules, protocols, and full-contact practice limitations.
- (3) I will require that my child's coaches, or those with whom I am working, be trained in the responsibilities of being a youth sports coach and that coaches uphold this Code of Conduct, leading by example and being a mature responsible role model.
- (4) I will support coaches and officials working with my child or athlete in order to encourage a positive and enjoyable experience for all in a sports environment that is free from drugs, tobacco, and alcohol and I will refrain from their use at all youth sports events.
- (5) I will remember that the game is a privilege for youth participants and athletes - not the adults. I further understand and agree that my child or participant will be ineligible for the first two games of the season if transferring from one youth program to another, unless approved by SYF commissioner or meets CIF transfer eligibility rules (i.e. residential move into gaining boundary).
- (6) I will do my very best to make youth sports fun for my child and the athletes recognizing that winning is not the goal - teaching my child and the athletes the importance of team work and discipline is first and foremost. I will ask my child and the athletes to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed or ability and I will refrain from cursing, vulgar language and any other detrimental or unsportsmanlike conduct understanding that I alone am responsible for my actions.
- (7) I will help my child and the athletes enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, providing transportation, or otherwise assisting the team/organization.
- (8) I will read the National Standards for Youth Sports, doing what I can to help SYF as well as all youth sports organizations implement and enforce them.

AS AN ATHLETE AND PARTICIPANT IN SACRAMENTO YOUTH LEAGUE, I understand commitment, hard work and dedication will be required by me before I can wear the colors of the team. Once I have tried out and made the team, I have accomplished an achievement for which I can be proud. Being a member of the team means much more than just learning about and playing football or being a cheerleader. As an athlete, both on and off the field, I am a representative of SYF and expected to act accordingly at all times.

- (1) I understand as an Athlete I am to maintain an academic standard at 2.0 ("C" average) during the season or risk being benched or dismissed from the team/organization. Grade checks may be performed at random.
- (2) I understand I am to maintain good citizenship. Fighting, misconduct, vulgar or derogatory language, cursing, or disrespect can lead to being dismissed from SYF or the team/organization. Any athlete who has an altercation at school or with law enforcement authorities or is observed displaying conduct (Anytime, Anywhere) below the acceptable standards of an athlete may face dismissal from the organization/team or SYF.
- (3) I understand Athletes are responsible for notifying their coach if they will be absent from a practice or game. Missing a Practice or game will hurt both my team and may be reason for not playing in games. If I have too many absences, I may be dismissed from SYF or the team/organization.
- (4) I am expected to come to practices and games prepared and ready to give 100%. An athlete may be benched at a practice or dismissed due to too many absences, not giving 100%, failure to know plays or routines, being out of condition, and/or not following SYF or team rules.
- (5) I will treat their coaches, teammates, officials, and adult authority figures with respect.
- (6) I am responsible for the maintenance of my equipment and uniforms. Uniforms must be washed regularly. I will report all equipment problems to my coach immediately. If I lose my uniform or equipment I am financially responsible to replace it.
- (7) I agree to follow all general and customary rules in accordance with SYF and my team/organization.

ALL PARENTS/GUARDIANS MUST SIGN. I/We, have read, understand, agree, and will abide by the above, certifying I am a legal parent authorized to sign. I/We have voluntarily signed, understanding if I/we violate this Code of Conduct I/we shall be subject to immediate termination or suspension from SYF or the team/organization.

<hr/>	<hr/>	<hr/>
Print Name	Parent/Guardian Signature	Date

<hr/>	<hr/>	<hr/>
Print Name	Parent/Guardian Signature	Date

<hr/>	<hr/>	<hr/>
Print Name	Coach / Administrator Signature	Date

<hr/>	<hr/>	<hr/>
Print Name	Athlete/Participant's Signature	Date

SACRAMENTO YOUTH FOOTBALL

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY (YOU MUST READ AND UNDERSTAND ENTIRELY BEFORE SIGNING)

In consideration of participation in the **SACRAMENTO YOUTH FOOTBALL (ASYF@)** league (its member team's football and cheer programs), related practices and events, and the many benefits received in this conditional privilege, the undersigned agrees, understands, appreciates, and covenants as follows.

I UNDERSTAND AND AGREE that the risk of injury from the activities involved in SYF are significant due their physicality, aggressive nature, including but not limited to the potential and risk of the following: (1) falls, sprains, ligament damage, broken bones, paralysis, neck/spine and back injury, and even sudden death; (2) intentional and unintentional contact with other players or coaches; (3) injuries associated with extreme heat, humidity, cold and other uncertain weather conditions inherent in a game played outdoors; (4) concussions and head and brain injuries (I have read the Concussion Information Sheet and the Concussion Management and Return to Play Protocol sheet-both available on the SYF website, understanding that the science, factors, and symptoms of concussions remains uncertain and changing). **I FURTHER UNDERSTAND AND AGREE** that while particular rules, training of all concerned, properly fitted and certified helmets and equipment may reduce these risks, the risk of serious injuries still does exist. The uncertainty and risks of injury are great since SYF football and cheer programs are operated by many volunteers and untrained persons with limited resources and training. **I UNDERSTAND AND FREELY ASSUME ALL RISKS BOTH KNOWN AND UNKNOWN AND ASSUME FULL RESPONSIBILITY.** I assume these risks due to the many significant benefits associated with participation in SYF including but not limited to life lessons/skills, discipline, accountability, skill development, team and friendship building, confidence, and a strong work ethic.

I FURTHER UNDERSTAND AND AGREE that my child will be ineligible for the first two games of the season if transferring from one youth program to another, unless approved by SYF commissioner or meets CIF transfer eligibility rules (i.e. residential move into gaining boundary). I also AGREE to comply with all stated, customary terms, and conditions for participation by SYF and its teams. I consent, for no compensation, to the use of my (or my child=s) name, image, or likeness in any video, advertising, promotion, or review by SYF and its member teams.

I, for myself, and on behalf of my minor child, my spouse, executors, heirs, representatives, and next of kin, **HEREBY RELEASE, AND SHALL HOLD HARMLESS AND INDEMNIFY** SYF, its commissioner, vice-commissioners, game site hosts, all teams, officers, board members, agents, volunteers, coaches, officials, medical personnel, sponsors, advertisers, attorneys, owners/lessors of property (herein ARELEASEES@), **FOR ANY AND ALL INJURY, DISABILITY, DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OR GROSS NEGLIGENCE OF RELEASEES, OR OTHERWISE. I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS RELEASEES** from any and all claims, liabilities, damages, and expenses (including attorney's fees) in any proceeding to enforce or defend this Waiver and Release (venue Sacramento, California). If any portion of this form is found by a court to be invalid or stricken the remaining provisions shall be given full force and effect.

I HAVE READ COMPLETELY AND UNDERSTAND THIS WAIVER AND RELEASE OF LIABILITY. I FULLY UNDERSTAND THE RISKS AND ABOVE TERMS. I UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS AND LEGAL RIGHTS BY SIGNING IT; I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR UNDUE INFLUENCE.

Name of Minor/Coach (print) _____ Team _____

Name of Parent/Guardian (print) _____

Parent/Guardian/Coach Signature _____ Date _____

(Rev. 01/30/2018)



Physical Form | (Must be for this Calendar Year, dated after April 1st)

Childs Name: _____ Age: _____

Date of Birth: ____/____/____

Any Known Allergies: Yes/No. If yes, please list allergies: _____

Any Known Disabilities: Yes/No. If yes, please list any: _____

Physicians Statement of Health:

I certify that I have examined _____

And have found no gross evidence of any abnormality that will keep him/her from participating in the Youth Sports Program.

Physicians Name: _____

Address: _____ Phone _____

Signature: _____ Date: _____



Physical Form | (Must be for this Calendar Year, dated after April 1st)

DR STAMP REQUIRED HERE TO BE VALID

MASTER AGREEMENT FOR INDEPENDENT STUDY

Student Name:	Student ID #:	Grade Level:
Address:	Age:	Birth Date:
City:	Zip Code:	Home Ph Cell Ph
School of Enrollment/Program Placement for Independent Study:		
Duration of Agreement:	Beginning Date: 7 - 1 - 18	End Date: 8-31-18

Email: _____

Objectives, Methods of Study, Methods of Evaluation, and Resources: We understand that the student is to complete the subjects/courses listed below, and that subject/course objectives reflect the curriculum adopted by the charter school's governing board and are consistent with charter school standards, as outlined in the charter school's subject/course descriptions. The specific objectives, methods of study, methods of evaluation, and resources for each course covered by this agreement are described in detail in each course syllabus.

Subjects/Courses Enrolled:

Course Title	Credits	Course Title	Credits
PE			

Additional Classes: May be added to the agreement as needed.

Reporting: We understand that students are required to report to their teacher(s) as scheduled. Manner of reporting: Through On-Line Messages, E-Mail, Phone, or In-Person Frequency: At least once every learning period X a Week Day: M-F, Time: 8:00-5:00, Place: Virtually or In-Person

Assignments: We understand that according to the school's policy for grades K through 12th Grade, the maximum length of time allowed between the assignment and the date the assignment is due is 20 days. After 5 missed assignments, an evaluation will be made to determine whether independent study is an appropriate strategy for this student.

Voluntary Statement: We understand that independent study is an optional educational alternative that students voluntarily select, including students covered under California *Education Code* sections 48915 and 48917. All students who choose independent study must be offered the alternative of classroom instruction, and they must have the continuing option of returning to the classroom.

Quality and Quantity; Rights and Privileges; Resources and Services: The independent study option is to be substantially equivalent in quality and quantity to classroom instruction. Students who choose to engage in independent study are to have equality of rights and privileges with the same access to existing services and resources as students in the regular school program.

Methods of Study: Examples of methods of study for the student will include but are not limited to: Independent Reading, Textbook Activities, Problem Solving, Study Projects, Drill & Practice, Computerized Curriculum, Web/Internet Research, Library Research, Field Trips, Learning Center Courses

Specific Resources: The school will provide appropriate instructional materials and personnel necessary to enable the student to complete the assigned work. Resources must include those reasonably necessary to the achievement of the objectives and must include resources that are normally available to all students on the same terms on which they are available to all.

Methods of Evaluation: Examples of acceptable methods of evaluation include, but are not limited to: Teacher Made Tests, Student Conferences, Progress/Report Cards, Chapter/Unit Test, Work Samples, Observations, State Standards Testing, Quizzes, Labs, and Finals.

Signatures and Dates: We have read and understand the terms of this agreement, and agree to all the provisions.

Student: _____

Date: 7-1-18

Parent/Guardian: _____

Date: 7-1-18

Supervising Teacher: Luiz Rigney

Date: 7-1-18