# VALLEY YOUTH CONFERENCE, INC.

P.O. BOX 3194 • CHATSWORTH, CA 91313-3194

## *PLAYER CONTRACT*

**❑ Football ❑ Cheerleading (check one)**

Player Season Application for 20___ Season. CLUB NAME _____

Age:_____ ❑ Boy ❑ Girl Name of Division _____

Sr./Jr. Clinic, Gremlin, Tiny Mite, Mity Mite, Peewee, Midget

School _____
(as of September)

### PLEASE READ CAREFULLY

NOTE: Completion of this application DOES NOT guarantee applicant a position on a team. No applicant will be allowed to participate in any activity until this form has been completed in full and accepted by the above named member organization. Member organization acceptance is subject to final approval and certification by the sport. **PLAYERS AND PARENTS TAKE NOTE:** All rules concerning certification, eligibility, playing rules, sport/conference procedures, and any dispute arising from these rules and procedures rests solely with the sport and/or conference. The final arbitration is the Valley Youth Conference, Inc., Executive Board. I agree to abide to all Conference decisions.

## PLAYER COMPLETES AND SIGNS

**SECTION I. APPLICANT'S STATEMENT** *(Applicant must complete and sign this section)*

I will faithfully keep and abide by the following rules and carry them out to the best of my ability.

**I will maintain at least a "C" average throughout the school year.**
I will play any position assigned and do my best for the team.
I solemnly pledge that I will not in any way damage, or deface any property, building or equipment.
I agree to abide by all decisions of game officials and will not create any unsportsmanlike gestures at any time.
I promise that I will be a lady/gentleman at all times and I will refrain from using any foul language.
I agree that I will remain a member of the team and the organization until properly released.
I agree to return the uniform and other equipment issued to me in as good a condition as when received, except for normal wear and tear.

Player's Name_____ Date of Birth_____ Age _____
(Print in Full) Last Name First Name

Player's Address: Street _____ Player's Signature_____

City & Zip _____ Date Signed _____ Phone _____

## PARENT/LEGAL GUARDIAN COMPLETES AND SIGNS

**SECTION II. PARENTS/GUARDIANS ACKNOWLEDGMENT, AUTHORIZATION AND CONSENT** *(Parent/Guardian - Complete and sign below)*

**RELEASE:** I/WE, the parents/guardians of the above named applicant, hereby give my/our approval to his/her participation in all conference and member organization activities during the specified season. I/WE assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/WE do hereby waive, release, absolve, indemnify and agree to hold harmless the Conference, member organization, organizers, sponsors, supervisors, participants, and persons transporting the applicant to or from activities, from any claim arising out of an injury to the applicant.

**ATTEST:** I/WE, hereby acknowledge that the information provided in this application is factual and accurate, the I/WE understand that if applicant is accepted to member organization, the applicant must remain with the member organization until released, such release subject to approval of the Conference. I/WE have read the foregoing statements, understand them, and sign them voluntarily.

**INSURANCE:** I hereby acknowledge and represent that I understand that the Conference, or member organization upon approval of the Conference, maintains Group Accident Coverage for medical//hospital expenses, and that I have been advised and understand the limits and provision of such coverage, including that such coverage may be considered as "secondary" coverage when there is any other valid and collectible coverage provided by applicant's parents/guardians separate insurance specified below if known. I understand that any claim for medical service which arises out of an injury from a Conference or member organization activity must be reported to the member organization Coach/Manager of applicant's assigned team within ten days of the date of injury. Other insurance is specified below; if none specify "none."

_____ _____ _____
Carrier Policy Number Employer

**MEDICAL TREATMENT AUTHORIZATIONS** In the event of injury or illness to the above named applicant, I/WE hereby grant authority to qualified physician to render such medical treatment to the applicant as said physician deems necessary under the circumstances upon presentation of this consent form.

I declare under penalty of perjury that I am a parent or guardian of: _____
Print Name of Athlete

Signature _____ _____ Date _____
Parent or Guardian Name Parent or Guardian (print)

WEB SITE: WWW.VALLEYYOUTHCONFERENCE.COM

**MEMBER USE ONLY**

Orginal Fee _____ Paid by Check # _____ Team _____
Paid Amt._____ Cash _____ MNG _____
Balance Due _____ Club Person _____ President _____

WHITE—Club Copy YELLOW— Certification Copy PINK—Player Receipt