



**PARTICIPANT CONTRACT/
PARENTAL CONSENT AND MEDICAL TREATMENT AUTHORIZATION**

PARTICIPANT'S INFORMATION

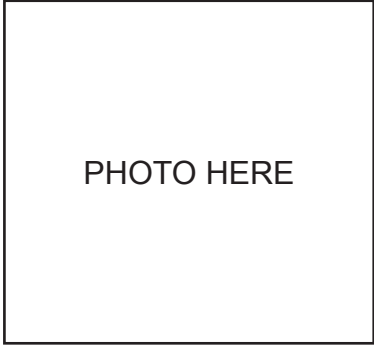
Last Name _____		First Name _____		Date of Birth _____	Age (on Dec 31) _____
Street Address (NO PO Boxes) _____			City _____	State _____	Zip _____
Home Phone _____		School (this fall) _____		Grade (this fall) _____	
ARE YOU A RETURNING PLAYER		YES	NO	<u>IF ANSWERED YES</u>	
				What Division? _____	What Team? _____

PARENT/LEGAL GUARDIAN INFORMATION

Name(s) of parent(s) or legal guardian(s) _____			Relationship _____		
Home Phone _____	Work Phone _____	Cell Phone _____	email _____		

EMERGENCY CONTACT/HEALTH CONDITIONS

Pediatrician or Physician: _____	Phone _____
Other Physician: _____	Phone _____
Preferred Hospital/ER _____	
Current Medication(s): _____	Allergies _____
In an emergency, if parents cannot be contacted, notify _____	Phone _____



AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

I hereby authorize the Santa Barbara Youth Football League as agent(s) for the undersigned my consent, as parent/person having legal custody/legal guardianship to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and or hospital care which is deemed advisable, and is to be rendered under the general care or special supervision of any physician or surgeon licensed under the provisions of the Medicine Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

I/We hereby authorize any hospital which has provided testament to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to my/our above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective until December 31st, 20_____, unless sooner revoked in writing delivered to said agent(s). I/We assume all risks and hazards incidental to such participation including transportation to and from such activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the local team, the respective League and Conference and any other organization that the Santa Barbara Youth Football League is affiliated with, the organizers, directors, coaches, commissioners, sponsors, supervisors, managers, participants and persons transporting my/our child to and from such activities for any claim for injury to my/our child.

I/We understand that there is "SECONDARY EXCESS INSURANCE COVERAGE," with a deductible amount for each injury incurred, either physical or dental, and that the health screening submitted at registration is NOT a complete physical examination. We release the Examining Physician from any liability for undiagnosed conditions.

I/We further understand that we are to report to the team coach any injury sustained by our child immediately or within 20 days of the date of injury. If further information is needed, we are to obtain this from each team coach.

I/We have read the foregoing release and rules applicable to my/our child, understand it, agree to it and sign voluntarily.

Parent/Guardian Signature: _____ Print Name: _____ Date: _____

I the participant understand, agree and voluntarily sign below stating that I want to participate in the 2010 YFL Season

Player's Signature: _____ Print Name: _____ Date: _____

Contract Year _____

Team Assignment _____

EXPONENTS

DOB _____ POINTS _____

GRADE _____ POINTS _____

HEIGHT _____ POINTS _____

WEIGHT _____ POINTS _____

TOTAL POINTS _____

BY: _____
SBYFL Board Member only

DIVISION

Exponent scale subject to change without notice

VERIFICATION:

Equipment Return: _____

Unfinished Bus: _____

Address: _____

School Verif: _____

Birth Certificate: _____

Signatures: _____

FEES:

Payment: _____

Tickets: _____

Amt Due: _____

Special Instructions:



**Santa Barbara Tri-Valley
Youth Football League, Inc.**
Commitments to the SBYFL Form

Player's Name – Please Print

Parent or Legal Guardian's Name – Please Print

Home Phone

Work Phone

Cell Phone

The Santa Barbara Youth Football League depends entirely on volunteers to produce the program. As a SBYFL parent, I will do my share to make this a successful season. I acknowledge that by signing this form and registering my child, I am expected to help out with the following

- Help by taking a team volunteer position (bringing game day snacks **DOES NOT** qualify) **OR**
- Helping by taking a league volunteer position (see below)

Volunteer Positions

Team Level Positions

- Assistant Coach*
- Auditor
- Team Manager*
- Chain

League Level Positions

- Board Member
- Jamboree
- Registration Assistant
- Parent/Player Meeting
- Clean-up Crew

* Volunteers for these positions will be required to attend a clinic, training session or meeting.

I understand that by doing my share, I am supporting my child, my family, youth sports and my community. I am also helping to keep registration costs down and ensuring a successful SBYFL season.

Parent's or Legal Guardian's Signature

Date

PARENT/FAN CODE OF CONDUCT

As a parent, guardian or spectator, I/we promise to:

- Encourage our children to participate, and not force them.
- Remember that children participate in sports for their enjoyment, not ours.
- Focus on our children's efforts and performance rather than winning or losing.
- Never ridicule or yell at a child for making a mistake or losing a competition.
- Support all efforts to remove verbal and physical abuse from sporting activities.
- Inform family and friends who attend SBYFL events to abide by the above same rules
- Respect the decisions and judgments of the Referees and teach our children to do likewise.
- Never bring, use or consume any tobacco products, alcohol or illegal drugs at any TVYFC or SBYFL event.
- Never jeopardize field use with my behavior. Field use is by permission of the school or local government.
- Encourage children to play according to the rules and to settle disagreements without resorting to hostility or violence.
- Promise to adhere to the values we all share such as excellence, honesty, respect, responsibility, fairness and compassion.
- Remember that children learn best by example. I/We will appreciate good performance and skillful plays by all participants.
- Respect the rights, dignity and worth of every young person regardless of their gender, ability, cultural background or religion.
- Show appreciation and respect for volunteer coaches, officials and administrators. Without them, our children could not participate.
- Never exhibit disruptive behavior, hostility or violence, or use insulting, derogatory, or overly hostile language towards players, officials, coaches or other fans.
- Promise to act responsibly, set a good example, and at all times to demonstrate the practices and principles of good sportsmanship which will reflect the dignity, integrity and enjoyment of SBYFL.

Your initials
above state that
you have read,
understand and
will follow the
Code of Conduct.

PARTICIPANT

As a participant, I promise to:

- Be part of the SBYFL programs for fun and enjoyment and understand that winning is only a secondary part of playing.
- Participate according to the rules of the game, which have been drawn up by mutual agreements. I will not break or evade them. I will ensure that my behavior will never cause me to be ejected from an activity.
- Respect my opponents, teammates, coaches and referees because without them I may not be able to participate in a sport I enjoy playing.
- Thank the referees, players, and coaches at the end of each game by gathering in the center of the field to shake hands and/or thank them for a game well played.
- Remember that SBYFL programs are team endeavors. I will encourage, cheer and support my teammates regardless of the score or what happens on the field. Just as any player can make a winning play; likewise every player makes mistakes and has off days.
- Never abuse anyone or swear in frustration on or off the field of play.
- Set a good example for those who will come after me to participate in the SBYFL. I have a responsibility to inspire those who follow me, just as those who came before me inspired me to participate.
- Honor and respect myself and my parents by exhibiting all the principles above, and thereby exemplify and add to the value of good sportsmanship.

Your initials
above state that
you have read,
understand and
are a willing
participant.