

ALL VALLEY PLAYER CONTRACT 2022

ALL VALLEY YOUTH FOOTBALL LEAGUE Fresno, Kings, Kern, and Tulare Counties



PLAYER'S NAME	BIRTHDATE	AGE	WEIGHT	NAME OF SIBLINGS IN PROGRAM
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HOME ADDRESS	CITY	ZIP	HOME TELEPHONE	EMERGENCY TELEPHONE
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FATHER / GUARDIAN NAME	ADDRESS	TELEPHONE NUMBER
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MOTHER / GUARDIAN NAME	ADDRESS	TELEPHONE NUMBER
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SCHOOL ENTERING IN THE FALL OF 2022	GRADE ENTERING IN FALL	PREVIOUS CHEER EXPERIENCE
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The above player whose signature and photograph appears heron is a member of the AVYFL.

TOWN: _____

ASSOCIATION : AVYFL

DIVISION: **CHEERLEADER**

To the best of my knowledge all information given in this form is factual. I understand that the League may take disciplinary action against any individual, team, or association that willingly falsifies any submitted information of documents.

CHEER SIGNATURE: _____

COACH SIGNATURE: _____

AVYFL PRESIDENT: *TONY MARTINEZ*

**PASTE
PLAYERS
PHOTO
HERE**

(CUT PICTURE TO FIT)

TO BE COMPLETED AT CERTIFICATION

This CHEERLEADER meets all requirements of the All Valley Youth Football League

DIRECTOR: _____ DATE/TIME: _____

EMERGENCY MEDICAL AUTHORIZATION: I, as parent / guardian of said candidate / minor, do hereby authorize and direct the said Association to act as agent for me to consent to and obtain medical, surgical, dental treatment and / or examination for said minor in case of illness or injury occurring from participation in any activities of the Association and the AVYFL. I do hereby consent to any x-ray, examination, and anesthesia, medical, or surgical, or dental treatment that is considered necessary by the attending physician or dentist. I understand that in an emergency, reasonable efforts will be made to notify me.

PRIVATE INSURANCE NAME: _____ POLICY NUMBER: _____

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I, as a parent / guardian of said candidate / minor, hereby given permission for the said minor to participate in any and all activities sponsored by the said association, and agree to release, indemnify, and hold harmless the association, the AVYFL including but not limited to its organizers, sponsors, supervisors, leaders, participates, officials, coaches, and other agents or representatives including persons transporting said minor, from any and all claims arising out of injury to the above said minor except to the extent of and in the amount of insurance coverage held by the association.

INSURANCE: The AVYFL has Group / Accident Insurance Coverage for medical and hospital expenses, with a given deductible amount for each accident incurred. The AVYFL Insurance is considered as secondary coverage when there is any other valid and collectable coverage provided by the parent's insurance. Maximum coverage is provided for any one accident with a given maximum dental coverage for sound, natural teeth. In executing the forgoing release, I / WE understand that a Registration Fee or other sums paid does not constitute a direct premium payment for insurance. If parent / guardian does not have primary insurance, AVYFL Insurance will cover expenses after the insurance deductible has been paid by the said parent guardian. Any forged physical claim with void any and all medical claims.

ELIGIBILITY: I, as parent of said candidate / minor and I, as said candidate / minor, understand that a candidate must meet the age and weight requirement on official certification date established by the AVYFL certification and that it is the responsibility of the parent / guardian and the candidate / minor to provide such proof of age from a certified birth record to the association and the AVYFL. I understand that if proof of age is not provided on official certification date, said candidate / minor is automatically ineligible for participation in any and all activities of the association and / or the AVYFL as a player. Additionally, to participate the player/parent/guardian must be in good standing with all organizations participating in AVYFL.

MEDIATION: The Parties agree that all claims and disputes arising under or relating to this agreement are to be settled by mediation first before filing any legal lawsuits against AVYFL and it's affiliates. **FEES:** I, as parent / guardian of said minor, understand that any and all fees assessed by the association and / or the AVYFL are **NONREFUNDABLE** if said minor participates in any activity of the association.

EQUIPMENT RESPONSIBILITY: I, as parent / guardian of said minor, do hereby assume full and complete responsibility for the proper care and maintenance of all equipment issued by the association to said candidate / minor. I understand all equipment is to be used for the association and / or the AVYFL activities only and that all equipment remains the legal proposer of the association. I agree to reimburse the association for any and all equipment that is lost or damaged or stolen for the value stated by the association with payment due when equipment is returned. All equipment will be returned immediately upon the withdrawal of the said candidate / minor from the association.

RULES AND REGULATIONS: I, as parent / guardian of said candidate / minor, team, and the association to comply with any and all rules and regulations of the said association, the All Valley Youth Football League. Any noncompliance with the local and AVYFL rules and regulations shall cause for disciplinary action being taken against said candidate / minor, parent / guardian, team or association by the AVYFL. Including the newest **SOCIAL MEDIA POLICY**. I HAVE READ ALL THE ABOVE AND UNDERSTAND IT COMPLETELY AND HEREBY PLACE MY SIGNATURE AS PROOF (BELOW):

I HAVE READ ALL THE ABOVE AND UNDERSTAND IT COMPLETELY AND HEREBY PLACE MY SIGNATURE AS PROOF (BELOW):

PARENT / GUARDIAN SIGNATURE _____

DATE _____

NOTICE

NOTE: This physical must be completed by licensed medical personnel. The physical must be completed **clearly and legible**. **White out** should **NOT** be used in any of the spaces below. Failure to follow this guideline could result in a **VOID** for this contract.

MEDICAL EXAMINATION

Height _____ Weight _____ Blood Pressure _____ Heart _____ Lungs _____

Nose _____ Teeth _____ Abdomen _____ Hernia _____ Skin _____

Extremities _____ Feet _____ Ears _____ Temperature _____

Examined By: _____

Address: _____ Phone: _____

Cleared to be a cheerleader: YES _____ NO _____ Date: _____