



Required Certification Documents

Effective 2019 The Application process is all online. Please visit <https://clubs.bluesombrero.com/jrfoothillmustangs> to create and account with us and Register your child.

Step 1: *Under **Registration info**; select **Available Programs***

Step 2: *Scroll down and select the program you would like to enroll your child into*

Step 3: *After you complete the Registration process go back to the home page and select **PAYMENTS** to make your payment (\$50 Locks in your rate, balance must be paid off my JULY) under the notes section please put your athlete's First and Last Name.*

DONE!

These documents are required by SYF in order for each Athlete to participate. Please attach your athlete's School Enrollment Form (*you can request this form from the front office of your child's school*) and Physical dated after April 1st 2019.

- **Physical Form (Dated after 4/1/19)**
- **Master Agreement for Independent Study**
- **SYF Code of Conduct**
- **SYF Athletic Waiver**
- **CIF Concussion Information Sheet**

You are able to take a picture and Text or E-mail in a copy of the Physical Form or attach them to your child's online application during the registration process.

If you have any questions, concerns, or need assistance with the registration process please feel free to reach out to the Board.

Thank You,
JFM Board!!!

2019 FOOTBALL & CHEER FEES

****IMPORTANT: \$50.00 Deposit secures athletes spot and pricing.
Deposit is part of your total price for season****

Please visit <https://squareup.com/store/jr-foothill-mustangs> to make payments. Please be sure to include your child's first & Last name

****VETERAN FOOTBALL/CHEER: Prices are for Mustangs athletes who have participated within the last two years. ****

FOOTBALL PRICING

Returning:

- Tax Season Special \$135.00 [Expires 3/31/19]
- Early Bird Special \$175.00 [Expires 5/31/19]
- Regular Rate \$195.00

New:

- Tax Season Special \$160.00 [Expires 4/1/19]
- Early Bird Special \$205.00 [Expires 5/31/19]
- Regular Rate \$240.00

INCLUDES:

- 1 mouthpiece and a practice jersey.
- Jr Foothill Mustang Boot Camp -1 week camp for all participants includes instruction for all of the Foothill High School coaches.
- Helmet and Shoulder Pads
- 1 Home Jersey
- 1 Away Jersey
- 1 pair of Game pants
- 1 Pair of practice Pants
- facility costs/fees and insurance

All parents/guardians are required to pay a \$40 for parent/guardian Volunteer hours & \$50 (Football) Equipment/Uniform deposit in the form of a money order, due at registration. This deposit will be refunded at the end of the season after all hours are completed and all equipment is returned.

****IMPORTANT: \$50.00 Deposit secures athletes spot and pricing.**

Deposit is part of your total price for season**

Please visit <https://squareup.com/store/jr-foothill-mustangs> to make payments. Please be sure to include your child's first & Last name

****VETERAN FOOTBALL/CHEER: Prices are for Mustangs athletes who have participated within the last two years. ****

CHEER PRICING

Returning:

- Tax Season Special \$175.00 [Expires 4/1/19]
- Early Bird Special \$185.00 [Expires 5/31/19]
- Regular Rate \$250.00

New:

- Tax Season Special \$225.00 [Expires 4/1/19]
- Early Bird Special \$275.00 [Expires 5/31/19]
- Regular Rate \$310.00

INCLUDES:

- SYF Showcase
- Indoor facility when needed
- Separate fundraising will be done for comp outside of regular football season
- Uniform, Poms, Bag, Bow, Practice gear

*****Does not include white competition shoes*****

All parents/guardians are required to pay a \$40 for parent/guardian Volunteer hours & \$50 Equipment/Uniform deposit in the form of a money order, due at registration. This deposit will be refunded at the end of the season after all hours are completed and all equipment is returned.

Welcome to the Jr. Foothill Mustangs! Our Success depends on you!!!

Welcome Parents!!! This organization is made up strictly of volunteers. Parent volunteers are very important and most appreciated. If we do not have our parent volunteers, we would not have an organization.

We have many different areas that could use your help Prior to the season beginning the Mustangs will have **TWO** firework stands and multiple carwashes to raise money for our league. Once the season starts we will have many opportunities for parent to knock out their Mandatory volunteer ours.

***ALL FAMILIES ARE REQUIRED TO VOLUNTEER** a minimum of 10 hours for one child, 14 hours for 2 or more children by the end of the 2019 season. We do require a \$40 Volunteer deposit when you turn in your application. If the Minimum Hours are not completed you will not receive you Volunteer deposit at the end of the season banquet.

You do have the option to buy out your hours. Your \$40 must be turned in along with the application. Below are some volunteer opportunities.

GO MUSTANGS!!!

MSCT _____ JPW _____ PW _____ JM _____ M _____

Athlete's Name: _____ (Football / Cheer) *Circle one*

Best Person to contact for volunteering? _____ Contact #: _____

Please circle things of your interest:

Firework stands (June/July)

Car Wash

Snack Bar

Set up Crew

Front Gate (Home Games)

Clean-up Crew

Chain Gang (Away Games)

Pass out game day snacks

Will you be buying out your hours? **YES **NO** (*Circle One*) If yes please provide a \$40 Money Order

Our volunteers are most appreciated? This will help us to get an idea of our anticipated parent volunteers for our upcoming season.

JFM ATHLETE'S CODE OF CONDUCT

As a Jr. Foothill Mustang I commit to holding myself to a higher standard and to encourage my fellow Mustangs to do the same.

1. **School comes first.** Student athletes are required to maintain their academic standard at a 2.0 or higher during the season. There will be at least one grade check conducted during the season.
2. **Good citizenship is required.** Fighting, vulgar or derogatory language, misconduct, or disrespect can lead to dismissal from JFM. Any student athlete who has an altercation at school, with law enforcement or authorities, or is observed displaying conduct anytime, anywhere, below the acceptable standards of a student athlete may face dismissal from JFM.
3. **Student athletes must arrive at all practices and games on time.** Student athletes must notify their head coach if they are going to be late or miss a practice or game. Excessive tardiness of 10 minutes or more may result in disciplinary action.
4. **Student athletes must arrive prepared and ready to give 100%.** A student athlete may be benched at a practice/game or be dismissed from JFM due to too many absences, not giving 100%, or not knowing and/or following JFM rules.
5. **Student athletes will treat their teammates, coaches and adult authority figures with respect.**
6. **Student athletes are responsible for the maintenance of their equipment and uniforms.** All equipment problems must be reported to the head coach immediately. If uniforms/equipment is lost, student athletes and their parent/guardian are financially responsible for replacement. Football players must wear a protective mouthpiece in all practices and/or games. The mouthpiece must be attached via a tether to the face mask on the helmet.
7. **Student athletes agree to follow all of the general rules in accordance with JFM and SYF organizations.**

DISCIPLINE GUIDELINES

- In the event a student athlete will miss practice for any reason, the head coach must be notified **ahead of time**.
- Tardiness will be tracked weekly. If a student athlete has more than three tardies in a two-week period, the student athlete will be benched for one quarter of the next game. Three tardies equal one unexcused absence.
- Leaving early from practice/game: same as above.
- Student athlete must attend entire scheduled game and show their support.

X: _____ Date: ____/____/____
Parent/Guardian Signature

X: _____ Board Initial _____
Athlete's Signature

JFM PARENT CODE OF CONDUCT

Commitment, hard work, and dedication will be required all. As the parent of an athlete, on and off the field, you are a representative of the JFM organization and expected to act accordingly, no matter what the circumstances.

The support of parents/guardians is essential to the success of JFM. For the safety and well-being of all involved, JFM provides the following rules for adult conduct:

- Parents/guardians must clearly understand that the purpose of JFM is to teach student athletes teamwork, good sportsmanship, fair play, and a love for the game. The emotional and physical wellbeing of every student athlete will be placed above one's own desire to win.
- **Alcohol, smoking or drugs at practices, games, or other JFM/SYF sponsored activity during the pre-season, regular season, play offs or cheers competition is strictly prohibited.**
- Parents/guardians must stay in the areas designated by the local association during all practices/games. Parents/guardians (except parent coaches or Board Members) are not allowed on the field, sidelines, or locker rooms during practices or games at any time.
- When cheering loudly for your team, always use good taste. Refrain from derogatory statements toward game officials or opposing team at all times. Disregard for this policy can result in penalties to the team on the field.
- Refrain from communication with the coaching staff and student athletes during practices, games, and competition. Coaches encourage open communication and are happy to schedule a meeting with parents/guardians away from practices, games and competitions.
- Parents/guardians should encourage attendance at all practice sessions and games. Absences hinder progress for the entire team as well as the absent student athlete. Missing practice can lead to benching during all or part of a game and may result in suspension or being dismissed from JFM, due to excessive absences.
- Parents/guardians are responsible for transportation for athletes to and from all practices and games on time. **JFM is not responsible for the health and welfare of unattended children.** Supervision of student athletes' siblings will not be provided.
- Our children/participants are a direct representation of us. And while we encourage communication via texting, email, and social media outlets, this too needs to be done in taste. Any threatening messages; whether via text, posting, emails or even memes is not appropriate nor a reflection of what JFM stands for. In the event you have a question, concern, disagreement, or comment. We ask that you take to proper channels to do so (*speaking w/Coaches & Board outside of practice, hotline, or email*).

The JFM Board has adopted a **ZERO TOLERANCE POLICY** as it relates to violations of Parent Expectations. Should any violation occur, depending on the severity, the violator may be subject to permanent expulsion from the JFM program and related activities.

MANDATORY PARENT/GUARDIAN HOURS

JFM is a volunteer-run organization. Board members and coaches are volunteers, giving of their time to make sure student athletes have a positive and memorable experience. Parents/guardians are also expected to participate in the operation of the organization.

- Each family is required to complete volunteer hours
 - One child in program: 10 hours required.
 - Two or more children in program: 14 hours required.
- Parents/guardians who are volunteering **are not exempt from paying admission.**

Parent/Guardian Signature X _____ Date: ____/____/____ Board Initials _____

I understand that there are risks to physical injury associated with, arising out of and inherent to the activity of football or cheerleading. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all rights and/or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to the Jr. Foothill Mustangs Football and Cheer organization, its officers, agents, employees, coaches, instructors, subsidiaries, sponsors and all affiliated entities.

I hereby agree to release and hold the Jr. Foothill Mustangs Football and Cheer organization harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in football and cheerleading on behalf of the athlete.

I am aware that this is a release of liability and an acknowledgement of my voluntary and knowing assumption of the risk of injury. I have signed this document voluntarily of my own free will in exchange for the privilege of participation.

If I am a minor, my parent or legal guardian has signed this document releasing the Jr. Foothill Mustangs Football and Cheer organization from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risks of injury inherent to this activity.

The above named athlete has my permission to participate in all the Jr. Foothill Mustangs Football and Cheer organization's events. I warrant the above information is complete and correct. I hereby authorize the event directors or their agent to act on my behalf to provide emergency medical treatments. I further release the Jr. Foothill Mustangs Football and Cheer organization of all liabilities associated with my athlete attending any Jr. Foothill Mustangs Football and Cheer organization's events. I also give the Jr. Foothill Mustangs Football and Cheer organization permission to use photos and/or videos of my athlete in or on any form of advertisement.

I understand that any fees paid may be non-refundable based on the guidelines outlined in the Jr. Foothill Mustangs Football and Cheer Member Handbook and such stated fees does not guarantee my child a position on the Jr. Foothill Mustangs Football Team or Cheerleading Squad. I understand that try-outs will be held for football and cheerleading and my Athlete's participation is subject to these try-outs.

X _____
Parent's/Guardian's Signature

Date

Board Member Initials

Amateur Athletic Waiver and Release of Liability Read Before Signing

In consideration of being allowed to participate in any way in the Jr. Foothill Mustangs athletic sports program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Jr. Foothill Mustangs, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the event or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
ATHLETE'S SIGNATURE

DATE SIGNED

FOR PARTICIPANTS OF MINORITY AGE (UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____
PARENT/GUARDIAN SIGNATURE

DATE SIGNED

Board Member Initials



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
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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
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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>

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 ("SYF") 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 physioality, 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 injures (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 "RELEASEES"), 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 UNDUCE INFLUENCE.

Name of Minor/Coach (print) _____ Team _____

Name of Parent/Guardian (print) _____

Parent/Guardian/Coach Signature _____ Date _____

SYP

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.

_____	_____	_____
Print Name	Parent/Guardian Signature	Date
_____	_____	_____
Print Name	Parent/Guardian Signature	Date
_____	_____	_____
Print Name	Coach / Administrator Signature	Date
_____	_____	_____
Print Name	Athlete/Participant's Signature	Date

(Rev. 2/2018)

School:
& Team _____

CIF Concussion 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).

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





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 - 19	End Date: 8-31-19

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: _____

Parent/Guardian: _____

Date: _____

Supervising Teacher: _____

Date: _____