

TRI-COUNTY FOOTBALL LEAGUE

PLAYERS NAME (PRINT)

BIRTHDATE

AGE ON 12/01

WEIGHT

EMERGENCY #

ADDRESS

CITY

ZIP

PHONE #

FATHER/GUARDIAN'S NAME

ADDRESS

PHONE #

MOTHER/GUARDIAN'S NAME

ADDRESS

PHONE #

PARENT/GUARDIAN'S EMAIL

SCHOOL ENTERING IN THE FALL

GRADE

PARENTS PRIMARY INSURANCE

POLICY NO

DR. NAME & PHONE #

THE ABOVE PLAYER WHOSE PICTURE IS POSTED BELOW IS A MEMBER OF THE FOLLOWING TRI-COUNTY YOUTH FOOTBALL LEAGUE TEAM:

To the best of my knowledge, all information on this **complete packet** is actual. I understand that the League may take action against any individual or team of association that willingly falsifies any submitted information of documents.

Head Coach

Initial

Player's
Picture
Here in Jersey with #

GENDER: (Circle One)

Male or Female

MEDICAL EXAMINATION

I certify that the player listed above was examined by me and is physically fit to play tackle football.

Printed Name and Signature of Physician

Date of Examination

Phone Number

Address

EMERGENCY MEDICAL AUTORIZATION

I, as Parent/Guardian of said Player/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/or conference. I do hereby consent to x-ray, examination, 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.

PARENT/GUARDIAN SIGNATURE

DATE

TRI-COUNTY FOOTBALL LEAGUE

PLAYER CONTRACT (ATTACH BIRTH CERTIFICATE)

I, as parent/guardian of said candidate minor, hereby give permission for said minor to participate in any and all the activities sponsored by said Association and agree to release, indemnify, and to hold harmless the Association Conference including but not limited to its organizers, sponsors, supervisors, leaders, participants, 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 Conference has a Group Accident Insurance Coverage for medical and hospital expenses with a given deductible amount for each accident incurred. The Conference insurance is considered as **secondary coverage** when there is any other valid collectable coverage provided by parents insurance. Maximum coverage is provided for any one accident with a given maximum dental coverage for sound, natural teeth. In executing the foregoing release, I/WE understand that any Registration Fee or other sums paid does not constitute a direct premium payment for insurance.

ELIGIBILITY: I, as parent of said candidate/minor and I, as said candidate/minor, understand that a candidate must meet the minimum age requirement on official certification date established by the Conference Board of Directors without exception. I understand that proof of age must be presented at the time of official certification and that it is the responsibility of the parent/guardian and the candidate/minor to provide such proof of age in the form of a certified birth record to the Association and the Conference. 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 Conference as a player.

FEES: I, as parent/guardian of said minor understand that any and all fees assessed by the Association and/or Conference are nonrefundable if the 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 Association and/or Conference activities only and that all equipment remains the legal property 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.

AND REGULATIONS: I, as parent/guardian of said candidate/minor, and I as said candidate/minor, understand that it is the responsibility of the parent/guardian, candidate/minor, team and Association to comply with any and all rules and regulations of said Association, the TRI-COUNTY YOUTH FOOTBALL. Any non-compliance with rules and regulations shall be cause for disciplinary action being taken against said candidate/minor, parent/guardian, team or Association by the Conference.

RELEASE OF LIABILITY: In consideration of being allowed to participate in any way in the program, its related events and activities, I as parent/guardian of said minor, and I as said candidate/minor, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skill, equipment, and personal discipline may reduce risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES of others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participants. If, however, I observe any unusual significant hazard during my presence or participating, I will remove myself from participating and bring such to the attention of Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Association, their officers, officials, agents and/or employees, other participants, sponsoring agencies sponsors, advertisers, and, if applicable, owners and leasers of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the full extent permitted by law.

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 the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees 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.

I have read all the above and understand it completely and hereby place my signature as proof (below).

PARENT/GUARDIAN'S SIGNATURE

EMERGENCY PHONE NUMBER

DATE SIGNED



2018 Kerman Youth Football Registration

"Early" Registration

Cost will be \$50 (\$40 each for 2 siblings or more) for the 2018 Kerman High School Football Snack Bar: The registration fee includes the Spirit Pack items all players will need to wear during try-outs which they will keep regardless of whether or not they make a team. They include a t-shirt and shorts.

Wednesday-5/30/18 from 5:30pm – 7:00pm Kerman High School Football Snack Bar
Tuesday-6/5/18 from 5:30pm – 7:00pm Kerman High School Football Snack Bar
Wednesday-6/6/18 from 5:30pm – 7:00pm Kerman High School Football Snack Bar

"Late" Registration fees for the 2018 season will be \$60.00 per player (\$50 each for two (2) or more in a single family). "Late" Registration will take place, **July 17th, 18th and 19th** at the Kerman High School practice football field from **6:00 pm-8:00 pm**. *Late Registration dates may change.*

KYF Executive Board

- | | | |
|---------------------|-------------------|--|
| • President | Efrain Guizar | equizar@fcoe.org or efrainguizar38@gmail.com |
| • Vice-President | Phil Suson | phil.suson@kermanusd.com |
| • Secretary | John Chambers | nicksean44@yahoo.com |
| • Treasurer | Chris Melgoza | chris.melgoza@kermanusd.com |
| • Cheer Coordinator | Venetia Chalabian | chalabian5@gmail.com |
| • Tri County Rep | Brian Chalabian | brianchalabian@gmail.com |

Teams & Age Eligibility per Tri County Football Bylaws

Mighty Mites (Ages 7 – 8 Year Olds) – Head Coach, Efrain Guizar 559-351-2058

- KYF does not encourage 6 year olds to tryout unless there is room on the roster (35)
- Player age eligibility is based on what the players age will be on 11/30 of that year

Pee Wee (Ages 9 – 10 Year Olds) – Head Coach, Chad Myers 559-907-0776

- Player age eligibility is based on what the players age will be on 11/30 of that year

Junior (Ages 11 – 12 Year Olds) – Head Coach, John Chambers 559-259-4986

- Player age eligibility is based on what the players age will be on 11/30 of that year

Senior (Ages 13 – 14 Year Olds) – Head Coach, Jesse Lozano 559-274-6479

- Player age eligibility is based on what the players age will be on 11/30 of that year

Tryouts will begin on **Monday, July 23rd, 2018 from 6:00pm – 8:00pm** at Rotary Park, located behind Kerman Floyd Elementary (702 Vineland Ave; cross streets "D" and Vineland Ave). The week school starts, practices will only be 3 days a week.

Player Selection Process "The Registration Fee is non-refundable"



Kerman Youth Football teams are allowed under Tri-County By-Laws to carry a maximum of thirty-five (35) players. Players will be allowed at least one full week of practice before any cuts are made.

****Please bring a copy of their birth certificate at the time of Registration! We will also need a copy of the player's physical exam for the upcoming school year prior to the child trying out for any team.**

Additional Costs & Game Uniforms

Once final cuts have been made by the end of the third week of practice, players will be required to pay an additional \$125.00. In effort to off set the cost for uniforms, each family will have the opportunity to sell 15 raffle tickets at \$10 a ticket. (The raffle will take place at the first home game of the season). The player's uniform will be paid in full once all their raffle tickets are sold and turned in or the entire \$125 is paid. This cost will cover the following items all players are required to have during the season:

- Game Jersey
- Game Pants with Pads
- Game Socks & Mouth Piece
- Helmet Decals

Fundraising

In addition of the raffle tickets sold to off set uniform cost, you and your child could be asked to assist in fundraising events and activities to benefit Kerman Youth Football expenses. One example of this is Kerman Youth Football could be having a meal fundraiser where all players will be asked to sell and/or purchase five tickets for this event.

Report Cards & GPA Requirements

As a member of the Kerman Youth Football organization and Tri-County, players must earn a 2.0 Grade Point Average to be eligible to try-out for the 2018 football season. Players must maintain a 2.0 GPA at the end of the 1st Quarter of the 2018-2019 school year to remain a member of Kerman Youth Football. Parents **do not** need to bring a copy of their child's report card if they attend Kerman Unified School District. *When you sign the KYF registration player information page, you give Kerman Youth Football and Kerman Unified permission to verify GPA requirements of Tri County Youth Football and Kerman Youth Football.



Kerman Youth Football 2018

Registration Packet and ***Grade Verification permission**

(Please Print)

Print Player Name: _____

Grade Entering Fall 2018 _____ School Attending Fall 2018 _____

City: _____

Home Phone: _____ Cell Phone: _____

Birthdate: _____ Age: _____ Team Trying Out For: _____

Parent/Guardian Email: _____

Print Parent Name: _____

Parent/Guardian Signature: _____

***Grade Verification permission**



Player's Name (Please Print): _____

Player Family Representative Name: _____

Adult Code of Conduct: TRI-COUNTY YOUTH FOOTBALL

1. In order to uphold the goals of Tri-County Football and ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians, and other adults and attendees of Tri-Co Youth Football events, including but not limited to practices, competitions and banquets, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times.
2. Any adult who is using alcohol, tobacco or non-prescription drugs and/or appears intoxicated at a Tri-Co Youth Football event, and/or who is flagrantly rude, attempts to intimidate, verbally abuse, heckles, taunts, ridicules, boos, throws objects and/or uses vulgarity or profane language/ gestures with an official, coach, volunteer, staff member participant or other event attendee, must receive a verbal warning and/or be asked to leave the event. The member organization may also provide a written warning to the individual regarding the misbehavior. The adult's children may also be removed from the event. Any adult who commits one of the above stated offenses a second time will be banned from any and all Tri-Co Youth Football events for a period of one year from the date of the second offense, and their children may also be removed from the program(s) for that time period.
3. Any adult who physically assaults an official, coach volunteer, staff member or participant or threatens grave bodily harm may be banned from any and all Tri-Co events for one year from the date of the offense, and their children may also be removed from any and all Tri-Co programs for that same period of time. After the ban has expired, if the individual commits another offense of the adult code of conduct, the individual will be permanently banned from any and all Tri-Co events and the individual's children may also be permanently removed from any and all Tri-Co programs.

Player Code of Conduct: TRI-COUNTY YOUTH FOOTBALL

1. In order to uphold the goals of Tri-County Football and ensure that all participants have the benefit of a safe and fun learning environment, all players of Tri-Co Youth Football events, including but not limited to practices, competitions and banquets, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times.
2. Any player caught fighting, hitting, kicking, striking or otherwise abusing opponents while down during course of or after play, will be removed from game on the first offense. For the second offense the player will be suspended from their team for one week and on the third offense shall be suspension for balance of season.
3. Any player caught verbally or physically intimidation of opponents outside normal talk across the line (especially of a profane nature, will be removed from game on the first offense. For the second offense the player will be suspended from their team for one week and on the third offense shall be suspension for balance of season.
4. Any player, who is caught in any act of disrespect for team, Board authority, or game officials, will be removed from game on the first offense. For the second offense the player will be suspended from their team for one week and on the third offense shall be suspension for balance of season.

By my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to all of the above.

Parent/Guardian Signature: _____ Print: _____

Participant Signature: _____ Print: _____



RELEASE AND WAIVER FROM LIABILITY

This Release is by the party signing below (herein referred to as "Releasor"), and is given to Kerman Youth Football (the "League/Club/Team"), USA Football, Inc., a not for profit 501(c)(3) corporation ("USAF"), the National Football League, its member professional football teams and clubs, NFL properties LLC, NFL Ventures, L.P., the NFL Youth Football Fund, the National Football League Players' Association, and the owners and operators of the facilities at which the youth football games, practices, and related activities (collectively and individually the "Program") are held, and their respective subsidiaries, affiliates, division, officers, agents, board members, employees, staff, sponsors, agents, legal representatives, administrators, assigns, heirs, executors, those for whom USAF is acting and those acting with USAF's authority and permission (collectively as "Releasees").

THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL. Releasor, being of lawful age (or, in the case of a minor, through his/her parent or guardian), in consideration of being permitted to participate in the Program, hereby releases and discharges Releasees from all present and future liabilities, debts, obligations, cost, expenses, damages, losses, charges, judgments, executions, liens, claims, demands, actions or causes of action of whatever nature or description, in equity or at law, which the Releasor or his/her child or ward, family, estate, heirs, representatives, executors, administrators, successors or assigns (collectively, "related Parties") may have, whether known or unknown, suspected or unsuspected, asserted or not asserted, arising out of participation by the Releasor or his/her child or ward in the Program.

The Releasor understands, acknowledges and accepts that this Release and Waiver is intended to be binding on the Releasor and the Releasor's Related Parties. The Releasor further understands, acknowledges and accepts that participation in the Program involves certain inherent risks, including, but not limited to, property damage and serious bodily injury (including death), and agrees that the Releasor or his/her child or ward is voluntarily participating the Program with full knowledge of the risks involved and accepts all risk of participation. The Releasor declares that the Participant is physically fit and has the requisite skill level to participate in the Program. The Releasor authorize the League/Club/Team and/or a party designated by the League/Club/Team to provide medical treatment to the Releasor or his/her child or ward, at the Releasor's cost, should the need arise. The Releasor understands, acknowledges and accepts that he or she must provide his/her own medical insurance for the participant.

The Releasor further grants the Releasees the right, but does not otherwise impose the obligation, to photograph, videotape and/or otherwise use the Releasor's/participant's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials, free of charge without reservation limitation. The Releasor understands, acknowledges and accepts that this Release and Wavier of Liability is intend to be as broad and inclusive as permitted by the laws of the state in which the Program is taking place and agrees that if any portion of this Release and Waiver of Liability is invalid, the remainder will continue in full legal force and effect.

Participant Name: _____ Age: _____

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

EMERGENCY CONTACTS:

Primary Contact Name: _____ Phone: _____

Secondary Contact Name: _____ Phone: _____

THIS FORM MUST BE SIGNED BY THE PARTICIPANT'S PARENT OR LEGAL GUARDIAN.

_____/_____/2018

Parent/Guardian's Signature

Parent/Guardian's Printed Name

Parent/Guardian's Phone Number

