

# SOUTHERN CALIFORNIA JUNIOR ALL AMERICAN CONFERENCE, INC.

## 20\_\_ PLAYER'S SEASON CONTRACT

(PLEASE READ CAREFULLY)

Rev. 1/16

### SECTION I

SCJAAFC Chapter \_\_\_\_\_ Team Name \_\_\_\_\_

CHECK STATUS  NEW  RETURNING

CHECK DIVISION:  FLAG  JR. MICRO  MICRO  JR. PEE WEE  PEE WEE  
 MIDGET  CHEERLEADER  7v7 LEAGUE

### SECTION II

#### TO BE COMPLETED BY CANDIDATE PLAYER & PARENTS

NO CANDIDATE will be permitted to participate in any activity until SECTIONS II, III, and VII of this Contract has been completed in full. The CANDIDATE PLAYER agrees that he will faithfully abide by the Rules of the SCJAAFC to the very best of his ability.

Last Name	First	Middle	Birth date	Age	School & grade
Address			City	Zip	
Home phone number	Cell number Parent/Guardian		Cell number Parent/Guardian	Email address	

### SECTION III

#### EQUIPMENT RESPONSIBILITY

I/We as parent/guardian of said candidate do hereby assume full and complete for the proper care and maintenance of all equipment loaned by Local Chapter to said candidate. I understand all equipment is to be used for SCJAAFC activities only and that all equipment remains the legal property of Local Chapter. I agree to reimburse Local Chapter for any and all equipment that is lost, damaged or stolen for the full replacement cost of said equipment, with payment due when equipment is requested by Local Chapter, or immediately upon the withdrawal of said candidate from Local Chapter.

#### RULES AND REGULATION

I/We as parent/guardian of said candidate understand it is the responsibility of the parent/guardian, candidate, team and chapter to comply with any and all rules and regulations of SCJAAFC and Local Chapter. Any noncompliance with rules and regulations shall be cause for disciplinary action to be taken against said candidate, parent/guardian, team or chapter by SCJAACF

SCJAAFC.PARENT/GUARDIAN: Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

CHECK RELATIONSHIP TO MINOR  FATHER  MOTHER  LEGAL GUARDIAN (LEGAL PROOF ATTACHED)

### SECTION IV

#### PROOF OF AGE (to be completed by Athletic Director)

FULL Legal Name: \_\_\_\_\_ Birth date \_\_\_\_\_  
(No Nicknames) (Please print!) (Month, Day, Year)

Proof of Age:  Birth Cert  Abstract  Gov't ID  Record of foreign birth  School Record

### SECTION V

#### FOR RESPONSIBLE CHAPTER AND TEAM OFFICIALS ONLY

In approving the above Candidate's Player Season Contract, we hereby certify that the Birth Certificate/ Proof of Age submitted does correspond with the name and birth date shown in Sections II and IV. In addition, we hereby certify that the Parental Consent and the attached Medical Treatment Authorizations, was completed, and, together with the Medical Examination, was completed by the qualified Doctor of Medicine listed, prior to the Candidate's participation in any manner with this team. We certify that we have explained fully the procedures to follow in the event of injury, and that injury/insurance reporting must be performed in accordance with SCJAAFC rules and procedures. Finally, we certify that a copy of the Player Season Contract was furnished to the Parent(s) or Guardian, as applicable.

Responsible Chapter Official	Date	Certifying Team AD	Date
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Team/ Division/ Chapter	Team/ Division/ Chapter
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