

San Joaquin Jr. Rams 2020 Registration Form

Participant Information

LEAGUE USE ONLY

League Age: _____ (on 8/01/20) Football Weight: _____

Grade in *FALL 2020*: _____ Division: _____

Name: _____
LAST FIRST

Address: _____
Street City Zip Code

Parent contact email (required): _____ Cell Phone: _(_____) _____
 PRINT CLEARLY

Lives With: Both / Mother / Father / Other School Name (Fall 2020): _____ Grade in FALL 2020: _____

Date of Birth: ____/____/____ Age: _____ Sex: M or F: _____

Played for another league? _____ / _____ Referred by: _____
Where Years Name of Cheerleader/Football Player

Other Siblings Playing/Cheering for SJJR: _____

Parent/Guardian Information

Mother/Guardian: _____ Cell Phone: _(_____) _____
First Last

Email Address: _____

Father/Guardian: _____ Cell Phone: _(_____) _____
First Last

Email Address: _____

** Parent/Participant Contract **

1. I/We have read, understand, and agree as parent/guardian of the above-named child to abide by the role of the parent and player's code of conduct and assume the absolute financial obligation for my/our child to participate in this youth program.
2. The child named above has read, understand and agrees to abide by the player code of conduct.
3. The parent/guardian of the above-named child, do hereby give my/our approval for participation in San Joaquin Jr. Rams Youth Football and Cheer activities for the current season. I/We assume all risks and hazards to this participation for any claims arising out of injury to the above-named child, including, but not limited to; transportation to and from such activities. I/We hereby waive, release, absolve, indemnify and hold harmless, SJJR, DYFL, Saint Mary's High School, the league, local team, organizers, managers, coaches, supervisors, participants, person providing transportation and any organization this youth program may be affiliated with.
4. **In executing the foregoing release, I/we acknowledge that I/we understand that our personal medical/dental insurance will be the sole carrier, and that SJJR does NOT offer secondary insurance. I/We attest that I/we have read and understand the terms of the contract and any disclosure information required.**
5. I/We understand that if a player/cheerleader has not had their physical examination they will not be allowed to participate in any SJJR activities. I/We hereby grant authority to a qualified physician, trainer or healthcare professional to administer such medical treatment, as said qualified personnel deems necessary under emergency circumstances.
6. I/We give permission to SJJR to use individual and team pictures on the league's website, Facebook and other official uses, as published by SJJR. If you DO NOT give permission to SJJR to use individual and team SJJR pictures on the league's website, Facebook and other official uses, as published by SJJR, please cross out the above permission statement.
7. I/We understand the refund policy. **No refunds after conditioning week.** Full refund for football (minus \$50 fee) if quit before first practice or cut from program. Cheer (minus \$150) if quit before uniforms are ordered. NO Refunds for Cheer after uniforms have been ordered.

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____

ADMINISTRATIVE USE ONLY

Football Fees \$275: _____

Sibling Discount / <\$25s>: _____
 (Sibling is brother/sister only)

Partial Payment: _____
 (Football Returners Only, Cheer Min \$150)

New Cheerleader Fees \$425: _____
 \$150 Minimum payment, NON refundable

Returning Cheerleader Fees \$425: _____
 Total fee pending previous year uniform

Final balance Due July 1st: _____

Returning Player New Player **Payment Method** Cash Check # _____ Credit Card **Paid In Full** ____/____/____

San Joaquin Jr. Rams

MEDICAL INFORMATION & CODE OF ETHICS

Participants Name:	Football or Cheer (circle one): <div style="text-align: center; font-weight: bold; margin-top: 5px;">FOOTBALL CHEER</div>
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IN CASE OF EMERGENCY AND UNABLE TO CONTACT PARENT, PLEASE NOTIFY:
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Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

In the event of accident or other emergency, when parent or guardian is unavailable, (I) (We) the undersigned parents of player/cheerleader above, a minor, do hereby authorize a representative of SJJR, DYFL, Saint Mary's High School, the league, local team, organizers, managers, coaches, supervisors as agent(s) for the undersigned to consent to any X-Ray, examination, anesthetic, medical or surgical diagnosis or treatment and/or hospital care which is deemed advisable by, and is to be rendered under the general supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of an accredited hospital, whether such diagnosis of treatment is rendered at the office of said physician or at said hospital. For the purpose of such treatment, I also waive any privacy rights under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) with respect to my child/ward. I hereby release, agree to indemnify and save harmless SJJR, SYF, Saint Mary's High School, the league, local team, organizers, managers, coaches, supervisors and any and all of its agents, staff or employees from any and all liability for any and all costs incurred related to the provision of the services described above.

I acknowledge that I am responsible for the payment of any and all costs related to diagnosis or treatment given. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment and/or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. I understand that no medical insurance is provided. This authorization is given pursuant to provisions of the Civil Code of California.

1. In the event of an emergency, if a parent or guardian cannot be reached, I/we hereby give permission for (SJJR) San Joaquin Jr. Rams Youth Football & Cheer authorities to render first aid and, when deemed necessary, secure medical care and/or transportation at my expense.
2. As legal custodian of the above-named child, I/we authorize SJJR, into whose care the aforementioned minor has been entrusted, to consent to any examination, X-ray, anesthetic, medical diagnosis, treatment or hospital care to be rendered to said minor upon the advice of a licensed health care provider.
3. I/We understand that this authorization is given in advance of any required diagnosis, treatment or hospital care and provides authority and power to SJJR agents to give specific consent of any and all such diagnosis, treatment or hospital care which a licensed health care provider may deem necessary.
4. This authorization shall remain in effect for the entire SJJR season, including practice and playoffs, unless revoked in writing and delivered to SJJR. I/We understand that SJJR, the league, local team, organizers, managers, coaches and supervisors assume no liability of any nature in relation to the treatment and or transportation rendered.
5. I/We understand that all information provided is confidential and will be used as a permanent guide for emergency care for my/our child and it is my/our responsibility to notify SJJR in writing of any changes.

Parent/Guardian Signature:	DATE:
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Allergies:	Medication taken regularly:
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HEALTH HISTORY
<input type="checkbox"/> seizures <input type="checkbox"/> fainting <input type="checkbox"/> diabetes <input type="checkbox"/> heart condition <input type="checkbox"/> asthma <input type="checkbox"/> bee sting allergies <input type="checkbox"/> bleeding conditions <input type="checkbox"/> hernias <input type="checkbox"/> vision <input type="checkbox"/> hearing <input type="checkbox"/> joint problems <input type="checkbox"/> broken bones <input type="checkbox"/> surgeries <input type="checkbox"/> hospitalization <input type="checkbox"/> other_____
EXPANATION OF CHECKED ITEMS: _

Medical Doctor:	Phone #:
Address:	
HEALTH INSURANCE CARRIER:	Insurance Policy #: