

# WOODCREEK

JR. TIMBERWOLVES



**FOOTBALL & CHEER**

2010 REGISTRATION PACKET



# **WOODCREEK FOOTBALL & CHEER**

## **2010 REGISTRATION FORM**

**Football:** Age \_\_\_\_\_ Weight \_\_\_\_\_ Team \_\_\_\_\_ **Cheer:** Age \_\_\_\_\_ Squad \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ MI: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age as of 8/01/10: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent Name/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing address. (If different) \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

### **Emergency contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Other than parent)

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Are you a returning WJT player or cheerleader? **Yes** **No**

Have you been in any other programs? **Yes** **No**

If yes, where \_\_\_\_\_ when \_\_\_\_\_

(Please circle one shirt and shorts for **participant** only)

T-shirt size youth **S M L XL** Adult **S M L XL**

Shorts size youth **S M L XL** Adult **S M L XL**

I, as a parent or legal guardian, understand and agree that my child's participation is contingent upon **my own** participation of a minimum of **12** hours of qualifying volunteer time per child. Volunteer time must be completed throughout the season, in order to maintain the quality of our program. INITIALS \_\_\_\_\_

I consent for my Child to participate in the Woodcreek Jr. Timberwolves program for the 2010 season. I agree to assume all risks and hazards associated with my Child's participation (Both during games and any and all associated activities). Thank you allowing your child to participate in our programs.

INITIALS \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



# Code of Ethics

I hereby pledge to provide support, care and encouragement for my child participating in youth sports by following this Parents Code of Ethics: \_\_\_\_.

I will encourage good sportsmanship by demonstrating positive support for all players, cheerleaders, coaches and officials at every game, practice and other youth sports events. \_\_\_\_

I will place the emotional and physical well being of my child ahead of my personal desire to win. \_\_\_\_

I will insist that my child plays in a safe and healthy environment. \_\_\_\_

I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coaches uphold the Coaches Code of ethics. \_\_\_\_

I will support coaches and the officials working with my child, in order to encourage a positive and enjoyable experience for all. \_\_\_\_

I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use prior to or at all WJT youth sports practices and events. \_\_\_\_

I will remember that the game is for youths – not adults. \_\_\_\_

I will do my very best to make youth sports fun for my child. \_\_\_\_

I will ask my child to treat other players, cheerleaders, coaches, officials and fans with respect regardless of race, sex, creed or ability. \_\_\_\_

I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, providing transportation to and from practices and games, keeping equipment clean and volunteering 10 hours per child.

\_\_\_\_\_  
Player/Cheerleader Name

\_\_\_\_\_  
Squad

\_\_\_\_\_  
Parent(s)/Guardian's Signature

\_\_\_\_\_  
Date

**\* Registering parent please initial each line.**



# 2010 Registration Information

As a parent of a WJT participant

The following is some information you will need to know before you register:

- Football Players: Spirit Packs are included in your registration fees. However, registration MUST be paid in full by June 5<sup>th</sup> in order to receive your personalized practice jersey. After June 5<sup>th</sup> Spirit packs must be purchased from WJT Boosters.
- There is a \$25.00 non-refundable processing fee on all cancelled registrations.
- Cheerleaders: Will pay for all uniform costs prior to the season beginning.
- Min. 12 hours of volunteer time per child. \*\$100.00 deposit-to be refunded when hrs are completed.
- ONE MANDATORY WJT approved fundraiser. All others are optional.
- During the season there will be 3-4 practices a week, with games on Saturdays or Sundays. Players and cheerleaders will be expected to arrive to practice on time and there will be consequences for being late or missing practices.

## Information for Football and Cheer Parents:

As you know, this is an organization that is run strictly by volunteers. Without your help, we would not be able to run this league. This year, we will again be asking parents to donate a minimum of 12 hours of volunteer time per player. This is far less than our coaches or instructors donate to your children in this league. Most of our volunteer time will be at home games, which takes over 40 parents per day to operate. Please be prepared to volunteer once the season begins. \_\_\_\_\_

SYFC has strict guidelines regarding each child's playing time on the football field. Please be aware that the SYFC requires between 8-14 plays per child, per game, the exact number of plays required depends on the number of players on their squad. Any additional playing time after that is at your child's coach's discretion. All concerns regarding your child's football/cheer experience should be directed to your child's Head Coach prior to coming to the Board of Directors for resolution. \_\_\_\_\_

**The WJT LOGO** or any other emblems used on WJT merchandise is the sole property of WJT. Any use, duplication, copying, photogenic or otherwise, without the express written consent of the WJT board of Directors is subject to discipline, up to and including expulsion from the league. \_\_\_\_\_

As part of our registration process, we are asking all parents to acknowledge this form and provide the necessary information for the practice jersey.

**\* Registering parent please initial above.**

\_\_\_\_\_  
**PARENT SIGNATURE:** \_\_\_\_\_ **Child's Name:** \_\_\_\_\_

By signing I understand and agree with what is expected from WJT parents as listed above.

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**\* Registering parent please initial above.**

Practice jersey information: Team: MM JRP PW JRM MID

Player's Name (last name only): \_\_\_\_\_

Size: YM \_\_\_\_\_ YL \_\_\_\_\_ YXL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_

**Jerseys will only be ordered for players whose registration fees are paid in FULL by June 5, 2010**



**ASSUMPTION AND ACKNOWLEDGEMENT OF RISKS  
AND  
RELEASE OF LIABILITY AGREEMENT**

In consideration of being allowed to participate in any way for the Sierra Youth Football & Cheerleading Association and its Member Associations, its related events and activities, the undersigned, acknowledges appreciated and agrees that:

- 1) The risk of injury from the activities involved in this 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 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, INDEMNIFY, AND HOLD HARMLESS the Sierra Youth Football and Cheerleading Association and its Member Associations, its officers, officials, agent and/or employees, other participants sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to Person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

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

X \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**  
**(UNDER AGE 18 AT 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 provide above of all the 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 \_\_\_\_\_ EMERGENCY PHONE #(s) \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

**Minor Waiver/Release**  
**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS**  
**READ BEFORE SIGNING**

IN CONSIDERATION OF \_\_\_\_\_ my child/ward, being allowed to participate in any way with the Woodcreek Junior Timberwolves that is a member of the 2010 season with the Sierra Youth Football and Cheer league related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, 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 child/ward's participation; and,

3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,

4. I for myself, the legal guardian of the said child, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS [YOUR ORGANIZATION NAME HERE], and any member organization of the Sierra Youth Football and Cheer league that is a member of this said year, its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

5. I, the legal guardian of the said child, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
(Parent/Guardian Signature)

Date Signed: \_\_\_\_\_

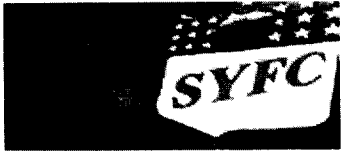
**UNDERSTANDING OF RISK**

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
(Parent/Guardian Signature)

Date Signed: \_\_\_\_\_



# Sierra Youth Football & Cheer (SYFC) 2010 PLAYER/PARENT CONTRACT

TO BE COMPLETED, SIGNED AND SUBMITTED TO THE  
LOCAL ASSOCIATION (LA) BY THE FIRST DAY OF PRACTICE.

## FINANCIAL RESPONSIBILITY AND PARENTAL/PARTICIPANT CONSENT

1. \_\_\_\_ (Parent Initials) **Sierra Youth Football & Cheer (SYFC)** is a group of member associations that has agreed to play together only.
2. \_\_\_\_ (Parent Initials) Membership within your **Local Association (LA)** starts when you signed up and are paid in full. Membership expires on **November 30, 2010**.
3. \_\_\_\_ (Parent Initials) I/We have read, understand and agree, as parent/guardian of the below 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.
4. The child named below has read, understands and agrees to abide by the player code of conduct.
5. \_\_\_\_ (Parent Initials) The parent/guardian of the below named child, do hereby give my/our approval for participation in **Local Association (LA)/Sierra Youth Football & Cheer (SYFC)** 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 agree to hold harmless, **LA/SYFC**, the league, local team, organizers, managers, coaches, supervisors, participants, person providing transportation and any organization this youth football program may be affiliated with.
6. \_\_\_\_ (Parent Initials) In executing the foregoing release. I/We acknowledge that I/We understand that our personal medical/dental insurance will remain the primary carrier, and that insurance offered through this program is secondary in nature and is subject to an annual deductible by the carrier. It is understood that any claim for injury arising out of my/our child's participation must be reported to the designated association official within 30 days of the date of injury. It is also understood that the proof of loss must be completed in full and filed within 60 days of receipt by **LA/SYFC**. All monies I/We have paid to the team do not constitute payment of insurance coverage. I/We do indemnify **LA/SYFC**, the association and the insurance carrier should there be statement(s) by anyone that is in contradiction. I/We attest I/We has read and understand the terms of this contract and any disclosure information required.
7. \_\_\_\_ (Parent Initials) I/WE understand that if player/cheerleader has not had their physical examination they will not be allowed to participant in any **LA/SYFC** activities. I/We hereby grant authority to a qualified physician to administer such medical treatment, as said physician deems necessary under emergency circumstances.
8. **LA/SYFC players and cheerleaders can participate in other organized sports as long as it does not interfere with any of the LA /SYFC practices and games. Attendance is necessary to continue involvement. School sports are encouraged along with any type of program that would help your child excel in the sport of Football and Cheerleading.**
9. \_\_\_\_ (Parent Initials) I understand that all football/cheer equipment given to my child will be turned when the association requests or has a equipment turn-in. If there are any questions please contact your local association.
10. \_\_\_\_ (Parent Initials) I/We have read and understand fully the provisions of this consent/release authorization, and I/We have voluntarily signed it.

## PARTICIPANT INFORMATION (PRINT OR TYPE)

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age As of 8/1/10 \_\_\_\_\_

Child's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE)

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Father's E-Mail: \_\_\_\_\_ Mother's E-Mail: \_\_\_\_\_

School Attending This Fall: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact: (OTHER THAN PARENT)	Name	Relationship	Phone
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Allergies: \_\_\_\_\_

Which high school do you plan on attending? \_\_\_\_\_

Medical Insurance Coverage: \_\_\_\_\_ Policy No. \_\_\_\_\_

Have you ever played for another association:  Yes  No When: \_\_\_\_\_ Who: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Player/Cheerleader Signature

\_\_\_\_\_  
Date Signed



# Sierra Youth Football & Cheer (SYFC) 2010 Medical Clearance Form

ALL PHYSICAL MUST BE DONE APRIL 15, 2010 OR LATER.  
TO BE COMPLETED, SIGNED AND SUBMITTED TO THE  
LOCAL ASSOCIATION BY THE FIRST DAY OF PRACTICE.  
THE MEDICAL CLEARANCE MUST BE SIGNED BY YOUR  
DOCTOR AND HAVE HIS STAMP ON THIS FORM TO BE ACCEPTED.

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## MEDICAL CLEARANCE EXAMINATION

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

This examination does not constitute a complete medical examination, it does, on this date, based upon my observations, meet the requirements for the above named child to participate in the following:

Tackle Football  Yes  No

Cheerleader  Yes  No

Any known allergies or limitations: \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_