

GOLD COAST YOUTH FOOTBALL LEAGUE

PLAYER CONTRACT SEASON: 2020

CHAPTER: _____

PLEASE READ CAREFULLY – OTHER THAN SIGNATURE/PLEASE PRINT ALL INFORMATION

Section I. No Participant will be permitted to take part in any league activity prior to all information on this form being completed.

"I will faithfully keep and abide by the following rules and carry them out to the best of my ability."

1. I agree that I will maintain at least a "C" average through out the school year.
2. I will play ANY position assigned to me and will always do the best for my team.
3. When my team is not playing, I will stay off the playing field completely and will not interfere with those playing.
4. I solemnly pledge that I will not in any way damage or deface any property, building, or equipment.
5. I agree to abide by all decisions of game officials and will not create any un-sportsmanship like gestures at any time.
6. I agree that I will refrain from using any foul language.
7. I agree that I will remain a member of the team until properly released.
8. I agree to return, upon request the uniform and all equipment issued to me, in good condition as received except for normal wear.

Place Photo Here

Inside the Boundaries

Photo will be taken by the
Chapter

GCYFL CERTIFICATION
ONLY

Paperwork: _____

Weight: _____

Player's Full Name – Last, First, Middle Initial		Date
Street Address		Email Address
City, Zip		Home Phone Number
Emergency Contact		Emergency Phone #
Player's Grade '20/'21 School Year	Age (7/31/20)	Player's Date of Birth

Only Football Players need to complete status, weight and division information

New Player? Yes

☐

No

☐

Weight
(at sign ups)

Last Season's
Division

This years assigned division based on
Registration Information

(Circle One)

MM

Bant

Fresh

Soph

JR

Senior

Section II. Risk Warning – Informed Consent.

GCYFL is concerned about the health and welfare of all participants. Although there are low rates of incidents and accidents for youth participating in athletic activities, we feel that you should be aware that the safety equipment and protective gear, "Cannot guarantee it will prevent all injuries". For the protection of your child pre-participation examinations are required before any participating may begin. Joining an athletic team is a privilege, not a right.

I have been advised of the risk of sports, I realize that my child may be at an extra risk due to the following medical conditions:

List any Condition(s): _____

I Have Read and Understand the Above: Parent/Guardian Signature

Date

Section III. Parental Consent & Medical Treatment Authorization.

I/We the parents/guardians of the above named participant, hereby give my/our approval for participation in any and all GCYFL & Local Chapter activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from such activities; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the local team, chapter, league, and other organizations this football program is affiliated with, the organizers, sponsors, supervisors, coaches, and other participants, and persons transporting my/our child to and from such activities or games for any claim out of injury to my/our child.

The League has "Secondary Excess Accident Medical Group Insurance Coverage" only, over any valid collectable coverage provided by the parent's separate personal or employee's dependent group insurance.

In executing the forgoing release, I/We the undersigned acknowledge and represent that (A) I/We understand that any claim for injury must be reported to the players coach and/or an authorized organization/GCYFL official within 30 days of the injury. (B) I/We understand that any monies I/We paid to the team/Chapter our child is affiliated with, does not constitute a premium payment for insurance coverage.

Name of our Personal or Group Insurance Carrier is:

Group #

Plan #

I/We hereby grant authority to a qualified Doctor of Medical or Physician such medical treatment, as said Doctor or Physician deems necessary under the circumstances.

Parent/Guardian Signature

Print Name

Relationship

Date

Chapter
USE Only

Fees: Paid

(Circle One)

Cash

Check #

Amount

\$

Balance Due:

\$

Credit Card



OXNARD KNIGHTS YOUTH FOOTBALL & CHEER

2020 TERMS AND CONDITIONS

REGISTRATION

- Early registration fee is \$300 (Feb & Mar)
 - Early registration must be paid in full by 3/31/20 to receive discounted price.
- Regular registration fee is \$350 (April & May)
- Late registration fee is \$400 Returners (After June 1st)

All outstanding registration must be paid in full by 5/31/20. I understand my child will not receive any uniforms or equipment until balance is paid in full. **NO REFUNDS AFTER 5/31/20.**

Parent/Guardian Initials: _____

AGE AND WEIGHT REQUIREMENTS

2020 Weights and Age chart



Gold Coast Youth Football League 2020 Season

Age & Weight Chart
Age as of 7-31-20



Mighty Mite	Bantam	Freshman	Sophomore	Junior	Senior
Age 6 Max wt: unlimited	Age 8 max wt: 115 lbs* X-Player Max: Unlimited	Age 9 max wt: 120 lbs* X-Player Max: Unlimited	Age 10 max wt: 130 lbs* X-Player Max: Unlimited	Age 11 max wt: 140 lbs* X-Player Max: Unlimited	Age 12 max wt: 180 lbs*
Age 7 Max wt: unlimited	Age 9 max wt: 90 lbs* X-Player max: 120 lbs	Age 10 max wt: 100 lbs* X-Player max: 130 lbs	Age 11 max wt: 110 lbs* X-Player max: 140 lbs	Age 12 max wt: 120 lbs* X-Player max: 160 lbs	Age 13 max wt: 170 lbs*
Age 8 Max wt: 70 lbs * X- Player max: 90 lbs	Age 10 max wt: 70 lbs X	Age 11 max wt: 80 lbs X	Age 12 max wt: 85 lbs X	Age 13 max wt: 100 lbs X	Age 14 max wt: 160 lbs* Age 12, 13, 14 X-Player max: No Limit

* X-Player Rules apply beyond posted weight limits

There is a 10 lb weight gain allowed for Play-Offs

X only 5 lbs Weight gain for playoffs

**Exception for player only if Chapter does not have a team for an age group

* "X" Players are limited to playing offensive/defensive line.

* Each player is required to submit a physical form.

* Rules subject to change in accordance with GCYFL by-laws

Parent/Guardian Initials: _____

IMPORTANT DATES

- Practice Begins: TBD
 - The first two weeks of practice are **MANDATORY**. Failure to complete the minimum 20 hours of conditioning may result in your player being dropped from the program.
- Certification Date (Weigh Ins): TBD
 - **ALL PLAYERS** must attend to be certified to play by the GCYFL
- Jamboree: TBD
- First Game: TBD

Parent/Guardian Initials: _____

EQUIPMENT

All equipment is property of Oxnard Knights Youth Football

I understand the football helmet, shoulder pads must be returned at the end of the season. Modification of equipment is **absolutely prohibited**. There will be no charge if equipment is returned CLEAN and in the manner in which it was issued (subject to normal wear and tear).

A charge of up to \$350.00 will be assessed for any lost, stolen, abused or modified equipment at the time of return.

Parent/Guardian Initials: _____

USE OF LOGO

I understand the Oxnard Knights Youth Football and Cheer name and logo are for official use only. Unauthorized use of logo and/or name is prohibited to make merchandise for individual and/or team purposes without prior written consent from the executive board.

Parent/Guardian Initials: _____

PLAY/NO PLAY GUIDELINES

Our league bylaws state that each suited player experience a minimum of 12 plays per game. All players who attend all practices and/or meetings will play no less than the minimum 12 plays in the game. Any player who has one excused absence from practice will be able play no less than the minimum 12 plays; unless the coach feels the player is not mentally or physically prepared for the game. Any player who has two or more absences from practice might not play in the game. Any player who has an unexcused absence from practice will not play in the game at the coach's discretion.

Parent/Guardian Initials: _____

PARENT PARTICIPATION

This is a non-profit organization staffed by **volunteers**. Parents/Guardians of participating athletes are **REQUIRED** to perform team support functions. **If a parent/guardian cannot participate, please do not register the athlete.** Failure to participate may result in your athlete from continuing any further participation with Oxnard Knights Youth Football. Each athlete's parent/guardian will be required to volunteer two hours in the snack bar. There is one mandatory raffle ticket fundraiser and money is to be turned in no later than the first day of practice. Drawing will be held at family BBQ.

Parent/Guardian Initials: _____

PARENT RESPONSIBILITY

- Parents/Guardians agree to get players to practices and games on time.
- Parents/Guardians agree to pick up players on time.
- Parents/Guardians will not interfere with the player's coaches.
- Parents/Guardians must be willing to relinquish the responsibility of their children to the coaches for practices and games.
- Parents/Guardians will never communicate about a negative issue to a coach when in front of any player or parent, and will not make derogatory comments to players, coaches, parents, officials or league administrators.

Parent/Guardian Initials: _____

ZERO TOLERANCE POLICY

Oxnard Knights Youth Football will not tolerate verbal or physical abuse of players, coaches, parents, officials or league administrators; fighting, intent to injure another player, destruction of property, or any other unethical misconduct.

Oxnard Knights Youth Football Board has the authority to review and execute suspensions of parents/guardians/athletes from practices and/or games according to the severity of the incident.

Oxnard Knights Youth Football Board also has the right to remove any parent/guardian/athlete from the league without refund if the Board feels that they are a detriment to our fun and safe environment.

Failure to abide by this policy may result in you and your child being banned from further participation with Oxnard Knights Youth Football.

Parent/Guardian Initials: _____

I have read and understand the above Terms and Conditions and agree to accept them.

Parent/Guardian Signature

Date

CONTACT INFORMATION

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

GCYFL CODE OF CONDUCT- PARENTS, PLAYERS & COACHES

CODE OF CONDUCT

The Oxnard Knights are a youth-serving, community-based organization dedicated to promoting sportsmanship and the value of individual and team play. Participation in the organization's program is subject to the observance of the organization's rules and procedures. The activities outlined below are strictly prohibited. Any participant, coach or board member who violates this code is subject to discipline, up to and including removal from the program.

- Abusive language towards a board member, coach, volunteer or another participant.
- Discourtesy or rudeness towards a board member, coach, volunteer or another participant.
- Verbal, physical or visual harassment towards a board member, coach, volunteer or another participant.
- Actual or threatened violence toward a board member, coach, volunteer or another participant
- Possession or use of alcoholic beverages or illegal drugs on Oxnard Union High School District's property or reporting to the program while under the influence of drugs or alcohol.
- Dangerous or unauthorized materials such as explosives, firearms, weapons or other similar items shall not be brought onto the Oxnard Union High School District's property
- Conduct endangering the life, safety, health or well-being of others.
- Failure to follow rules and guidelines in accordance with any agencies policies and/or procedures.

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- Failure to abide by this policy may result in you and your child being banned from further participation with Oxnard Knights Youth Football.

I have read and understand the above Code of Conduct and Zero Tolerance Policy and agree to accept them.

_____	_____
Players Name	Date

_____	_____
Father/Guardian Signature	Date

_____	_____
Mother/Guardian Signature	Date



OXNARD KNIGHTS YOUTH FOOTBALL AND CHEER ORGANIZATION

Media Release Form

I understand that during the Youth Football and Cheer related activities, my photograph and/or the photograph of the enrolled child may be taken by the Oxnard Knights Youth Football and Cheer Organization, producers, sponsors, organizer, and/or assignees. I authorize Oxnard Knights Youth Football and Cheer Organization, it's assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that my photograph and/or the photograph of the enrolled child, including video photography, film photography, or other reproduction of my likeness or the likeness of the enrolled child, may be used without charge by the Oxnard Knights Youth Football and Cheer Organization, producers, sponsors, organizers and/or it's assignees for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

INITIAL

_____ I have read, understand and approve the RELEASE FROM LIABILITY and the VIDEO-PHOTO RELEASE.

Player Name: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

GOLD COAST YOUTH FOOTBALL LEAGUE

Player/Cheerleader Physical Form Season: 2020 Chapter: _____
Section II: Physical description & condition at sign-up

Participants Name: _____

Height _____ Ft. _____ In. Weight _____ Lbs.

Hair _____ Eyes _____

Health History

Family Physician _____ Phone # _____

Other Caregiver _____ Phone # _____

Current Medications _____

Current Problems	Yes	No
Asthma		
Kidney Injury		
Head Injury		
Shoulder or Hip Injury		
Heat Stroke		
Diabetes		
Heart Condition		
Other		

Preferred Emergency Room (Hospital) _____

Medical Examination

Height _____ Weight _____ Blood Pressure _____ Temperature _____

Ear _____ Eyes _____ Nose _____ Throat _____

Heart _____ Lungs _____ Skin _____ Teeth _____

Hernia _____ Abdomen _____ Extremities _____ Feet _____

Remarks: Please check appropriate block.

- () While this examination does not constitute a complete medical examination, it does on this date, and based on my observation, meet the requirements for participation in the Youth Football Program.
- () The individual examined by me on this date is considered "not" physically qualified to participate in this Youth Football Program for the following reasons:

DATE: _____

Examined By: _____ Office Phone # _____

Address: _____