

SACRAMENTO PANTHERS YOUTH FOOTBALL & CHEER

2021 REGISTRATION PACKET

This packet must be submitted to the organization prior to the athlete participating. No other forms are acceptable. Every participant must have a fully completed and signed original packet.

*Division of Play: 6U 8U 10U 12U 14U

Football Cheer

Legal Name of Athlete (must match birth certificate):

First: _____ MI: _____ Last: _____

Nickname: _____

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

Birthdate: _____

Gender: ___ Male ___ Female

School: _____ Grade Level: _____ GPA: _____ Age on 7/31/21: _____

Name of Parent/Guardian: _____ Relationship to Athlete: _____

Phone#: _____ Email Address: _____

NO REFUNDS WILL BE ISSUED

Did athlete participate on any AYF Sacramento team last season? If so, which organization? _____

Payment must be paid by July 15, 2021 for uniform and equipment to be distributed.

PAYMENT RECORD

| | 1st Payment | 2 nd Payment |
|-----------------------------|-------------|-------------------------|
| DATE PAID | | |
| AMOUNT PAID | | |
| BUSINESS PRESIDENT INITIALS | | |

Website: sacpanther.com

Revised 6/21/2021

Questions, contact Denisha Williams, Business President @ sacramentopanthers@gmail.com or 916-470-8518

Check off list for Book Certification Coordinator or Business President:

Verification Information

Proof of Age verified – Original Birth Certificate? Yes No

Copy of Birth Certificate w/copy of Health Insurance Card on left bottom? Yes No

School report card or school ID? Yes No

Registration Packet

Registration Form? Yes No

Division of Play: 6U 8U 10U 11U 12U 14U

Participation Contract, Page 2 ? Yes No

Medical Clearance? Yes No

Emergency Medical Treatment and Consent? Yes No

Waiver and Release of Liability? Yes No

Image Release? Yes No

Concussion Annual Statement and Acknowledgement? Yes No

AYF Code of Conduct? Yes No

Anti-Bullying Contract? Yes No Parent Code of Conduct? Yes No

Equipment/Uniform Replacement Agreement? Yes No

Mandatory Parent & Athlete Volunteer Agreement and Volunteer Hours Log? Yes No

Player Card created by Book Certification Coordinator? Yes No

Book Certification Coordinator or Business President's initials once packet is complete for certification: _____

Participation Contract, Tracking and ID Card - Page 2

| | | | | | |
|---|--|--|--|--|--|
| Last Name | First Name | Initial | Preferred (nick) Name | | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 30%;" type="text"/> | <input style="width: 95%;" type="text"/> | | |
| Street Address | City / Town | State | Zip Code | Home Phone | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 30%;" type="text"/> | <input style="width: 30%;" type="text"/> | <input style="width: 95%;" type="text"/> | |
| Date Of Birth (M/D/YR) | Age as of 7/31 | Parent/Guardian First Name | | Parent/Guardian Last Name | |
| <input style="width: 30%;" type="text"/> | <input style="width: 30%;" type="text"/> | <input style="width: 95%;" type="text"/> | | <input style="width: 95%;" type="text"/> | |
| Grade in Fall | School in Fall | School Phone | Home Email Address | | |
| <input style="width: 30%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 30%;" type="text"/> | <input style="width: 95%;" type="text"/> | | |
| Medical Insurance (circle one) | Name Of Insurance Carrier | | Policy # | | |
| <input style="width: 30%;" type="text"/> YES / NO | <input style="width: 95%;" type="text"/> | | <input style="width: 95%;" type="text"/> | | |
| Football: <input type="checkbox"/> | Cheer: <input type="checkbox"/> | <i>--CHECK ONE --</i> | | Registration Fee: \$ <input style="width: 30%;" type="text"/> | Check# Cash: <input style="width: 30%;" type="text"/> |

GRAY AREAS FOR OFFICIAL USE ONLY !!

| | | |
|--------------------------------------|---|--------------------|
| Association: _____ | Division: _____ | Team: _____ |
| Jersey Number Assigned: _____ | Equipment / Uniform Issued <input type="checkbox"/> Returned <input type="checkbox"/> | |

PERMISSION TO PARTICIPATE I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football, cheerleading, dance and/or step may result in SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR DEATH. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries. I, the parent/guardian of the above-named participant, do hereby give my approval for my child/ward to participate, and further assert that I have verified with my child/wards' physician, and in my opinion, my child/ward is physically fit and can participate without limitation in any and all Local, Regional, National, League/Conference, Association and team/squad activities, including transportation to and from the activities by a licensed driver.

SCHOLASTIC FITNESS

I am of the opinion that my son/daughter/ward is scholastically fit and would benefit by participation in this program. I agree to submit a copy of my son/daughter/ward's last completed grade, end of year/last complete report card or a written statement of scholastic fitness from the school administration.

Initial: _____

HELMET WAIVER (for football participants)

We acknowledge, AND WE understand the risks involved in my CHILD/WARD, my playing FOOTBALL, which is a collision sport; the NOCSAE committee has adopted the following warning to be read by, and signed by, both the parent/guardian and participant. **DO NOT USE THIS HELMET TO BUTT, RAM OR SPEAR AN OPPOSING PLAYER, THIS IS IN VIOLATION OF FOOTBALL RULES AND CAN RESULT IN SEVERE HEAD, BRAIN OR NECK INJURY, PARALYSIS OR DEATH AND POSSIBLE INJURY TO YOUR OPPONENT, THERE IS A RISK THAT THESE INJURIES MAY ALSO OCCUR AS A RESULT OF AN ACCIDENTAL CONTACT WITHOUT INTENT TO BUTT, RAM OR SPEAR, NO HELMET CAN PREVENT ALL SUCH INJURIES.** "

Initial: _____

EQUIPMENT UNIFORM RESPONSIBILITY

I assume full responsibility for any and all equipment/uniforms loaned to my child/ward and I agree to promptly return, upon request, the uniform and other equipment in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for and promptly pay the replacement cost of such equipment.

Parent/Guardian Initial: _____ Player Initial: _____

CODE OF CONDUCT

The Ideology Of Youth Sports Including This Program Is To Promote Good Understanding And Fundamental Knowledge Of The Sport. It Is Also Critical That Good Sportsmanship Including The Ability To Always Conduct Oneself In An Appropriate Manner Of Positive Accord Both On And Off The Field. It Is Understood That Any Incident Considered Detrimental To The Pursuit Of This Ideology Will Not Be Tolerated. It Will Be Addressed In Accordance With The Statutes Of The Association, Conference, Current National Affiliation, State and Local Laws, And May Result In Dismissal From The Program And The Inability To Participate In Any Future Related Activities Of The Association. This Code Of Conduct Applies To All Involved With The Program Including But Not Limited To, The Football Players, Cheerleaders, Spirit Participants, Parents And Guardians.

Initial: _____

PRINT Parents/Guardian Name: _____

Parents/Guardian Signature: _____

Date Signed: _____

NOTE: This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years.

Emergency Medical Treatment, Consent and Information

The following information will be used in the event that a parent / legal guardian is not available. The purpose of this information is to provide a quick reference for medical personnel should the need arise. Please fill out this form completely. If a particular question is not applicable write "none", n/a, or other appropriate comment otherwise none will be assumed. If additional space is needed, please use the back of this form or attach additional pages as needed. All information disclosed here will be treated as confidential. It will be the responsibility of the parent/legal guardian to notify the participant's coach and league/event officials if any information needs to be added, deleted, changed, or updated in any way.

| ATHLETE INFORMATION | | | | |
|--|-----------------------|----------------------|--------|----------------------|
| Athlete's Name: | | Nick Name: | | Phone: () |
| Address: | | City: | | State: Zip: |
| PARENT OR GUARDIAN INFORMATION | | | | |
| Father's Name: | | | | |
| Address: | | City: | | State: Zip: |
| Hm Phone: () | Daytime Phone: () | | Email: | |
| Employer: | | | | |
| | | | | |
| Mother's Name: | | | | |
| Address: | | City: | | State: Zip: |
| Hm Phone: () | Daytime Phone: () | | Email: | |
| Employer: | | | | |
| | | | | |
| Guardian's Name: | | | | |
| Address: | | City: | | State: Zip: |
| Hm Phone: () | Daytime Phone: () | | Email: | |
| Employer: | | | | |
| FAMILY MEDICAL INSURANCE | | | | |
| Carrier: | | Group: | | |
| Policy #: | | Group #: | | |
| Policy Holder Name: | | | | |
| Family Physician's Name: | | | | |
| Dr's Address: | | City: | | State: Zip: |
| Phone: () | Fax: () | | Email: | |
| EMERGENCY MEDICAL INFORMATION | | | | |
| Preferred Hospital(s): | | | | |
| EMERGENCY CONTACT: | | Phone: () | | Relationship: |
| Please list any medical conditions (allergies, asthma, etc.) And medications being taken by the participant named above. Please list any other information you may deem relevant, and helpful to emergency medical personnel: (please note if no information is given and the words "none" or "n/a" is not filled in then, "none" will be assumed. | | | | |
| Allergies: | | | | |
| Medical Conditions: | | | | |
| Other: | | | | |

*I as evidenced below hereby grant permission for my child/ward to participate in any and all, Sacramento Panthers (Association name) and, American Youth Football, Inc. program(s) event(s), including but not limited to, athletic, social and/or fundraising activities. I further consent to the administration of any and all medical treatment necessary to stabilize and or treat any medical condition or medical emergency to which my child/ward is afflicted. I understand that this authorization is given prior to the need for medical care, but given in advance to avoid any unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of their best judgment.

***Print Parent/Legal Guardian Name**

***Signature Parent/Legal Guardian**

***Date**

The original Emergency Medical Treatment, Consent and Information form should travel with the coach and a copy should be kept at the administrative office of the sports organization. Due to privacy concerns, completed forms should be stored in a secure location with access restricted to those on a need to know basis for the purpose of medical care.



AMERICAN YOUTH FOOTBALL

Waiver and Release of Liability - Minor



ASSOCIATION NAME - Sacramento Panthers

READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to participate in the American Youth Football American Youth Cheer Regional/National Championships, and or the football and or cheer programs of Sacramento Panthers, the Local Organization, which is a legally distinct and organization not operated or controlled by American Youth Football, despite its membership with American Youth Football, Inc. the undersigned acknowledges and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, 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's participation; and,
2. 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's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS American Youth Football, Inc.; 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, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, 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 involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

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 of Parent/Guardian: _____

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 of Participant: _____

Participant's Signature: _____ Date Signed: _____

NOTE: This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms.



AMERICAN YOUTH FOOTBALL



Image Release – MINOR

ASSOCIATION NAME - SACRAMENTOPANTHERS

READ BEFORE SIGNING

In consideration of (insert child's name) _____, my minor child/ward being allowed to participate in any way, in the American Youth Football, Inc. ("AYF") (dba American Youth Football and American Youth Cheer,) national championships and any other official AYF events and activities, the undersigned agrees that American Youth Football Inc., is hereby granted the unrestricted right and permission, free from approval or review, to copyright and/or use my child's/ward's likeness in all media now or hereafter known, including but not limited to, pictures and videos of my child which he/she may be included intact or in part for promotion or other commercial use.

Print Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date Signed: _____



**Mild Traumatic Brain Injury (MTBI) / Concussion
Annual Statement and Acknowledgement Form**

I, _____(athlete), have chosen to participate in a sport where injuries may occur and I do understand that it is my responsibility to report all of my injuries and illnesses or suspected injuries and illnesses to the organization's staff, including but not limited to: coaches, team physicians, and athletic training staff. I further understand and recognize that my health and safety is the most important thing and without disclosing all injuries and or illnesses, it can not be properly determined if you are in the physical condition necessary to participate. I understand that I must provide a full and accurate medical history including any symptoms, health complaints and any prior injuries and/or disabilities I have experienced before, during or after athletic activities.

By signing below, I acknowledge:

- My organization has provided me with specific educational materials including the CDC Concussion fact sheet (<http://www.cdc.gov/concussion>) on what a concussion is and has given me an opportunity to ask questions.
- I ACKNOWLEDGE THAT I HAVE READ THE FACT SHEET on the CDC website for Parents and Players.
- I have fully disclosed to the staff any prior medical conditions and will also disclose any future conditions.
- There is a possibility that participation in my sport may result in a head injury and/or concussion. In rare cases, these concussions can cause permanent brain damage, and even death.
- A concussion is a brain injury, which I am responsible for reporting to the team physician, athletic trainer, coach, parent volunteer, or official.
- A concussion can affect my ability to perform everyday activities, and affect my reaction time, balance, sleep, and classroom performance.
- Some of the symptoms of concussion may be noticed right away while other symptoms can show up hours or days after the injury.
- If I suspect a teammate has a concussion, I am responsible for reporting the injury to the staff.
- I will not return to play in a game or practice if I have received a blow to the head or body that results in concussion related symptoms.
- I will not return to play in a game or practice until my symptoms have resolved AND I have written clearance to do so by a qualified health care professional.
- Following concussion, the brain needs time to heal and you are much more likely to have a repeat concussion or further damage if you return to play before your symptoms resolve.

Based on the incidence of concussion as published by the CDC football and cheer, among other sports, have been identified as high risk for concussion.

I represent and certify that I and my parent/guardian have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and agree to be bound by this document.

Student Athlete:

Print Name: _____ Signature: _____

Date: _____

Parent or legal guardian must print and sign name below and indicate date signed.

Print Name: _____ Signature: _____

Date: _____

(2021) - AYF Code of Conduct Form

SACRAMENTO PANTHERS will not tolerate verbal abuse of its volunteer coaches from any Fan, Parent or Spectator.

This is American Youth Football, not the pros. Fans, as well as the players and coaches, are expected to abide by a code of conduct at all American Youth Football Events. While 99% of the adults in the program will abide by this code without being told, this code is being published to protect the children and volunteers (which includes all coaches and board members) from the 1%.

FANS' CODE OF CONDUCT

Fans will abide by a Code of Conduct which includes the provisions which follow. If any of these rules are broken, **SACRAMENTO PANTHERS** shall have the authority to impose a penalty.

Fans shall:

1. Not criticize the players/cheerleaders or coaches in front of the other spectators in the stands, but reserve constructive criticism for later, in private.
2. Accept decisions of the game officials (including referees and coaches) on the field as being fair and called to the best ability of said officials.
3. Not criticize an opposing team, its players, coaches, or fans by work of mouth or by gesture.
4. Refrain from using physical or verbal abuse or profane language at any time at the game, practice field, or other AYF functions.
5. Abstain from being under the influence of or in possession of and/or drinking alcoholic beverages and the possession or use of any illegal substance on both the game and practice fields.
6. Not be allowed on the sidelines during a game.
7. Not interfere/interrupt the coaching staff before, during or after games or at practice.
8. Not express complaints about coaches in stands or to coaches in front of or around the children (i.e. right after a game or practice).

VIOLATION

Any parent or fan who violates the code of conduct risks the further participation of the child in the program. The procedure is as follows:

1. Any fan who **violates** the code of conduct or becomes a nuisance will be asked to leave by the **organization** and **will** be suspended from all team activities.
2. If the fan fails to leave upon request, the child may be suspended from further participation in team activities by the head coach.
3. The **head coach** along with the **board of directors** will decide if the duration of the suspension is to be longer than one to four weeks or if the child will be dropped from the program. That decision will depend on the attitude of the parents.
4. Any parent or fan who violates the code of conduct risks the future participation of his/her children in the program. Depending on the severity of the incident the **board of directors** may decide to ban future participation in the program for up to three years.

CONDUCT OF ALL PLAYERS - PARENTS

All players are guaranteed plays in each Jamboree, Regular Season or Playoff game. Everything beyond that must be earned in the opinion of the coaching staff whose decisions are final.

Athlete's Code

I will: emphasize the ideals of sportsmanship, ethical conduct and fair play. Show courtesy to my opponents and officials. Recognize athletic contests are serious educational endeavors. Give complete allegiance to my coaches who are the instructional authority for my team. Discourage fans, fellow players and parents from undercutting my coach's authority.

I will not: Use profanity or talk "trash" before, during or after any game. Use drugs, alcohol, or tobacco. Criticize my teammates. Act in any way that may incite spectators.

Parent's Code

I will: Support my child's team/squad and teach the value of commitment to the team/squad - emphasis the ideals of sportsmanship, ethical conduct and fair play. Help my child and American Youth Football make athletic contests a positive educational experiences. Show courtesy to opponents and officials. Direct constructive criticism of my child's athletic program to the athletic director or association officials and work toward a positive result for all concerned.

I will not: Criticize officials, direct abuse or profane language toward them, or otherwise subvert their authority. Undermine, in work or deed, the authority of the coach or administration. Intrude onto the field, stand on the sideline, or yell from the bleachers at or to the coaches, referees or administration.

I have read the **FAN'S CODE OF CONDUCT** and understand what is expected.

Child's Name (PRINT) Team Name Date

Parents Name (PRINT) Parents Signature Date

SACRAMENTO PANTHERS

Anti-Bullying Contract

Bullying is an unwanted, aggressive behavior that involves a real or perceived power imbalance between individuals with the intent to cause harm. In situations involving children, both those who are bullied and who bully others, many suffer serious, lasting problems.

Verbal bullying is saying or writing mean things. Examples include: Teasing, name calling, taunting, and threatening to cause harm.

Social bullying, sometimes referred to as relational bullying, involves hurting someone's reputation or relationships. Examples include: Leaving someone out of the activity on purpose, telling others not to be friends with someone, spreading rumors about someone, embarrassing someone in public, posting embarrassing pictures, videos, rumors sent by email, text or social media sites.

Physical bullying involves hurting a person's body or possessions. Examples include: hitting, kicking, pinching, spitting, tripping, pushing, taking or breaking someone's things, making mean or rude hand gestures.

Athletes, Parents, Coaches and Board members agree to the following:

- I will NOT Bully teammates, parents, coaches, board members, or game officials.
- I will stand up for myself, walk away, or ask a teammate, parent, coach, or board member for help if a teammate, parent, coach or board member bothers me.
- Report bullying to a coach, a parent, or **SACRAMENTO PANTHERS** board member when you see it.
- Work together and treat others with respect so bullying does not happen.
- Report any cyberbullying to your parents, coach, or **SACRAMENTO PANTHERS** board member immediately.

Policy & Consequences:

(Applies to athletes, parents, coaches, and board members)

The (**SACRAMENTO PANTHERS**) board of directors will review all issues and make findings.

- Every attempt will be made to adequately investigate and fairly assess the severity of an alleged bullying incident. All parties involved will be kept informed and required to cooperate fully with **SACRAMENTO PANTHERS** to remedy the situation.
- Disciplinary actions for those individuals found to have violated the Anti-Bullying Contract
 - a. First offense verbal and written warning (athletes, parents, coaches, and board members)
 - b. Second offense game and practice suspension for 1 week
 - c. Third offense Banned from participating in **SACRAMENTO PANTHERS**

Athlete Signature _____ DATE _____

Parent Signature _____ DATE _____

SACRAMENTO PANTHERS YOUTH FOOTBALL EQUIPMENT/UNIFORM REPLACEMENT AGREEMENT

| Equipment | Qty | Replacement Cost |
|-------------------------|-------|------------------|
| Helmet | _____ | \$85.00 |
| Shoulder Pads | _____ | \$75.00 |
| Football Uniform | | |
| Game Pants | _____ | \$50.00 |
| Jersey | _____ | \$50.00 |

I acknowledged that I have received the items listed above. I agree to return all items at the end of the season or be charged replacement costs for each item. Parents/Guardians will be held financially responsible to replace any damaged, lost, or stolen Sacramento Panthers issued equipment/uniform within 2 days in order for the athlete to participate in uniformed game activities and/or events. The cost of each issued item will remain in conjunction with the equipment/uniform issued on the log when items are passed out to athlete.

Division of Play: 6U 8U 10U 12U 14U

Athlete's Name: _____

Date equipment received: _____ Date uniform received: _____

Parent's signature: _____ Team Parent's signature: _____

Date equipment returned: _____ Date uniform returned: _____

Parent's signature: _____ Team Parent's signature: _____

SACRAMENTO PANTHERS YOUTH FOOTBALL & CHEER

Mandatory Parent Volunteer Agreement

Each parent is required to complete 10 hours per athlete. The Panthers believe two of the many important components of what will make us a successful organization are listed below:

- Hard working players
- Families that are willing to help the association by volunteering their time and supporting the program

We are confident and thankful for our families and all the sacrifices they will make to help us put together one of the top Youth Football & Cheer programs.

To achieve this success, we must have shared participation by all parents/guardians of the participants in the program.

All our Board of Directors and Board Members are volunteers that donate a huge amount of our time without any monetary rewards.

Below are examples/suggestions of how time can be utilized volunteering during this season:

On Field Volunteers (**game will be forfeited if volunteers are not signed up for each game**)

- Chain Crew - 2 parents required for away games
- Play Monitors (MPR) - 2 parents required for home and away games

Off Field Duties (Home Games)

- Concession stand
 - Set-up before
 - Break-down after
 - Assist with orders
- Grill
- Clean Up

Other Duties (Fundraisers) etc.

- Candy sales
- Car wash

Please understand this commitment from you is a major part on creating the type of atmosphere and success will we need to continue to build a strong organization.

I agree to work my assigned shift for my child's team/division during the 2021 season for the Sacramento Panthers.

Athlete's Name: _____ Division: _____

Athlete's Signature: _____

Parent/Guardian Signature: _____

Please note that we appreciate all your efforts and commitment to the Sacramento Panthers.
We hope you have an enjoyable experience volunteering with us!!!

Sacramento Panthers Parent Volunteer Hours Log

*All Parents are required to complete 10 hours for the season.
Please record hours earned on this form and remember to have the form signed immediately after you complete your volunteer hours.*

Parent Name: _____

Athlete Name: _____

Division: _____

| Date | Event & Activity | Volunteer Name | Parent or Athlete | Hours | Team Parent Signature |
|--|----------------------|----------------|-----------------------|-------|-----------------------|
| Example: 6/28/21 | Candy Sale/Book Sale | Joe Smith | Parent/Athlete | 2 | <i>Team Parent</i> |
| | | | Parent/Athlete | | |
| | | | Parent/Athlete | | |
| | | | Parent/Athlete | | |
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| | | | Parent/Athlete | | |
| | | | Parent/Athlete | | |
| Must total <u>10</u> <u>Hours</u> | | | PARENT HOURS: | | |
| | | | STUDENT HOURS: | | |
| | | | TOTAL HOURS: | | |

*Either the Team Parent or Business President may sign off on this form.
If unavailable, ensure one of the Board Members notify one of the authorized members to sign off for you.
Thank you!!*



AMERICAN YOUTH FOOTBALL

Medical Clearance Form



ASSOCIATION NAME - Sacramento Panthers

Medical Clearance Form - Must be dated after January 1st of the Current Season

I, as evidenced by my name and signature below, do certify that I am licensed MD and or DO in the state of California and am qualified in determining that:

(Childs Name:) _____ is physically fit and I have found no medical or observable conditions which would contra-indicate his/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities.

I am therefore clearing this individual for athletic participation.

Please Print - or - Use Office Stamp Here:

| | |
|--|---|
| <p>Signature: _____</p> <p>Date: / /</p> <p><i>(Must be dated after January 1st, of the Current Season)</i></p> <p>_____</p> | <p>Print Name Clearly: _____</p> <p>Office Address: _____</p> |
|--|---|

PLEASE NOTE: If this Medical Clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent/Legal Guardian to notify the participants Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain WRITTEN permission from his/her physician (either MD or DO) to resume participation. A "Doctors Resume Participation Medical Clearance Form" is available from the league or you may have the doctor supply his/her own WRITTEN Clearance as long as it is on the doctor's official stationery and includes the following statement: "(Participants Name) is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, cheer, dance, step or athletic activities. I am therefore clearing this individual for athletic participation.

This statement must be supplied by the physician attending to the injury, accident, or illness.

NOTE: This form as with any and all forms used by your Association should be reviewed by your local counsel for compliance with any state or local statutes. This form should be kept on file for a minimum of 7 years, longer in the event of an injury. Please confer with your local attorney for advice as to the appropriate maintenance and storage term for this and all such forms.