

YOUTH TACKLE CONFERENCE OF THE INLAND EMPIRE, INC.  
**dba INLAND EMPIRE JUNIOR ALL AMERICAN CONFERENCE, INC.**  
**2009 PLAYER'S SEASON CONTRACT**  
(PLEASE READ CAREFULLY) Rev. 01/09

**SECTION I** (*Chapter Officials* WILL complete SECTION I AFTER candidate has been assigned a specific Team, League and Division)

IEJAAFC Chapter \_\_\_\_\_ Team Name \_\_\_\_\_

**DIVISION:**  JR. MICRO  MICRO  JR. PEE WEE  PEE WEE  MIDGET  CHEERLEADING  RETURNING  NEW

**SECTION II TO BE COMPLETED BY CANDIDATE PLAYER & PARENTS**

NO CANDIDATE will be permitted to participate in any activity until SECTIONS 11, III, V and VI of this Contract has been completed in full. The CANDIDATE PLAYER agrees that he will faithfully abide by the Rules of the IEJAAFC to the very best of his ability.

Last Name _____	First _____	Middle _____	Birth date _____	Age as of July 31st _____	School & grade _____
Address _____			City _____	Zip _____	
Home phone number _____		Cell number Parent/Guardian _____	Cell number Parent/Guardian _____		

**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 IEJAAFC 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 IEJAAFC. Any noncompliance with rules and regulations shall be cause for disciplinary action to be taken against said candidate, parent/guardian, team or chapter by IEJAAFC.

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

**RELATIONSHIP TO MINOR:** FATHER  MOTHER  LEGAL GUARDIAN  \_\_\_\_\_

**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  Red Roster

**SECTION V MEDICAL EXAMINATION (BY QUALIFIED DOCTOR OF MEDICINE)**  
**(Doctors stamped required in this section with name of Doctor, address & phone for this portion to be VALID)**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pr. \_\_\_\_\_  
 Heart  Ears  Nose  Teeth  Abdomen  Extremities  Hernia

REMARKS: \_\_\_\_\_  
( ) While this examination does not constitute a complete Medical Examination, it does on this date, and based upon my observation, meet the requirement for participation in this youth football program.  
( ) Individual examined by me this date is considered not physically qualified to participate in this youth football program for the following Reasons: \_\_\_\_\_

Examining Dr. \_\_\_\_\_ Office Phone \_\_\_\_\_ Date \_\_\_\_\_

**SECTION IV FOR RESPONSIBLE CHAPTER AND TEAM OFFICIALS ONLY**

In approving the above Candidate's Player Season Contract, we hereby certify that the Birth Certificate submitted does correspond with the name and birth date shown in Sections 11 and III. In addition, we hereby certify that the Parental Consent and Medical Treatment Authorizations, Section III, was completed, and, together with the Medical Examination, Section IV, 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 IEJAAFC 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 Signed _____	Certification Official <small>(Must sign in red pen only)</small> _____	Date Signed <small>(red pen only)</small> _____
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**ABOUT THE CONFERENCE/LEAGUE INSURANCE COVERAGE**

**SECTION VI.**

**PARENTAL CONSENT**

I/We the parents/guardians of the minor named in Section II Candidate for a position on the IEJAAFC Team, hereby give my/our approval to his/her participation in any and all IEJAAFC activities during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from such activities. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the team, the Chapter, and the IEJAAFC including sponsors and other related participants, for any injury to my/our child. IEJAAFC has advertising, modeling and photo copyrights.

**MEDICAL TREATMENT AUTHORIZATION**

The IEJAAFC has Secondary Excess Accident-Medical Group Insurance coverage, with a deductible amount for each injury incurred. The IEJAAFC group insurance is "SECONDARY EXCESS COVERAGE," over any valid collectable coverage provided by the parent's separate personal or employee's dependent group insurance. IEJAAFC secondary group covers one year from date of first treatment, for each injury, with dental coverage, for sound natural teeth, including dental X-rays. Abdominal hernia and pre-existing conditions are excluded. In executing the foregoing release, I/we, the under- signed acknowledge and represent that I/we understand that any claim for injuries which arises out of our child's participation, must be reported to the Team or Chapter Officials "IMMEDIATELY". The insurance claim form must be filled out and delivered to the Conference Insurance Commissioner "WITHIN 30 DAYS" from the date of injury. I/We have read the foregoing release, understand it and signed it voluntarily.

**THE NAME OF OUR OWN AND/OR EMPLOYMENT GROUP INSURANCE COMPANY IS:**

\_\_\_\_\_  
**POLICY NUMBER:** \_\_\_\_\_  
(IF NO INSURANCE, List Father's or Mother's Soc. Security No.)

In the event of injury to MY/OUR Child, I/We hereby grant authority to a qualified Doctor of Medicine to render such medical treatment as said Doctor of Medicine deems necessary under the circumstances. PLEASE LIST ALL ALLERGIES \_\_\_\_\_

**A. IMPORTANT NOTICE (State required "Disclosure" statement; C.I.C. Section 10270.2)**

THIS IS AN EXCESS PLAN – The Medical Expense Benefit of this Plan (Program) is an "EXCESS" type benefit that picks up where other coverage leaves off. If you have any other individual, franchise, blanket or group (except automobile medical payments insurance) coverage which provides benefits of services for, or by reason of, medical or dental care or treatment, then this Plan (Program) will pay ONLY the medical expenses not provided or reimbursable under your other coverage. The premium for this Plan (Program) has been reduced, taking this into account.

If you have any other coverage, you should first submit you claim under that coverage. You should submit a claim under this Plan (Program) only if you have no other coverage or if your other coverage does not fully provide or pay for your medical care or treatment. Failure to submit the claim to your primary carrier can result in delaying payment by IEJAAFC insurance carrier.

B. The Conference/League insurance is "EXCESS" only. This means that the Parents/Guardians OWN INSURANCE MUST BE NOTIFIED OF THE INJURY. If the Parents/Guardians have insurance WITH PRE-PAID MEDICAL PLANS, such as Kaiser, the injured person MUST BE TAKEN TO THE PRE-PAID MEDICAL FACILITIES, for treatment.

C. If insured's Parent's/Guardians HAVE NO OTHER 1<sup>st</sup> OR PRIMARY INSURANCE; the Conference/League group insurance may be used. BUT THERE IS A \$100.00 DEDUCTIBLE FOR EACH INJURY.

D. The Conference/League group insurance PAYS ONLY TO THE HOSPITALS AND DOCTORS unless receipts are submitted showing proof of payment by Parent/Guardian to the Hospital/Medical Treatment center. The following forms are required to process the claim. 1. Insurance Claim Form. 2. Chapter AD report of injury. 3. Copy of Parent/Guardian Insurance card. 4. Hippa Form. 5. Copy of any medical bills. 6. Copy of player's contract.

E. Any and all claims MUST be reported to your Chapter AD. The Chapter AD will then notify IEJAAFC.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date