

# INLAND EMPIRE JUNIOR ALL AMERICAN CONFERENCE, INC.

## 20 \_\_\_\_\_ PLAYER'S SEASON CONTRACT

(PLEASE READ CAREFULLY)

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 PEE WEE  MICRO PEE WEE  JR. PEE WEE  PEE WEE  MIDGET  CHEERLEADER

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

NO CANDIDATE will be PERMITTED to PARTICIPATE in any ACTIVITY until SECTIONS I, II, III, IV and V of this Contract have 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 \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

The name of the school and grade. \_\_\_\_\_

### SECTION III PARENTAL CONSENT

I/We the parents/guardians of the above named Candidate for a position on an IEJAAFC Team, hereby give my/our approval to his 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. The 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 "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: \_\_\_\_\_

(IF NO INSURANCE, List Father'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 \_\_\_\_\_

#### EQUIPMENT RESPONSIBILITY

I/We as parent/guardian of said candidate, do hereby assume full and complete responsibility 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 REGULATIONS

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 \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

### SECTION IV PROOF OF AGE TO BE COMPLETED BY ATHLETIC DIRECTOR

FULL Legal Name: \_\_\_\_\_ Birthdate \_\_\_\_\_  
(No Nicknames) (Month, Day, Year)

### SECTION V MEDICAL EXAMINATION (BY QUALIFIED DOCTOR OF MEDICINE)

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 VI 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 II and IV. In addition, we hereby certify that the Parental Consent and Medical Treatment Authorizations, Section III, was completed, and together with the Medical Examination, Section V, 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 \_\_\_\_\_

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

**Medical Insurance Disclosure IMPORTANT NOTICE (State required “Disclosure” statement; C.I.C. Section 10270.2)**

The Conference provided medical insurance is an excess plan. – The Medical Expense Benefit of the 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 your 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.

1. The Conference/League group 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 or Ross Loos, the injured person **MUST BE TAKEN TO THE PRE-PAID MEDICAL FACILITIES**, for treatment.
2. If insured’s Parents/Guardians **HAVE NO OTHER 1<sup>st</sup> OR PRIMARY INSURANCE**, the Conference/League group insurance may be used. **BUT THERE IS A DEDUCTIBLE FOR EACH INJURY**.
3. The Conference/League group insurance **PAYS ONLY TO THE HOSPITALS AND DOCTORS** by assignment; not to Parents/Guardians. Payment on the Conference/League insurance is made **ONLY AFTER THE INJURED IS RELEASED FROM ALL MEDICAL TREATMENT**.

THE AUTHORIZED TEAM OFFICIAL REPORTS injuries to the Conference/League group insurance administrator.  
PARENTS/GUARDIANS CAN NOT FILL OUT THE TEAM CLAIM REPORT FORM.