

**Check One:**  
 ( ) CHEER  
 ( ) FOOTBALL

**MINOR PARTICIPATION FORM**

**PACIFIC COAST YOUTH  
 FOOTBALL/CHEERLEADING CONFERENCE, INC.**  
 (Revised: 2/09)

**Check off List:**  
 ( ) New ID card w/picture  
 ( ) Copy of School ID or Calif. ID  
 ( ) Copy of Signature Page  
 From Code of Conduct

SEASON: \_\_\_\_\_ ASSOCIATION NAME: \_\_\_\_\_

This form must be filled out completely for non-players/cheerleaders under the age of 18 years old that wish to participate within the Pacific Coast Conference.

**SECTION I: Applicant Information: MUST BE PRINTED CLEARLY!**

Full Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
FIRST LAST MIDDLE

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Parents Name: \_\_\_\_\_ Parents E-Mail Address: \_\_\_\_\_

**SECTION II: Team/Squad Division: (Check one)**

( ) Flag 5, 6 & 7 yr. olds ( ) Mitey Mite 7, 8 & 9 yr. olds ( ) Jr. Pee Wee 8, 9 & 10 yr. olds ( ) Pee Wee 9, 10 & 11 yr. old ( ) Jr. Midget 10, 11 & 12 yr. old ( ) Midget 11, 12, 13 & 14 yr. olds ( ) All American 6<sup>th</sup> & 7<sup>th</sup> grade unlimited wt.

**SECTION III: Team/Squad Position: (Check one)**

Team/Squad Name: \_\_\_\_\_ *Football/Cheer* Head Coaches Name: \_\_\_\_\_

( ) Team Trainer *(Live Scan not required)* ( ) Cheer Trainer *(Live Scan not required)*

**SECTION IV: Medical Information - Please indicate if you have any of the following:**

	Yes	No		Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Head injuries within past year	<input type="checkbox"/>	<input type="checkbox"/>	Palpitations	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Serious Illness	<input type="checkbox"/>	<input type="checkbox"/>	Chest Pains	<input type="checkbox"/>	<input type="checkbox"/>
Glasses/Contact	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding tendencies	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Dental braces or bridges	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Tendency	<input type="checkbox"/>	<input type="checkbox"/>	History of heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>
Repeated bone or joint injuries	<input type="checkbox"/>	<input type="checkbox"/>	Surgery within past year	<input type="checkbox"/>	<input type="checkbox"/>	Kidney diseases/infections	<input type="checkbox"/>	<input type="checkbox"/>
Fractures within past year	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus (shot date if known) _____			Any Current Medications: <input type="checkbox"/> <input type="checkbox"/> List: _____					

**SECTION V: Parents Acknowledgment:**

My minor child/ward ("my child"), is being allowed to participate in the Pacific Coast Youth Football and Cheerleading Conference, Inc., related events and activities. The undersigned acknowledges, appreciates, and agrees that: The risk of injury to my child from the activities involved in this program is possible, including the potential for permanent disability and death, and while particular rules and personal discipline may reduce this risk, the risk of serious injury does exist; and, for myself, spouse, and child, I/we knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my child's participation; and, I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I/we 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, I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release the 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's involvement or participation in these programs, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. 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.

**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.**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION VI: Applicant Acknowledgment:**

I do hereby certify by my signature below, that I understand all of the obligations and requirements that have been placed upon me as a member of the Pacific Coast Conference and I agree to abide by and comply with all the rules, regulations and By-Laws, as set forth by the Pacific Coast Youth Football/Cheerleading Conference, Inc., and the Association that I am representing. I also acknowledge the fact that the Pacific Coast Conference has a ZERO TOLERANCE policy in effect and if I violate any rules, regulations or By-Laws the Pacific Coast Conference has the right to suspend my status as a member of said organization.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION VII: President/Cheer Director Verification:**

I verify that this applicant meets all of the requirements of our Association and the Pacific Coast Youth Football/Cheerleading Conference, Inc. and the applicant will abide and comply with all the rules, regulations and By-Laws set forth by this organization.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Association President / Cheer Director