## **VALLEY YOUTH CONFERENCE, INC.**

P.O. BOX 3194 • CHATSWORTH, CA 91313-3194

## PLAYER CONTRACT



☐ Football ☐ Cheerleading (check one)

المطلق المسلك	// Player	Season Applicat	tion for 20	Season. CLUB	NAME	
And the state of t	Age:	🖸 Boy 🔘	Girl Name of	Division		<b>.</b>
		·			Sr./Jr. Clinic, Gremlin, Tiny	
	School	(as c	of September)	wa asi (ana a ana a ana a	Mity Mite, Peewee, Mido	jei
y until this form has been c inal approval and certificat	pplication DC ompleted in f ion by the s s, and any di	PLE DES NOT guarantee full and accepted by port. PLAYERS AN ispute arising from to	ASE READ C. applicant a position the above named ID PARENTS TAIL hese rules and pro-	AREFULLY on on a team. No appli member organization. KE NOTE: All rules co ocedures rests solely w	cant will be allowed to participh Member organization accepton cerning certification, eligibily with the sport and/or conferentions.	ance is subject to lity, playing rules,
		DI AVED	COMPLET	ES VND SIGNS	<b>-</b>	
SECTION I. APPLICANT'S I will faithfully keep and ab I will maintain at It I will play any positi I solemnly pledge ti I agree to abide by I promise that I will I agree that I will re	S STATEMEN ide by the foll east a "C" ar on assigned nat I will not i all decisions be a lady/ge main a meml	IT (Applicant must of lowing rules and car verage throughout and do my best for n any way damage, of game officials an ntleman at all times ber of the team and	complete and sign rry them out to the the school year. the team. or deface any prod will not create a and I will refrain fi the organization L	this section) best of my ability.  Experty, building or equipmy unsportsmanlike genom using any foul languatili properly released.	mail: oment. stures at any time.	
Plaver's Name				Date of Birth	Age	
(Print in Full)	ast Name	ı	First Name	Bato of Bitti	Age	
Player's Address: Street _	•	Player's Signature				
City & Zin			Date SignedF		Phone	
ization, organizers, sponso- injury to the applicant.  ATTEST: I/WE, hereby ack accepted to member organ Conference. I/WE have rea INSURANCE: I hereby ack maintains Group Accident	enowledge the alization, the alization, the alid the forego nowledge an Coverage for	at the information prapplicant must remaing statements, und	ovided in this appl in with the memberstand them, and derstand that the expenses, and that	ication is factual and ac er organization until rel I sign them voluntarily. Conference, or membel I have been advised a	hold harmless the Conference from activities, from any clain ccurate, the I/WE understand eased, such release subject organization upon approval cond understand the limits and any other valid and collectible	n arising out of ar that if applicant is to approval of the of the Conference provision of such
ed by applicant's parents/g	juardians sep nce or memb	parate insurance spe er organization activ	ecified below if kna rity must be reporte	own. I understand that ed to the member organ	any claim for medical service nization Coach/Manager of ap	e which arises ou
· C	arrier		P	olicy Number	Emplo	yer
MEDICAL TREATMENT A fied physician to render su this consent form.	UTHORIZAT ch medical tr	IONS In the event ceatment to the appli	of injury or illness to cant as said phys	o the above named ap ician deems necessary	plicant, I/WE hereby grant au under the circumstances upo	thority to qualion presentation o
I declare under penalty of	perjury that I	am a parent or guar	rdian of:			
Cianoturo				Print Na	ime of Athlete	
Signature	Parent or Guardian			Name Parent or Guardi	an (print)	
	V	VEB SITE: WWW	W.VALLEYYOU - MEMBER USE	JTHCONFERENC	E.COM	***************************************
Orginal F	ee_	Paid by				
			Cash			
		Club P			ent	
	W	HITE—Club Copy	YELLOW— Certifica	tion Copy PINK—Play		