

# Oxnard Knights



## Football 2010

### GCYFL

## Work hard, Never quit!

[www.oxnardknights.com](http://www.oxnardknights.com)

(805) 850-1525

**\*\*NEW 2010\*\***

**Official Weights and Ages for the GCYFL**

Mighty Mite	Bantam	Junior	Junior 1	Junior 2	Senior
age 6 max wt: Unlimited	age 8 max wt: UNL.X	age 9 max wt: UNL.X	age 10 max wt: UNL.X	age 11 max wt: UNL.X	age 12 max wt: 200
age 7 max wt: Unlimited	age 8 max wt: 105	age 9 max wt: 130	age 10 max wt: 140	age 11 max wt: 150	age 13 max wt: 190
age 8 max wt: 70	age 9 max wt: 100	age 10 max wt: 120	age 11 max wt: 130	age 12 max wt: 140	age 14 max wt: 185
	age 10 max wt: 75	age 11 max wt: 100	age 12 max wt: 110	age 13 max wt: 120	age 12-14 max wt: UNL.X

**\*UNL.X = Unlimited Weight - X Player Rule Applies to ONLY ages named above**

**\*\*Mighty Mite - No X Player Rule**

**\*\*\*Senior - X Player Rule at ALL AGES**

# GOLD COAST YOUTH FOOTBALL LEAGUE

**PLAYER/CHEERLEADER SEASON CONTRACT SEASON 2010 CHAPTER OXNARD KNIGHTS**

**PLEASE READ CAREFULLY – OTHER THAN SIGNATURE/PLEASE PRINT ALL INFORMATION**

Section I. No Participant will be permitted to take part in any league activity prior to all information on this form being completed.

“I will faithfully keep and abide by the following rules and carry them out to the best of my ability.”

1. I agree that I will maintain at least a “C” average through out the school year.
2. I will play ANY position assigned to me and will always do the best for my team.
3. When my team is not playing, I will stay off the playing field completely and will not interfere with those playing.
4. I solemnly pledge that I will not in any way damage or deface any property, building, or equipment.
5. I agree to abide by all decisions of game officials and will not create any un-sportsmanship like gestures at any time.
6. I agree that I will refrain from using any foul language.
7. I agree that I will remain a member of the team until properly released.
8. I agree to return, upon request the uniform and all equipment issued to me, in good condition as received except for normal wear.

Place Photo Here  
Inside the Boundaries

  
  

Photo will be taken by the  
Chapter

Participants Full Name – Last, First, Middle Initial		Player’s Signature	Date
Street Address		Player’s Date of Birth	
City, Zip		Home Phone Number	
Emergency Contact		Emergency Phone #	
Snack Bar - Opt Out	Snack Bar – Work	Email Address	

GCYFL CERTIFICATION ONLY

Paperwork: \_\_\_\_\_

Weight: \_\_\_\_\_

New Player?    Yes     No     Weight (at sign ups)

Last Years Division     This years assigned division based on Registration Information (Circle One)    Cheer     MM     Ban     J1     J2     Sen

**Section II. Risk Warning – Informed Consent.**

GCYFL is concerned about the health and welfare of all participants. Although there are low rates of incidents and accidents for youth participating in athletic activities, we feel that you should be aware that the safety equipment and protective gear, “Cannot guarantee it will prevent all injuries”. For the protection of your child pre-participation examinations are required before any participating may begin. Joining an athletic team is a privilege, not a right.

I have been advised of the risk of sports, I realize that my child may be at an extra risk due to the following medical conditions:

List any Condition(s): \_\_\_\_\_

I Have Read and Understand the Above: Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section III. Parental Consent & Medical Treatment Authorization.**

I/We the parents/guardians of the above named participant, hereby give my/our approval for participation in any and all GCYFL & Local Chapter activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from such activities; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the local team, chapter, league, and other organizations this football program is affiliated with, the organizers, sponsors, supervisors, coaches, and other participants, and persons transporting my/our child to and from such activities or games for any claim out of injury to my/our child.

The League has “Secondary Excess Accident Medical Group Insurance Coverage” only, over any valid collectable coverage provided by the parent’s separate personal or employee’s dependent group insurance.

In executing the forgoing release, I/We the undersigned acknowledge and represent that (A) I/We understand that any claim for injury must be reported to the players coach and/or an authorized organization/GCYFL official within 30 days of the injury. (B) I/We understand that any monies I/We paid to the team/Chapter our child is affiliated with, does not constitute a premium payment for insurance coverage.

Name of our Personal or Group Insurance Carrier is: \_\_\_\_\_ Group # \_\_\_\_\_ Plan # \_\_\_\_\_

I/We hereby grant authority to a qualified Doctor of Medical or Physician such medical treatment, as said Doctor or Physician deems necessary under the circumstances.

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

League/Chapter USE ONLY	Fees: Paid	(Circle One)	Cash	Check #	Amount	\$	Balance Due:	\$	
			Credit Card						





**City of Oxnard  
Recreation and Community Services**

**Minor Release Form and Consent to Treatment  
(Please Print)**

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(First) (Last)

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ BUSINESS PHONE: ( ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ ACTIVITY: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ TEAM: \_\_\_\_\_

I, the undersigned, hereby give permission for the above named minor in my custody to participate in the above described activity ("the activity") and hereby waive, release and discharge any and all claims or rights to claims for damages for death, personal injury or property damage, which I may have or hereafter accrue to me, as a result of said minor's participation in said activity. This release is intended to discharge in advance the promoters, sponsors, the officials, and any involved municipalities or other public entities and their respective agents and employees, from and against any and all liability arising out of or connected in any way with said minors participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occasionally happen during the said activity and that participants in such activity occasionally sustain mortal or serious personal injuries and/or property damage as a result thereof. Knowing the risks of said activity, nevertheless, on behalf of said minor child, I hereby agree to assume those risks and to release and hold harmless all of the persons and entities mentioned above who, through negligence or carelessness might, otherwise be liable to me, or my heirs or assigns for damages.

It is further understood and agreed that this waiver, release and assumption of risk to be binding on my heirs and assignees. I also agree that photographs, pictures, slides, movies, & videos of the minor may be taken in connection with the minor's participation in this activity or event without compensation from the City of Oxnard, California, permittee/sponsor and consent to the use of these photographs, pictures, slides, movies, & videos for any legal purpose.

I agree to accept and abide by the rules and regulations of the City of Oxnard Recreation and Community Services Department.

\_\_\_\_\_  
DATE SIGNATURE OF PARENT OR GUARDIAN

**CONSENT TO TREATMENT OF MINOR**

In the event of sudden illness, accident or injury which may occur while said minor is engaged in activity supervised by the City of Oxnard Recreation and Community Services Department and their representatives, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code Number 25.8 for emergency treatment as shall be necessary under (be circumstances by any physician licensed under the laws of the State of California

\_\_\_\_\_  
DATE SIGNATURE OF PARENT OR GUARDIAN

Family Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Type of Coverage: \_\_\_\_\_

Pertinent Medical History Information (EPILEPSY, DIABETES, ALLERGIES, ETC) \_\_\_\_\_

EMERGENCY NUMBERS: NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

(other than parents) name: \_\_\_\_\_ phone: \_\_\_\_\_

# City Of Oxnard Recreation and Community Services

## Parent Sportsmanship Oath

I hereby pledge my positive support, care and encouragement toward teaching good sportsmanship by observing the following oath:

- I will maintain a “Fun is Number One!” attitude.
- I will understand that the City Of Oxnard Recreation and Community Services promotes an alcohol and smoke free environment. I will abstain from use of tobacco and alcohol prior to, during, and after all practices and games.
- I will treat officials, coaches, my kids, their teammates, and their opponents, with respect; avoiding put-downs, ridicule, or sarcasm, on the field and off.
- I will praise my kids, their teammates, and their opponents, just for participating, regardless of their athletic skills.
- I will remember to look for and encourage positive actions by my kids, their teammates and their opponents on and off the playing area.
- I will remind my kids and their teammates not to get too hard on themselves when things don't go well
- I will try not to take myself too seriously when it comes to my involvement in youth sports, reminding my children, and myself that there is life beyond youth sports.
- I will remind my children and myself to laugh and keep a good sense of humor.
- I will emphasize teamwork in team sports with my kids, teaching them that there is no letter “I” in the word “TEAM”.

I, \_\_\_\_\_ have read the aforementioned and promise to do my utmost to fulfill the goals and objectives in promoting good sportsmanship.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Revised 8/28/2006

# GOLD COAST YOUTH FOOTBALL LEAGUE

Player/Cheerleader Physical Form      Season: 2010

Chapter: Oxnard Knights

Section I: Physical description & condition

Participants Name: \_\_\_\_\_

Height \_\_\_\_\_ Ft. \_\_\_\_\_ In.    Weight \_\_\_\_\_ Lbs.

Hair \_\_\_\_\_ Eyes \_\_\_\_\_

**Health History**

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Other Caregiver \_\_\_\_\_ Phone # \_\_\_\_\_

Current Medications \_\_\_\_\_

Current Problems	Yes	No
Asthma		
Kidney Injury		
Head Injury		
Shoulder or Hip Injury		
Heat Stroke		
Diabetes		
Heart Condition		
Other		

Preferred Emergency Room (Hospital) \_\_\_\_\_

Medical Examination

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Temperature \_\_\_\_\_

Ear \_\_\_\_\_ Eyes \_\_\_\_\_ Nose \_\_\_\_\_ Throat \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Skin \_\_\_\_\_ Teeth \_\_\_\_\_

Hernia \_\_\_\_\_ Abdomen \_\_\_\_\_ Extremities \_\_\_\_\_ Feet \_\_\_\_\_

Remarks: Please check appropriate block.

( ) While this examination does not constitute a complete medical examination, it does on this date, and based on my observation, meet the requirements for participation in the Youth Football Program.

( ) The individual examined by me on this date is considered "not" physically qualified to participate in this Youth Football Program for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Examined By: \_\_\_\_\_ Office Phone # \_\_\_\_\_

Address: \_\_\_\_\_

