



# VALLEY PANTHERS FOOTBALL

Parents, Panthers & Pantherettes:

**The 2010 VALLEY PANTHERS YOUTH FOOTBALL & CHEER ORGANIZATION** welcomes you. This will be our fifth year (**V**) as members of the Gold Coast Youth Football League (**G.C.Y.F.L.**).

Our vision in 2006 was to create/start an Organization (football) which would introduce and educate families to opportunities in the secondary education arena (High School). Basically, our goal is to effectuate change in the mindset of the community through our youth football program. A change which encompasses the approach, attitude and mentoring that takes place with our student-athletes in the Panther Organization. Since our inception we have seen progress, and have seen our families evolve. We have had over 40 student athletes gain acceptance and are attending private high schools in the area. Crespi, Sierra Canyon, Alemany, Chaminade, Notre Dame, Oaks Christian, Montclair Prep and Harvard Westlake have Panthers in their respective programs.

This season year **V** will offer a new **Vision** and **Commitment**. Our Commitment to the community! Our Vision will expand through our kid's involvement in community service. We will request that every Panther and Pantherette, become involved in one or both of our Holiday programs during Thanksgiving and Christmas. We will increase our commitment to our high school scholarship program through our Panther Golf Classic (3<sup>rd</sup> Annual). We will be committed to improving our responsibilities as mentors, teachers/coaches to each kid in OUR program. Our belief is in Substance, not Form. Quality over Quantity. To Compete with Character in achieving your Goals.

Our GOAL quite simply, is to provide our children with the necessary tools to allow them to succeed both on and off the field. There is zero "Entitlement". Our beliefs mirror LIFE! We must compete, through preparation and discipline. We must instill these beliefs daily, as we continue to build Character. In doing so, we preach Accountability and prepare them not to be afraid of tomorrow. These are realistic and definable life goals which define the meaning of Panther Football. Through football we teach life lessons.

The Panther Family wants committed families, who want to contribute, build, and are enterprising. We have a progressive vision and you can be part of it!

**Achievement through Character  
Academics through Preparation  
Athletics through Discipline**

**Brian K. Irvine  
Valley Panthers Youth Football**

# GOLD COAST YOUTH FOOTBALL LEAGUE

**PLAYER CONTRACT SEASON 2010 CHAPTER \_\_\_\_\_**

**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

Football		
Participants Full Name – Last, First, Middle Initial		Date
Street Address		Player’s Date of Birth
City, Zip		Home Phone Number
Emergency Contact		Emergency Phone #
		Email Address

GCYFL CERTIFICATION ONLY

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

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

Only Football Players need to complete status, weight and division information

New Player?    Yes     No     Weight (at sign ups)

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

**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.

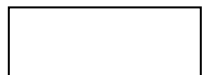
In executing the forgoing release, I/We the undersigned acknowledge and represent that (A) I/We understand that any claim for injury must be reported to the players coach and/or an authorized organization/GCYFL official within 30 days of the injury. (B) I/We understand that any monies I/We paid to the 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							



# GOLD COAST YOUTH FOOTBALL LEAGUE

Player/Cheerleader Physical Form      Season: \_\_\_\_\_      Chapter: \_\_\_\_\_

Section II: Physical description & condition at sign-up

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: \_\_\_\_\_

DEFEAT



IS NOT MY DESTINY

*reduced copy - Black print*