



Cedar Park Christian Junior Football & Cheer Enrollment Kit

Instructions:

In order to complete form, you will need: Medical ID Card, Date of Child's Last Tetanus shot, Accurate Child Weight (football only), Birth Certificate (football only, new players)

1. Complete all pages of this online fillable form and save to your computer
2. Scan (or take photo) of Birth Certificate—only applies to new football players
(If no ability to scan then email photo to Register@CPCJF.org. Mail/Deliver hardcopy if necessary)
3. Upload Registration Form & Scanned Birth Certificate at CPCJF.org/Registration (if unable to upload, email as attachment to Register@CPCJF.org. Name Files: ChildLast.ChildFirst.Reg.pdf, ChildLast.ChildFirst.BirthCert.pdf (Exp: Smith.John.Reg.pdf)
4. Pay online at CPCJF.org/Register

Uploading forms and online payment with credit or debit card is preferred registration process.

If necessary, hard copies of application will be accepted with additional \$10 processing charge. If hard copy, please complete form on computer before printing if possible.

Online Payment is preferred method, however, checks are accepted (payable to CPCJF)

Mailing/Delivery Address for Hard Copy Forms and/or Checks:

CPC Junior Football
11930 Slater Ave NE, #100
Kirkland, WA 98034

Credit Card info (only if delivering hardcopy and not paying online)

Name on Card: _____

CC# _____ Exp: _____

Do not mail/deliver to school. Do not deliver to coach.

Note: Fee increases occur on 5/1, 6/1 & 7/1. Minimum due is \$100 to reserve roster spot. Initial payment and form submission date locks in payment rate with balance due 7/1. If balance not paid by 7/1, then fee is post 7/1 rate.

Fee Schedule for Football:

\$385 if registered by 5/1, \$415 if registered by 6/1,
\$450 if registered by 7/1, \$490 after 7/1.

76ers:

\$255 if registered by 5/1, \$285 if registered by 6/1,
\$315 if registered by 7/1, \$345 after 7/1.

No separate jersey fee in 2017

\$100 minimum deposit to accompany registration forms

Fee Schedule for Cheer: (First Grade Minimum)

\$325 if registered by 5/1, \$365 if registered by 6/1, \$390
if registered by 6/15. Cheer registration closes 6/15.
Special rate for 6 & 7 year olds: \$185 (\$200 after 6/1)

\$100 min deposit - Cheer Fee includes uniform fee

If Balance Due not received by 7/1 then balance is based
on highest (7/1) registration rate.

Refund Policy: Before 6/30 = 100% (less \$25 processing
fee), from 7/1 – 8/10 = 50%, after 8/10 = No refunds.

Registration Fee Calculations

(all fees waived for any local Pastor/CP Staff)

Registration Fee (www.CPCJF.org): \$ _____

Tax Deductible Contribution \$ _____

\$10 Hard Copy Processing Fee \$ _____

(if not uploading and paying online
waived Kick-Off night and prior)

Sub-Total \$ _____

Scholarship Credit: (if known) less \$ _____

2nd Child+ Discount \$30 less \$ _____

(if this application is for child
#2 or #3, deduct \$30)

Amount Enclosed or Paid Online less \$ _____

Amount Due (if known) \$ _____

Min Registration deposit is \$100 secures fee at time
application is uploaded or date received. Balance due 7/1.

Volunteer Opportunities: Please indicate any areas that you would like to volunteer within the Cedar Park Junior Football Program. **Hours volunteered within the CPCJF program are able to be applied to PIP hours required for CPC students.** Please indicate your areas of interest and we will contact you regarding opportunities. All parents are expected to volunteer in some capacity during the course of the season.

Coaching (Head/Asst) Event Help Marketing Game day/Field help Gear (sorting/distributing)

Safety/First Aid Team Parent Fundraising Other : _____



CEDAR PARK CHRISTIAN JUNIOR FOOTBALL & CHEER 2017 Registration Form



www.CPCJF.org

Player Information				Anticipated Level: <input type="checkbox"/> Cheer <input type="checkbox"/> 76er <input type="checkbox"/> 89er <input type="checkbox"/> Peewee <input type="checkbox"/> Bantam <input type="checkbox"/> Junior <input type="checkbox"/> Senior			
Name:		Birth Date:		Today's Date			
Address:			Accurate Weight : (if football)				
City & Zip:							
School Attending in fall:			Fall Grade:				
<input type="checkbox"/> New <input type="checkbox"/> Returning		Name of Franchise Last Year if Not CPCJF:					
Jersey Number, Preferred # (3 choices, no guarantees):			_ _ _		Preference given to returning players		

Parent/Guardian Information			
Name:		Name:	
Relationship:		Relationship:	
Home Address:		Home Address: <small>(leave blank if same)</small>	
Mobile Phone:		Mobile Phone:	
Phone 2: <input type="checkbox"/> work <input type="checkbox"/> home		Phone2: <input type="checkbox"/> work <input type="checkbox"/> home	
Email Address:		Email Address:	
Extra Emails to Receive Updates (Grandma, etc):			

Parent/Guardian Acknowledgement and Release	
<p>I/we parent(s)/guardian(s) of the above named player, hereby give my/our approval to his/her participation with Cedar Park Christian Junior Football & Cheer in the Northwest Junior Football League. Participation is authorized for his/her participation in any and all of the activities of the franchise during the current season. I/we assume all risk and hazards to the conduct of the activities and transportation to and from the activities. I/we do hereby further release, absolve, indemnify, and hold harmless the Cedar Park Christian Junior Football & Cheer, Cedar Park Christian Club Sports Program, LLC, Cedar Park Church, Cedar Park Christian School, the Northwest Junior Football League and any sponsors, supervisors or organizers. In case of injury to my child, I/we hereby waive all claims against organizers, league officials, the sponsors, all of the previously named organizations and any of the supervisors appointed by them. I/we likewise release from responsibility any person transporting my/our child to or from the activities. I/we parent(s)/guardian(s) of the above named participant hereby give my/our authorization to use any football related photograph's that may include the participant in football related functions at CPCJF's discretion for use to promote the CPCJF program. Including but not limited to promotional flyers, team video's and social media.</p> <p>I/We, the parents(s)/guardian(s) have read, understand, and agree to the above</p> <p>Parent or Guardian e Signature: _____ Relationship: _____</p> <p>Parent or Guardian e Signature: _____ Relationship: _____</p>	

***** Do not write below this line – Official League Use Only *****

League Weigh-In			
Proof of Age: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other:		League Age:	
Weight:	Mid-Season:	Yes / No	Level: <input type="checkbox"/> 76er <input type="checkbox"/> 89er <input type="checkbox"/> PW <input type="checkbox"/> Ban <input type="checkbox"/> Jr <input type="checkbox"/> Sr
League Official Signature:			Date:

EMERGENCY CONTACT INFORMATION & AUTHORIZATION

Player	Child Name:		Today's Date:	
	Address:		Date of Birth:	

Parent/Guardian #1		Parent/Guardian #2	
Name:		Name:	
Relationship		Relationship	
Home Address:		Home Address: <small>(leave blank if same)</small>	
Mobile Phone:		Mobile Phone:	
Phone 2:		Phone 2:	
Employer Name:		Employer Name:	
Employer Phone:		Employer Phone:	

Insuran	Medical Insurance Provider:		Insurance Phone:	
	Who's name is policy in :		Policy & Group No:	

Medical Information	Child's Physician:		Date of child's Last Tetanus Shot:		
	Preferred Hospital:		Asthma?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Allergies and/or reactions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please list:		
	Present Medical Conditions (if any):	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe:		
	Serious Injury - Has your child had a head injury, been unconscious or suffered any serious internal injury?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please describe:		
	Additional History we should know:				

Additional Emergency Contact #1	Name:		Additional Emergency Contact #2	Name:	
	Phone:			Phone:	
	Relationship:			Relationship:	

<p>In the event of injury to the above named player, I/we authorize any representative of Cedar Park Christian Junior Football to seek medical aid to be administered. If transportation to a hospital is deemed necessary by medical personnel, I/we hereby provide permission for said minor to be transported. If medical aid is needed at such hospital, due to a life-threatening situation, I/we hereby authorize permission for such treatment and accept financial responsibility for such treatment.</p>	<p style="text-align: center;">Parent/Guardian e Signature</p> <p style="text-align: center;">Parent/Guardian e Signature</p>
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**THIS COMPLETED AND SIGNED FORM IS REQUIRED FOR PARTICIPATION.
THIS FORM WILL BE PRESENT AT ALL PRACTICES AND GAMES.**



“LYSTEDT LAW” COMPLIANCE FORM



In 2009, the Washington Legislature passed House Bill 1824, in part, due to the experience of Zackery Lystedt, a young athlete permanently injured by a series of concussions. The law requires that youth sports organizations inform and educate coaches, athletes, and their parent(s)/guardian(s) of the nature and risk of concussion and head injury including continuing to play after concussion or head injury.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just “not feeling right” or “feeling down”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **SEEK MEDICAL ATTENTION RIGHT AWAY.**
2. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.
3. **KEEP YOUR CHILD OUT OF PLAY.** Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
4. **TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.** Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It’s better to miss one game than the whole season.

NO ATHLETE MAY RETURN TO ACTIVITY AFTER AN APPARENT HEAD INJURY OR CONCUSSION, REGARDLESS OF HOW MILD IT SEEMS OR HOW QUICKLY SYMPTOMS CLEAR, WITHOUT MEDICAL CLEARANCE.

Furthermore, close observation of the athlete should continue for several hours. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

- “A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time.”
- “[He or she]...may not return to play until the athlete is evaluated by a licensed healthcare provider trained in the evaluation and management of concussion and has received written clearance to play from that healthcare provider.”

You should inform your child’s coach if you think that your child may have a concussion, remember, it’s better to miss one game than miss the whole season, and, when in doubt, the athlete sits it out.

Additional current information regarding concussion management is available from the Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/concussioninyouthsports/>

By signing below, I indicate that I have reviewed the information regarding concussions outlined in this document:

Athlete
Signature: _____
(If age 14+)

Name: _____ Date: _____

Parent
Signature: _____

Name: _____ Date: _____

Optional Page

Child Name:

Comments: