

Coalinga Oilers Youth Football



Player Name: _____

Parent/Guardian Name: _____

Parent/Guardian Cell Phone Number: _____

___ Registration Page/Physical

___ Player Contract **

___ Parent/Spectator Contract w/ Housekeeping Rules

___ Adult/Player Code of Conduct with Acknowledgement Form **

___ Coalinga Code of Conduct **

___ Grade / Behavior Check **

___ USA Football **

___ Covid Waiver

___ Birth Certificate

___ Registration Fee _____ \$200 (Total amount due is fundraisable)

___ Admin Fee / Volunteer Hours \$100 (Post Dated December 1, 2025)

___ Equipment Deposit \$300 (Post Dated December 1, 2025)

___ Uniform Cleaning Deposit - before return \$25 (Post Dated December 1, 2025)

**Remove the physical
(last page) and return
upon completion AFTER
making a copy to keep**

Entire Packet Must Be COMPLETE With All Information/Docs/Signatures Before It Will Be Accepted

ONLY Exception Is The "Physical" That Can Be Turned In At A Later Date

TRI-COUNTY FOOTBALL LEAGUE

2025

PLAYER CONTRACT (ATTACH BIRTH CERTIFICATE)

I, as parent/guardian of said candidate minor, hereby give permission for said minor to participate in any and all the activities sponsored by said Association and agree to release, indemnify, and to hold harmless the Association Conference including but not limited to its organizers, sponsors, supervisors, leaders, participants, officials, coaches and other agents or representatives including persons transporting said minor from any and all claims arising out of injury to the above said minor except to the, extent of and in the amount of insurance coverage held by the Association.

INSURANCE: The Conference has a Group Accident Insurance Coverage for medical and hospital expenses with a given deductible amount for each accident incurred. The Conference insurance is considered as **secondary coverage** when there is any other valid collectable coverage provided by parents insurance. Maximum coverage is provided for any one accident with a given maximum dental coverage for sound, natural teeth. In executing the foregoing release, I/WE understand that any Registration Fee or other sums paid does not constitute a direct premium payment for insurance.

ELIGIBILITY: I, as parent of said candidate/minor and I, as said candidate/minor, understand that a candidate must meet the minimum age requirement on official certification date established by the Conference Board of Directors without exception. I understand that proof of age must be presented at the time of official certification and that it is the responsibility of the parent/guardian and the candidate/minor to provide such proof of age in the form of a certified birth record to the Association and the Conference. I understand that if proof of age is not provided on official certification date, said candidate/minor is automatically ineligible for participation in any and all activities of the Association and/or Conference as a player.

FEES: I, as parent/guardian of said minor understand that any and all fees assessed by the Association and/or Conference are nonrefundable if the said minor participates in any activity of the Association.

EQUIPMENT RESPONSIBILITY: I, as parent/guardian of said minor, do hereby assume full and complete responsibility for the proper care and maintenance of all equipment issued by the Association to said candidate/minor. I understand all equipment is to be used for Association and/or Conference activities only and that all equipment remains the legal property of the Association. I agree to reimburse the Association for any and all equipment that is lost or damaged or stolen for the value stated by the Association with payment due when equipment is returned. All equipment will be returned immediately upon the withdrawal of the said candidate/minor from the Association.

Initial

AND REGULATIONS: I, as parent/guardian of said candidate/minor, and I as said candidate/minor, understand that it is the responsibility of the parent/guardian, candidate/minor, team and Association to comply with any and all rules and regulations of said Association, the TRI-COUNTY YOUTH FOOTBALL. Any non-compliance with rules and regulations shall be cause for disciplinary action being taken against said candidate/minor, parent/guardian, team or Association by the Conference.

RELEASE OF LIABILITY: In consideration of being allowed to participate in any way in the program, its related events and activities, I as parent/guardian of said minor, and I as said candidate/minor, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skill, equipment, and personal discipline may reduce risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES of others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participants. If, however, I observe any unusual significant hazard during my presence or participating, I will remove myself from participating and bring such to the attention of Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE Association, their officers, officials, agents and/or employees, other participants, sponsoring agencies sponsors, advertisers, and, if applicable, owners and leasers of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the full extent permitted by law.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

I have read all the above and understand it completely and hereby place my signature as proof (below).

PARENT/GUARDIAN'S SIGNATURE

EMERGENCY PHONE NUMBER

DATE SIGNED

Parent/Spectator Contract

As a Tri-County Youth Football League Parent/Spectator, we require the following:

- 1) Encourage members of both teams
- 2) Keep all comments positive
- 3) Only players and coaches are allowed on the field, no exceptions
- 4) Leave the coaching to the coaches. If you have suggestions or would like to coach next year's team please volunteer so you can attend the mandatory coaching clinics, pass the background check, sign the coach's contract and pass the coaches written test.
- 5) Criticizing the officials, coaches, opponents or fans will not be tolerated at all. Same goes for abusive language or cursing. This is youth sports, everyone makes mistakes.
- 6) Be supportive, creating unnecessary drama or stirring controversy is grounds for dismissal for the program.
- 7) DO not beg or suggest calls to the referees.
- 8) You are responsible for all family members and friends attending the games to watch your child(ren) that are brought to the game.
- 9) No alcoholic beverages or illegal drugs are allowed on the field or in the parking areas.
- 10) Help make this a positive and fun experience for all.
- 11) Report any violations to a head coach or local board member. Get involved.

SOCIAL MEDIA

The TCYFL program is made possible through the efforts of numerous volunteers.

Social media posts of a derogatory or critical nature to or about the program does nothing more than break down the efforts of volunteers who want the best for the children of our community.

Therefore, if it is found that social media is used in a negative manner to attempt to defame, harass or harm the program, it's players, it's volunteers, there will be no other choice but to adhere to the below policy enforcement.

Policy Enforcement

First offense – warning

Second offense - is a week suspension subject to be reviewed by local board and/or TCYFL for possible further punishment

Third offense - offense out the remaining of the season subject to be reviewed by local board and/or TCYFL for possible further punishment

These apply to both adults and players

Housekeeping Rules

- 1) Tri County League Rule: 11 Games, Section R: “ No ice chests, picnic basket or alcoholic beverage items are allowed to be brought into the stadium, carnivals or scrimmages.” Additionally, no open containers, sodas, water or any other forms of drink/food may be brought into the stadium, carnivals, or scrimmages. Head Coaches and or Cheer Advisors are allowed to bring drink(s), for the benefit of the players and/or cheerleaders.
All others will be asked to dispose of above-mentioned items before entering.
Violations in any way will constitute offending parties being asked to leave the premises immediately.

Adult Code of Conduct

TRI-COUNTY YOUTH FOOTBALL

1. To uphold the goals of Tri-County Football and ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians, and other adults and attendees of Tri-Co Youth Football events, including but not limited to practices, competitions and banquets, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times.
2. Any adult who is using alcohol, tobacco or non-prescription drugs and/or appears intoxicated at a Tri-Co Youth Football event, and/or who is flagrantly rude, attempts to intimidate, verbally abuse, heckles, taunts, ridicules, boos, throws objects and/or uses vulgarity or profane language/ gestures with an official, coach, volunteer, staff member participant or other event attendee, must receive a verbal warning and/or be asked to leave the event. The member organization may also provide a written warning to the individual regarding the misbehavior. The adult's children may also be removed from the event. Any adult who commits one of the above stated offenses a second time will be banned from any and all Tri-Co Youth Football events for a period of one year from the date of the second offense, and their children may also be removed from the program(s) for that time period.
3. Any adult who physically assaults an official, coach volunteer, staff member or participant or threatens grave bodily harm may be banned from all Tri-Co events for one year from the date of the offense, and their children may also be removed from any and all Tri-Co programs for that same period of time. After the ban has expired, if the individual commits another offense of the adult code of conduct, the individual will be permanently banned from all Tri-Co events and the individual's children may also be permanently removed from any and all Tri-Co programs.
4. Adult agrees to not utilize any social media to slander, disgrace, or an attempt defame Tri-County Football league or any of its local organizations.

Player Code of Conduct

TRI-COUNTY YOUTH FOOTBALL

1. To uphold the goals of Tri-County Football and ensure that all participants have the benefit of a safe and fun learning environment, all players of Tri-Co Youth Football events, including but not limited to practices, competitions and banquets, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times.
2. Any player caught fighting, hitting, kicking, striking or otherwise abusing opponents while down during course of or after play, will be removed from game on the first offense. For the second offense, the player will be suspended from their team for one week and on the third offense shall be suspension for balance of season.
3. Any player caught verbally or physically intimidation of opponents outside normal talk across the line (especially of a profane nature, will be removed from game on the first offense. For the second offense, the player will be suspended from their team for one week and on the third offense shall be suspension for balance of season.
4. Any player, who is caught in any act of disrespect for team, Board authority, or game officials, will be removed from game on the first offense. For the second offense, the player will be suspended from their team for one week and on the third offense shall be suspension for balance of season.
5. If a player is ejected by a game official, the player will be removed from that game and the following game on the first offense. For the second offense, the player will be suspended from their team for one week and on the third offense shall be suspension for balance of season.

Tri-County Youth Football Code of Conduct Acknowledgement Form

I, _____,
(Parent/guardian/representative name)

Have received and read the 2025 TCYFL code of conduct forms. I understand and will follow by all rules and guidelines that are forth placed in this packet and the TCYFL Bylaws. If I (including any family and friends) and my player(s) do not comply with the rules and guidelines we understand that disciplinary action may be taken. It will be determined by the TCYFL Board.

Player Signature

Date

Parent/Guardian/Representative Signature

Date

This form needs to be agreed upon and signed for your player to be eligible to play for TCYFL.

Forms Received and to be followed:

Parent/Spectator Code of Conduct

Adult Code of Conduct

Player Code of Conduct



OILER YOUTH FOOTBALL

PARENT CODE OF CONDUCT

PLAYER NAME: _____ DATE: _____

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents' Code of Conduct,

_____ I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or OYF events.

_____ I will refrain from negative rants, post or comments on any social media site that can potentially affect the OYF organization and/or players and staff.

_____ I will insist that my child play in a safe and healthy environment,

_____ I will support coaches, board members and officials working with my child, to encourage a positive and enjoyable experience for all.

_____ I will demand a sport environment for my child that is free from drugs, tobacco, and alcohol and will refrain from their use at all Tri-County sporting events.

_____ I will remember that the games for the youth- not adults.

_____ I will make sure my player(s) maintain a 2.0 GPA for the duration of the season and thereafter. Student First, Athlete second.

_____ I will do my very best to make youth sports fun for my child. I will ask my child to treat other players, coaches, fans, and officials with respect regardless of race, sex, creed, and ability.

_____ I will help enjoy the youth sports experience by doing whatever I can, such as being respectful fan, assisting with coaching, or providing transportation.

_____ I will make a commitment to volunteer and assist coaches when asked and make time whenever I can for the OYF Organization (4 hours).

_____ I have read the above Code of Conduct and agree to uphold the agreement.

PARENT NAME (PRINT)

PARENT SIGNATURE



Coalinga Oilers Youth Football

COACHES / STUDENT ATHLETES: This is the official grade check form
(Please fill out the grade check form in ink)

NAME: _____ DUE DATE: _____

SPORT: **COALINGA OILERS YOUTH FOOTBALL** COACH: _____

Student-Athlete Grade Check Instructions: Students are to follow these steps:

1. Print your NAME, DUE DATE, and COACH
2. Give this form to each teacher at the beginning of the period and pick it up at the end of each period
3. Take completed form home and have your parent/guardian sign it
4. Return your completed form, including PARENT/GUARDIAN SIGNATURE to your coach

Grade in Progress

	<u>Subject</u>	<u>Teacher Signature</u>	<u>Grade</u>	<u>Missing Assignment</u>	<u>Conduct</u>	<u>Behavioral Comments</u> (Can be added on the back of the page)
1						
2						
3						
4						
5						
6						
7						

Student- Athletes playing football for Coalinga Oilers Youth Football should know that to participate they must perform well in the classroom and be on their best behavior. Students who do not meet standards maybe given consequences through our organization. It is the athlete's responsibility to bring you this form and have it filled out. If you have any concerns or would like to compliment a student, please feel free to note it on this form. We thank you for your support!

Parent Signature

RETURN TO YOUR COACH AFTER PARENT/GUARDIAN HAS SIGNED BY THE DUE DATE ABOVE

RELEASE AND WAIVER FROM LIABILITY

This Release is by the party signing below (herein referred to as "Releasor"), and is given to _____ (the "League/Club/Team"), USA Football, Inc., a not for profit 501(c)(3) corporation ("USAF"), the National Football League, its member professional football teams and clubs, NFL properties LLC, NFL Ventures, L.P., the NFL Youth Football Fund, the National Football League Players' Association, and the owners and operators of the facilities at which the youth football games, practices, and related activities (collectively and individually the "Program") are held, and their respective subsidiaries, affiliates, division, officers, agents, board members, employees, staff, sponsors, agents, legal representatives, administrators, assigns, heirs, executors, those for whom USAF is acting and those acting with USAF's authority and permission (collectively as "Releasees").

THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL. Releasor, being of lawful age (or, in the case of a minor, through his/her parent or guardian), in consideration of being permitted to participate in the Program, hereby releases and discharges Releasees from all present and future liabilities, debts, obligations, cost, expenses, damages, losses, charges, judgments, executions, liens, claims, demands, actions or causes of action of whatever nature or description, in equity or at law, which the Releasor or his/her child or ward, family, estate, heirs, representatives, executors, administrators, successors or assigns (collectively, "related Parties") may have, whether known or unknown, suspected or unsuspected, asserted or not asserted, arising out of participation by the Releasor or his/her child or ward in the Program.

The Releasor understands, acknowledges, and accepts that this Release and Waiver is intended to be binding on the Releasor and the Releasor's Related Parties. The Releasor further understands, acknowledges, and accepts that participation in the Program involves certain inherent risks, including, but not limited to, property damage and serious bodily injury (including death), and agrees that the Releasor or his/her child or ward is voluntarily participating the Program with full knowledge of the risks involved and accepts all risk of participation. The Releasor declares that the Participant is physically fit and has the requisite skill level to participate in the Program. The Releasor authorize the League/Club/Team and/or a party designated by the League/Club/Team to provide medical treatment to the Releasor or his/her child or ward, at the Releasor's cost, should the need arise. The Releasor understands, acknowledges, and accepts that he or she must provide his/her own medical insurance for the participant.

The Releasor further grants the Releasees the right, but does not otherwise impose the obligation, to photograph, videotape and/or otherwise use the Releasor's/participant's name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials, free of charge without reservation limitation. The Releasor understands, acknowledges, and accepts that this Release and Wavier of Liability is intended to be as broad and inclusive as permitted by the laws of the state in which the Program is taking place and agrees that if any portion of this Release and Waiver of Liability is invalid, the remainder will continue in full legal force and effect.

Participant Name: _____ Age: _____

Address: _____ City: _____ State: CA Zip: _____

EMERGENCY CONTACTS:

Primary Contact Name: _____ Phone: _____

Secondary Contact Name: _____ Phone: _____

THIS FORM MUST BE SIGNED BY THE PARTISIPANT'S PARENT OR LEGAL GUARDIAN.

_____/_____/2025
Parent/Guardian's Signature Date

Parent/Guardian's Printed Name

Parent/Guardian's Phone Number



Communicable Disease Policy for Athletes and Volunteers

The world health community, including various government agencies, monitors closely the emergence, spread, and management of pandemic and other communicable diseases. The public health emergency that has resulted from the spread of the coronavirus (COVID-19) has educated organizations, including TCYFL, about the essential steps to be taken to protect employees and those they serve. To maintain a safe environment by adopting practices that are designed to protect the health of athletes, volunteers and others who attend our events, SSSF has adopted this Communicable Disease Policy for Athletes and Volunteers.

We also want to ensure the continuity of business operations to the extent possible during a pandemic disease. The policies described below are intended to achieve these objectives. As always, our efforts will be guided by and in accordance with all applicable federal, state and local laws and the guidances issued by public health agencies and governmental entities. We will continue to monitor information and advice on this important issue and modify or supplement these policies as necessary. If you have questions or concerns, please contact your head coach, state advisor or national staff member.

Preventing the Spread of Disease At Events

We ask all athletes and volunteers to cooperate in taking steps to reduce the transmission of disease when they are attending and participating in TCYFL-sponsored meetings and events. The following steps are strongly encouraged:

- Stay home if you are ill or experiencing any symptoms.
- Follow respiratory etiquette, by covering your mouth if you sneeze or cough, and discarding tissues used when sneezing.
- Practice social distancing by maintaining a distance of at least six feet from other people, to the extent practicable.
- Wear cloth face coverings whenever social distancing cannot be maintained.
- Engage in frequent hand washing with warm, soapy water for at least 20 seconds.
- Use alcohol-based hand sanitizers that are provided to you at events.
- Regularly clean and disinfect surfaces and equipment at meetings and events.
- Report any health or safety concerns to your head coach and event director (if at an event).

Reporting Procedure

Those athletes and volunteers who demonstrate signs or symptoms of a communicable disease that poses a credible threat of transmission at events are asked to report that potential infection or disease immediately to your head coach and event director (if at an event).

Staying Home When Ill

During flu season and/or a pandemic disease, it is critical that athletes and volunteers do not attend or participate in events while they are ill and/or experiencing the following symptoms: fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Currently, the Centers for Disease Control and Prevention recommends that people with influenza-like illness remain at home until at least 24 hours after they are free of fever (100 degrees F or 37.8 degrees C) or signs of a fever without the use of fever-reducing medications. Contact your personal physician or check the Centers for Disease Control and Prevention's website at <https://www.cdc.gov/> for recommendations about returning to normal activities following any sort of influenza-like illness.

If TCYFL determines that an athlete's or volunteer's continued presence at events poses a risk to the health or safety of the volunteers, athletes and/or others in attendance, the individual must submit a statement from his or her attending health care provider that his or her continued presence poses no such risk.

TRI-COUNTY FOOTBALL LEAGUE

PLAYERS NAME (PRIN

BIRTHDATE

AGE AS OF 11/30/25

WEIGHT

EMERGENCY #

ADDRESS

CITY

ZIP

PHONE #

FATHER/GUARDIAN'S NAME

ADDRESS

PHONE #

MOTHER/GUARDIAN'S NAME

ADDRESS

PHONE #

PARENT/GUARDIAN'S EMAIL

SCHOOL ENTERING IN THE FALL

GRADE

PARENTS PRIMARY INSURANCE

POLICY NO

DR. NAME & PHONE #

THE ABOVE PLAYER WHOSE PICTURE IS POSTED BELOW IS A MEMBER OF THE FOLLOWING TRI-COUNTY YOUTH FOOTBALL LEAGUE TEAM:

To the best of my knowledge, all information on this **complete packet** is actual. I understand that the League may take action against any individual or team of association that willingly falsifies any submitted information of documents.

Head Coach

Initial

Player's
Picture
Here in Jersey with #

GENDER: (Circle One)

Male or Female

MEDICAL EXAMINATION

I certify that the player listed above was examined by me and is physically fit to play tackle football.

Printed Name and Signature of Physician

Date of Examination

Phone Number

Address

EMERGENCY MEDICAL AUTORIZATION

I, as Parent/Guardian of said Player/Minor, do hereby authorize and direct the said association to act as agent for me to consent to and obtain medical, surgical, dental treatment and/or examination for said minor in case of illness or injury occurring from participation in any activities of the association and/or conference. I do hereby consent to x-ray, examination, anesthesia, medical or surgical, or dental treatment that is considered necessary by the attending physician or dentist. I understand that in an emergency, reasonable efforts will be made to notify me.

PARENT/GUARDIAN SIGNATURE

DATE