

Zachary Junior Broncos Elite Football



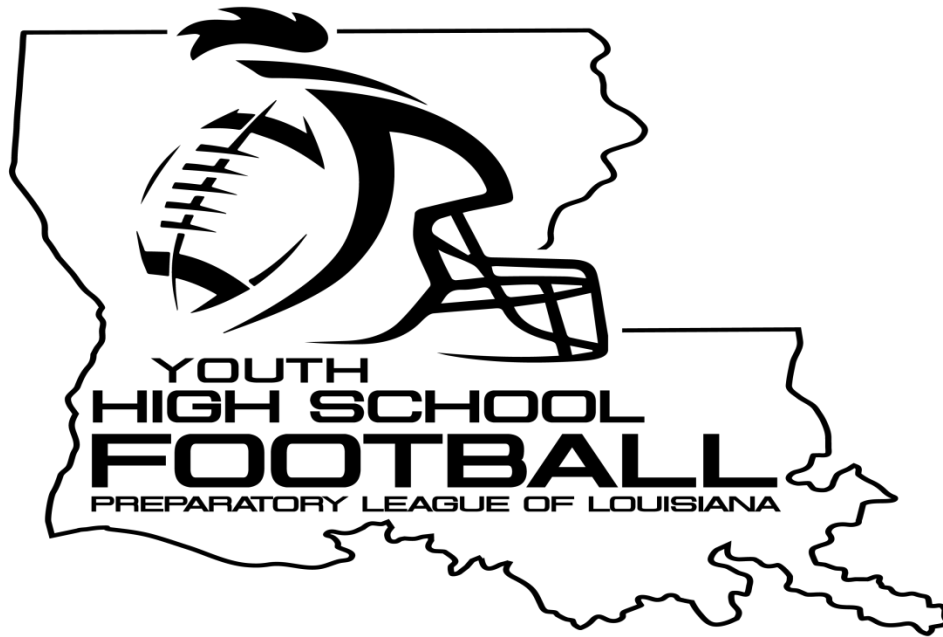
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Zachary Junior Broncos Elite Football

Welcome to the 2020 Football Season. Zachary Junior Broncos Elite Football (ZJBEF) program is dedicated to fostering the mental and physical development of the children in our program. We are looking forward to great season!

Zachary Junior Broncos Elite Football (ZJBEF) is a non-profit organization that does not discriminate based on color, nationality, orientation, disability, religion, social economic status, or race. We offer every child the same opportunity to play in a competitive football League.

ZJBEF competes within the Youth High School Football Preparatory League of Louisiana. Players range from the ages of 5 to 13 years old.



Please see the teams and ages below:

***Placement is determined by the participant's date of birth.

| Team | Age Group |
|--------|-----------|
| D Team | 7 Under |
| C Team | 9 Under |
| B Team | 11 Under |
| A Team | 13 Under |

Zachary Junior Broncos Elite Football

REGISTRATION INFORMATION

Please make sure all required documents are present at the time of registration. All forms can be downloaded from the website. A check list is provided below:

- Completed Registration Packet (Including the signed agreement form)
- Valid LA State ID (**Due no later than July 15, 2020**)
- LHSAA Physical completed by a Licensed Physician(**Due no later than July 15, 2020**)
- Media Release

Early Registration: Register early and save NOW thru March 17, 2020 - \$170.00 per child.
Early registration must be PAID IN FULL.

(No discount for additional children during the early registration period).

Regular Registration: March 18, 2020 - June 7, 2020 - \$200.00 per child.

Any registrations after June 7, 2020 are considered late and will be assessed a \$25.00 late fee. For any additional children of the same immediate family, the registration fee will be reduced by \$20.00 per additional child. **Only cash or money orders will be accepted for late registration.**

All fees are non-refundable. We gladly accept cashier checks, money orders, cash and payments via PayPal (www.paypal.me/zjbelite) **Check and money order payments shall be made payable to Zachary Junior Broncos Elite Football.**

The registration payment includes:

- Uniform
- Game Day Undershirt
- Insurance

Parents are responsible for acquiring a valid Louisiana State ID, Bootcamp t-shirts, practice jerseys, supplying shoulder pads, a mouth piece, a white helmet with white facemask (logos will be applied by coaching staff), white practice pants with integrated pads and cleats

******LA State IDs require at least two forms of identification verification (i.e. social security card, school IDs, passport, certified birth certificate, health insurance card, etc.). Please check with you local Office of Motor Vehicles for a complete list of accepted forms.

* Each player will be assigned a jersey number. Please see the practice jersey required below:

A Team – White B Team – Black C Team – Red D Team – White

All numbers on the practice jersey should be **Columbia Blue**.

Practice jerseys can be purchased from Red Stick Sports (5770 Essen Lane) Baton Rouge, LA.

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PARENTAL AGREEMENT

All parents are required to participate/volunteer in ZJBEF events. If a parent or designee to represent the player is not available to volunteer for events or simply may chose to remain idle, penalties will be assessed as stated in these guidelines.

A parent or guardian may opt out of volunteer duties by paying a \$100.00 fee.

Required Participation/Bronco Hours: In addition to fundraisers, all parents and guardians are asked to participate in helping during the football season. Each family is asked to voluntary at all homes games for one to two hours in length, to assist with selling of refreshments at the concession stands or assisting on the field by working the chains. Parents/guardians that fail to participate, will be assessed a \$100.00 fee. **Nonpayment of this penalty may have a negative impact on your child's playing times.**

Fundraisers: A minimum of two (2) fundraisers will be held during the 2020 Football Season. All players are required to participate. **Non participants will be excluded from ZJBEF events (i.e. annual celebration.**

Uniform/Equipment: Each football player's uniform, for all teams (A, B, C, D) will include:

- Game day uniform
- Game belt
- Game day undershirt

Eligibility: Eligible players must be within the age guidelines established by the Youth High School Football Preparatory League of Louisiana.

All players must provide a valid Louisiana State ID. IDs must be submitted prior to the first scheduled game. Also players must be in compliance with the Louisiana High School Athletic Association (LHSAA), regarding transfer of teams. If a player transfers from one team to another with the same league, that player will be ineligible for a period of one calendar year.

Maintain Elite Status: All players affiliated with the ZJBEF Organization, must maintain a "C" Average to be eligible to participate in scheduled games. Parents are required to submit copies of progress reports and reports cards as issued by the school.

Risk: This is a competitive league and football is a contact sport. While safety is always our priority, there is always a realistic risk of injury. These risks exist even with protective equipment. In an effort to minimize injury, full contact practices will be limited to (3-4) times a week.

Nutrition: Before practice and on game days, it is strongly recommended to provide your child with a meal containing lots of carbohydrates.

Practices: Our first KICK-OFF practice will be May 11, 2020.

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There will be a mandatory Boot Camp held for A and B Team players. The Boot camp will be at Zachary High School. Attendees will be required to purchase a Boot Camp t-shirt and wear black shorts. **Camp uniform is MANDATORY – Additional information will be forwarded soon regarding the dates of Boot Camp and t-shirt availability.**

During the summer, there may be Saturday practices; otherwise practices will be held three days per week during the school year. On weeks when there is no school, or a holiday, practice will be at the coach's discretion.

Practices will be held at the Doyle's Bayou Park (7801 Port Hudson-Pride Road).

The Head Coach will be responsible for notifying the ZJBEF Board and all parents of starting times and/or any changes. Unexcused absences from practices will have a negative impact on playing times.

It is required that a parent or guardian be at every practice and game for the entire duration. ZJBEF will not be responsible for children left unattended before or after practices and games. Parental Supervision is required.

Prior to the official start date of practice, Skills Training will be available for all registered players. Skills Training will be held periodically, and registered players will be notified.

*****The first day for full pads will be July 20, 2020*****

Game Day: Schedules for the upcoming season will be distributed and available via the ZJBEF website (www.zjbronzos.com).

Please note all home games will be played at Zachary High School.

Concession: The Spirit committee will have the schedule with the time, dates, and the volunteer assignments. **All concession volunteers need to be at least 16 years of age.** All food handlers will be required to use gloves which will be provided by ZJBEF organization. Reminders will be sent out prior to each assignment date.

Tobacco/Alcohol: Any parent or guardian caught with tobacco and/or alcohol during Youth High School Football Preparatory League of Louisiana events, games, or practices will be asked to leave the premises with a possible game suspension of their child and are subject to arrest by the Zachary Police Department.

We encourage healthy behavior in our players and ask that all parents and guardians lead by example. Any child caught with tobacco and/or alcohol will receive a minimum mandatory one game suspension and possible removal from the Zachary Junior Broncos Elite Football Organization.

Dismissal/Complaints: If at any time a Head Coach or Board Member feels a child is in danger or disregarding the team rules and regulations, it can be recommended to the Executive Board that the child be dismissed. The decision will be formal and will be decided with a formal hearing. Both sides will be in attendance during this process and a non-biased mediator will preside over the hearing. Once a decision is made, it will be FINAL.

Zachary Junior Broncos Elite Football

***** Everyone who is part of The Zachary Junior Broncos Elite Football organization is expected to behave in a professional manner at all times. Child (ren), parents, guardian(s) or affiliate(s) who cannot control their temper, comments, behavior, or actions will be dismissed at the sole discretion of the board after an appropriate hearing. If found in violation, these individuals will be dropped from the roster with no further obligation, liability, or consideration. Formal complaints must be submitted in writing or emailed to the president within 3 days of the aforementioned incident.***

ETHICS AND CODE OF CONDUCT

Football should be a fun and rewarding time for the players, parents, coaches, officials, and fans. Through football, Zachary Junior Broncos Elite Football League seeks to enhance the physical, mental, and emotional well-being of every child that takes part in this organization. It is the league's goal that every player will be a better citizen, and have a greater chance for success in their future endeavors, as a result of their Little League experience.

In keeping with this philosophy, the following Code of Conduct has been adopted to promote fairness, teamwork, trust, sportsmanship, responsibility, respect, and discipline of our players, coaches, parents, and fans.

- To place the emotional and physical wellbeing of all players ahead of personal desires to win
- To encourage and support all efforts of players on and off the field
- To emphasize good sportsmanship at all times
- To respect all individuals including coaches, officials, parents, and players
- To refrain from unnecessary rudeness, foul language and acts of cruelty at all times
- To instill courtesy, friendliness and kindness in our youth
- To be a team player
- To emphasize that all efforts lead to achievement and respect
- To try their best at all times

Fans/Parents:

- Be a positive role model at all times through your actions and words
- Be a supportive Fan or Parent by showing respect at all times for coaches, players and fellow fans
- Be mindful and respectful of the coaching staff by not interfering with the coaching staff's instructions before, during, or after a game
- Maintain a professional decorum and understand that everyone makes mistakes and give all the chance to correct those mistakes
- To teach their child they have a responsibility to learn and try their best
- Refrain from rudeness, foul language, belittling and acts of cruelty at all times

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FUNDRAISERS AND PARENTAL /GUARDIAN PARTICIPATION

All parents are required to participate/volunteer in ZJBEF events. If a parent or designee to represent the player is not available to volunteer for events or simply may chose to remain idle, penalties will be assessed as stated in these guidelines. **A parent or guardian may opt out of volunteer duties by paying a \$100.00 fee.**

Participation and fundraisers guidelines are listed below for your review. The penalty and payment options are included:

Fundraisers: A minimum of two (2) fundraisers will be held during the 2020 Football Season. All players are required to participate. Non participants will be excluded from ZJBEF events (i.e. annual celebration)

Required Participation/Bronco Hours: In addition to fundraisers, all parents and guardians are asked to participate in helping during the football season. Each family is asked to voluntary at all the home games one to two hours in length, to assist with selling of refreshments at the concession stands or assisting on the field by working the chains. Parents/guardians that fail to participate, will be assessed a \$100.00 fee. Nonpayment of this penalty will have a negative impact on your child's playing times.

ZJBEF PLAYING TIME POLICY

Zachary Junior Broncos Elite Football is a member of the Youth High School Football Preparatory League of Louisiana. This is a competitive league and playing time is not guaranteed. Players are assessed during skills training, practice and games to help determine positions, skill set, and knowledge of the game.

The coaching staff will make the determination on which players play in each game, the length of playing time, and the position.

| |
|---|
| PAYMENT DOES NOT GUARANTEE PLAYING TIME. |
|---|



Zachary Junior Broncos Elite Football 2020 Concessions Opt Out Form

Bronco Hours Volunteer Commitment

The Zachary Junior Broncos Elite Football program runs on 100% volunteer commitments and is available to your child because of parents'/guardians' willingness to volunteer their time and talents. As many of you already know, the program will be as successful as we make it for our children. We **MUST** count on help from **EVERY** family. In an all volunteer organization, parent participation is essential.

- Every family will be scheduled to work in the concession stand for the homes games unless you have chosen to pay the Opt Out fee of \$100.00
- Every family will be asked to help clean up the concession stand after the last game
- Every family will be asked to help throughout the season on game days with field chains
- I understand and will volunteer my time to help the organization run smoothly for our children.

NOTE:

If you unable to work the date and/or time you are scheduled, please let your team mom know in a timely manner.

Opt Out

Parent/Guardian Name: _____

Player Name: _____ Team _____

- ☐ I choose to Opt Out of the Concession Stand volunteer requirement and pay the assessed \$100.00 fee.

(Signature of Parent Guardian)

(Date)

LHSAA MEDICAL HISTORY EVALUATION

DUE: JULY 15

IMPORTANT: This form must be completed annually, kept on file with the school, & is subject to inspection by the Rules Compliance Team.

Please Print

Name: _____ School: _____ Grade: _____ Date: _____
 Sport(s): _____ Sex: M / F Date of Birth: _____ Age: _____ Cell Phone: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone: _____
 Parent / Guardian: _____ Employer: _____ Work Phone: _____

FAMILY MEDICAL HISTORY: Has any member of your family under age 50 had these conditions?

| Yes | No | Condition | Whom | Yes | No | Condition | Whom | Yes | No | Condition | Whom |
|--------------------------|--------------------------|----------------------|-------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|----------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Heart Attack/Disease | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Sudden Death | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Arthritis | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Stroke | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Arm / Wrist / Hand L / R | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Kidney Disease | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Sickle Cell Trait/Anemia | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy | _____ |

ATHLETE'S ORTHOPAEDIC HISTORY: Has the athlete had any of the following injuries?

| Yes | No | Condition | Date | Yes | No | Condition | Date | Yes | No | Condition | Date |
|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|----------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Head Injury / Concussion | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Neck Injury / Stinger | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Shoulder L / R | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Elbow L / R | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Arm / Wrist / Hand L / R | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Back | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Hip L / R | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Thigh L / R | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Knee L / R | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Lower Leg L / R | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Chronic Shin Splints | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Ankle L / R | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Foot L / R | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Severe Muscle Strain | _____ | <input type="checkbox"/> | <input type="checkbox"/> | Pinched Nerve | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Chest | _____ | Previous Surgeries: | | _____ | | | | | |

ATHLETE MEDICAL HISTORY: Has the athlete had any of these conditions?

| Yes | No | Condition | Yes | No | Condition | Yes | No | Condition |
|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Heart Murmur / Chest Pain / Tightness | <input type="checkbox"/> | <input type="checkbox"/> | Asthma / Prescribed Inhaler | <input type="checkbox"/> | <input type="checkbox"/> | Menstrual irregularities: Last Cycle: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Seizures | <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath / Coughing | <input type="checkbox"/> | <input type="checkbox"/> | Rapid weight loss / gain |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidney Disease | <input type="checkbox"/> | <input type="checkbox"/> | Hernia | <input type="checkbox"/> | <input type="checkbox"/> | Take supplements/vitamins |
| <input type="checkbox"/> | <input type="checkbox"/> | Irregular Heartbeat | <input type="checkbox"/> | <input type="checkbox"/> | Knocked out / Concussion | <input type="checkbox"/> | <input type="checkbox"/> | Heat related problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Single Testicle | <input type="checkbox"/> | <input type="checkbox"/> | Heart Disease | <input type="checkbox"/> | <input type="checkbox"/> | Recent Mononucleosi |
| <input type="checkbox"/> | <input type="checkbox"/> | High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | Enlarged Spleen |
| <input type="checkbox"/> | <input type="checkbox"/> | Dizzy / Fainting | <input type="checkbox"/> | <input type="checkbox"/> | Liver Disease | <input type="checkbox"/> | <input type="checkbox"/> | Sickle Cell Trait/Anemia |
| <input type="checkbox"/> | <input type="checkbox"/> | Organ Loss (kidney, spleen, etc) | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> | Overnight in hospital |
| <input type="checkbox"/> | <input type="checkbox"/> | Surgery | <input type="checkbox"/> | <input type="checkbox"/> | Prescribed EPI PEN | <input type="checkbox"/> | <input type="checkbox"/> | Allergies (Food, Drugs) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Medications _____ | | | | | | |

List Dates for: Last Tetanus Shot: _____ Measles Immunization: _____ Meningitis Vaccine: _____

PARENTS' WAIVER FORM

To the best of our knowledge, we have given true & accurate information & hereby grant permission for the physical screening evaluation. We understand the evaluation involves a limited examination and the screening is not intended to nor will it prevent injury or sudden death. We further understand that if the examination is provided without expectation of payment, there shall be no cause of action pursuant to Louisiana R.S. 9:2798 against the team volunteer health-care provider and/or employer under Louisiana law.

This waiver, executed on the date below by the undersigned medical doctor, osteopathic doctor, nurse practitioner or physician's assistant and parent of the student athlete named above, is done so in compliance with Louisiana law with the full understanding that there shall be no cause of action for any loss or damage caused by any act or omission related to the health care services if rendered voluntarily and without expectation of payment herein unless such loss or damage was caused by gross negligence. Additionally,

- If, in the judgment of a school representative, the named student-athlete needs care or treatment as a result of an injury or sickness, I do hereby request, consent and authorize for such care as may be deemed necessary. **Yes** **No**
- I understand that if the medical status of my child changes in any significant manner after his/her physical examination, I will notify his/her principal of the change immediately. **Yes** **No**
- I give my permission for the athletic trainer to release information concerning my child's injuries to the head coach/athletic director/principal of his/her school. **Yes** **No**
- By my signature below, I am agreeing to allow my child's medical history/exam form and all eligibility forms to be reviewed by the LHSAA or its Representative(s). **Yes** **No**

Date Signed by Parent _____ Signature of Parent _____ Typed or Printed Name of Parent _____

II. COMPLETED ANNUALLY BY MEDICAL DOCTOR (MD), OSTEOPATHIC DR. (DO), NURSE PRACTITIONER (APRN) or PHYSICIAN'S ASSISTANT (PA)

| | | | |
|--------------|--------------|----------------------|-------------|
| Height _____ | Weight _____ | Blood Pressure _____ | Pulse _____ |
|--------------|--------------|----------------------|-------------|

GENERAL MEDICAL EXAM :

| | Norm | Abnl |
|-------------|--------------------------|--------------------------|
| ENT | <input type="checkbox"/> | <input type="checkbox"/> |
| Lungs | <input type="checkbox"/> | <input type="checkbox"/> |
| Heart | <input type="checkbox"/> | <input type="checkbox"/> |
| Abdomen | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin | <input type="checkbox"/> | <input type="checkbox"/> |
| Hernia | <input type="checkbox"/> | <input type="checkbox"/> |
| (if Needed) | | |

COMMENTS: _____

OPTIONAL EXAMS:

VISION:
 L: _____ R: _____ Corrected: _____

DENTAL:
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

ORTHOPAEDIC EXAM :

| | Norm | Abnl |
|-----------------------------|--------------------------|--------------------------|
| I. Spine / Neck | | |
| Cervical | <input type="checkbox"/> | <input type="checkbox"/> |
| Thoracic | <input type="checkbox"/> | <input type="checkbox"/> |
| Lumbar | <input type="checkbox"/> | <input type="checkbox"/> |
| II. Upper Extremity | | |
| Shoulder | <input type="checkbox"/> | <input type="checkbox"/> |
| Elbow | <input type="checkbox"/> | <input type="checkbox"/> |
| Wrist | <input type="checkbox"/> | <input type="checkbox"/> |
| Hand / Fingers | | |
| III. Lower Extremity | | |
| Hip | <input type="checkbox"/> | <input type="checkbox"/> |
| Knee | <input type="checkbox"/> | <input type="checkbox"/> |
| Ankle | <input type="checkbox"/> | <input type="checkbox"/> |

From this limited screening I see no reason why this student cannot participate in athletics.

- [] Student is cleared
 [] Cleared after further evaluation and treatment for: _____
 [] Not cleared for: __contact __non-contact

Printed Name of MD, DO, APRN or PA _____ Signature of MD, DO, APRN or PA _____ Date of Medical Examination _____

This physical expires one year on the last day of the month that it was signed and dated by the MD, DO, APRN or PA.



Zachary Junior Broncos Elite Football State of Louisiana Identification Card

Identification Requirements:

The signature of the custodial parent or legal guardian is required for the issuance of any credential (including first time applications, duplicates and changing restrictions). Identification must be presented by the minor and the parent or guardian. Only the domiciliary parent may sign if joint custody has been awarded. Child must be present.

ACCEPTABLE DOCUMENTS

- Birth Certificate
- Social Security Card
- School ID
- Medical Insurance Card

COST:

- 2 year Identification card - \$11.00-\$17.00
- 4 year Identification card - \$13.00-\$19.00

LOCATIONS:

Office of Motor Vehicle – (225)925-6146
7701 Independence Blvd., Baton Rouge, LA - **Times:** M – F 8am – 4pm

East Feliciana – (225)683-5746
11086 Bank Street, Clinton, LA - **Times:** M – F 8am – 4pm (***Closed for lunch 12p-1p***)

West Feliciana – (225)635-6880
5932 Commerce Street, St. Francisville - **Times:** M – F 8am – 4pm (***Closed for lunch 12p-1p***)

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REGISTRATION FORM/ELIGIBILITY DETERMINATION

Participant's Information:

| | |
|------------------------|--|
| Child's Name | |
| Child's Address | |
| Child's Age | |
| Date of Birth | |
| Years of Football Exp. | |
| Grade Level | |
| School of Attendance | |

What Football League did your child participate in last season?

Does your child have any disability which will require special accommodations? Yes/No

Does your child have any major medical illness such as Diabetes/Heart conditions? Yes/No

Parental/Guardian Information:

| | |
|----------------------------|--|
| Parents/Guardian Full Name | |
| Email Address | |
| Home Phone/Cell Phone | |

Emergency Contact:

Name/Relationship

Phone Number

ZJBEF Official Use: Team: _____ Checked by: _____ Verified by: _____

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AGREEMENT FORM

This signature acknowledges that I have READ/REVIEWED, received, UNDERSTAND and AGREE to the ZJBEF policies regarding registration requirements/notices, the information and standards provided in the parental agreement, required participation in events, fundraisers and playing time.

I will adhere to all provisions set forth in the ZJBEF registration packet.

Participant's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____



2020 Zachary Junior Broncos Elite Organization Waiver of Liability

This is a waiver of any and all claims, causes of action and any liability of the Zachary Junior Broncos Elite Youth Football Organization and any of its employees, coaches, affiliates, associates, and/or members for the football players and cheerleaders that have registered for the 2020 Season.

The signatory hereto does hereby certify the following:

I _____ (Parent/Guardian) am the person legally responsible to waive any and all liability of the Zachary Junior Broncos Elite Youth Football Organization and any of its employees, coaches, affiliates, associates, and/or members for the football players and cheerleaders for the 2020 Season. I understand that football and cheer are inherently dangerous sports activities. I understand that injury may occur while participating in these activities; and I waive my right on my own behalf and on behalf of my minor child to any and all claims, causes of action and any liability of the Zachary Junior Broncos Elite Youth Football Organization and any of its employees, coaches, affiliates, associates, and/or members.

By my signature below, I have read this entire waiver and agree to hold harmless the Zachary Junior Elite Youth Football Organization for injuries sustained by my child in participating in any Zachary Junior Broncos Elite Youth Football Organization activities.

Printed Parent Signature

Parent Signature

Child's Name

Date

Zachary Junior Broncos Elite Football

MEDIA CONSENT

2020 Zachary Junior Broncos Elite Football Organization Media Consent and Release Form

During Zachary Junior Broncos Elite Football practices, games and/or events football players and cheerleaders may be photographed by parents, friends, and representatives of the Zachary Junior Broncos Elite Organization in order to preserve great moments, highlight achievements, as well as to help promote the organization.

By completing the form below, you will give the Zachary Junior Broncos Elite Football Organization permission to display photographs/video images of your child during practices, games and /or events held by the Zachary Broncos Elite Football Organization. This permission will be valid for as long as the organization deems appropriate, or until you have notified the organization in writing that you no longer wish to give said permission.

The person named below gives the Zachary Junior Broncos Elite Football Organization permission to use photographs and/or video images of his or her child in connection with the events and activities involving the Zachary Junior Broncos Elite Football and Cheer teams. Your signature gives consent to the use of his/her name and/or photograph in connection with the production, exhibition, distribution or other use of any photographs or motion video. I agree that his/her participation is voluntary, and without consideration or compensation.

I certify that I have read the Media Consent and Release Form statement and fully understand its terms and conditions.

Participant's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____