

ZACHARY JUNIOR BRONCOS ELITE CHEER

Zachary Junior Broncos Elite Cheer

**Contact: Ladricka Minor
225-620-2610
lyminor@cox.net**

ZACHARY JUNIOR BRONCOS ELITE CHEER

Welcome to the 2018 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 a great season!**

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.



Cheer participants must be at least 7 years old.

ZACHARY JUNIOR BRONCOS ELITE CHEER

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
- Two (2) copies of a colored photo
- LHSA Physical completed by a Licensed Physician
- Media Release

Registration Fee:

The Cheer registration fee for the year 2018 is \$ 170.00 per child.

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:

- Game day uniform
- Cheer Pomp Poms
- Cheer Bag
- Insurance

Parents are responsible for supplying a pair of white gym shoes for game days and Bootcamp t-shirt.

****Information will be forwarded soon regarding boot camp dates and t-shirt availability.**

ZACHARY JUNIOR BRONCOS ELITE CHEER

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 \$50.00 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 select (3) voluntary slots, 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 \$50.00 fee. **Nonpayment of this penalty will have a negative impact on your child's participation.**

Fundraisers:

A minimum of two (2) fundraisers will be held during the 2018 Football Season. All players are required to participate. **Non participants will be excluded from ZJBEF events (i.e. annual celebration).**

Risk:

While safety is always our priority, Cheer is a sport; there is always a realistic risk of injury.

Maintain Elite Status:

All members 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.

Practices:

TBA (To be announced) by Cheer Coach

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.

ZACHARY JUNIOR BRONCOS ELITE CHEER

Game Day:

Schedules will be available via the ZJBEF website (www.zjbronzos.com)

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 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 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.

***** 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.***

ZACHARY JUNIOR BRONCOS ELITE CHEER

ETHICS AND CODE OF CONDUCT

Cheer should be a fun and rewarding time for the participants, players, parents, coaches, officials, and fans. Through football, Zachary Junior Broncos Elite Football and Cheer program 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 participant will be a better citizen, and have a greater chance for success in their future endeavors, as a result of their 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

ZACHARY JUNIOR BRONCOS ELITE CHEER

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 \$50.00 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 2018 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 select (3) voluntary slots, 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 \$50.00 fee. Nonpayment of this penalty will have a negative impact on your child's participation.

ZACHARY JUNIOR BRONCOS ELITE CHEER

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: _____

ZACHARY JUNIOR BRONCOS ELITE CHEER

MEDIA CONSENT

2018 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: _____

ZACHARY JUNIOR BRONCOS ELITE CHEER

REGISTRATION FORM/ELIGIBILITY DETERMINATION

Participant's Information:

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

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

LHSAA MEDICAL HISTORY EVALUATION

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.