

# BAY AREA SEMINOLES FOOTBALL & CHEERLEADING

## *Participant's Checklist*

### Required Documents from Parent/Participant

- Completed Participant Application
- Signed Code of Conduct \*Printed out by the SYFL
- Proof of Age (Photo ID: CA State Issue ID or Passport and/or School Issued ID)  
**Football & Cheerleading Participants of All Ages must have a California State ID Card (REQUIRED)**
- Report Card (Last report from prior school year)
- Physical Form: On SFYL document ONLY!!
- Signed Waiver & Social Media Release, Consent to Treat and Image Form

### Checklist for SEMINOLES

- Registration Fee
- Provided Seminoles Fundraiser Info
- Signed off on your child's uniform size
- Signed up for your volunteer hours (10 hours required)
- Received "What You Need To Know"

**Must complete a profile & Register online@  
[www.bayareaseminoles.org](http://www.bayareaseminoles.org)**

Seminoles Player Agent Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_



**SNOOP YOUTH FOOTBALL LEAGUE**

**Player Season Contract**

Sign Up Date: \_\_\_\_\_ Association: \_\_\_\_\_



<b>FOR OFFICIAL USE ONLY</b>	
<b>Jersey #:</b>	_____
<b>Team Name:</b>	_____
<b>Division:</b>	_____

**No Candidate Will Be Permitted To Participate In Any Activity Until This Form Has Been COMPLETED IN FULL!**

**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
PARTICIPANTS First Name / Last Name / Middle Initial / Month / Day / Year AS OF JULY 31<sup>st</sup>

**Address:** \_\_\_\_\_ **Phone ( ) -** \_\_\_\_\_  
Street / City / Zip Code

**School Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School District:** \_\_\_\_\_

**Parents Name:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Work # ( ) - Cell # ( ) - Emergency contact # ( ) -**

**Do you have Medical Insurance?** Yes  No  **(If yes) Name of Carrier:** \_\_\_\_\_

**MEDICAL AUTHORIZATION:**

By the physical form attached I/We the parent(s) of the above named applicant hereby certify that my child has been EXAMINED by a physician and in doing so the physician DID NOT find any reason to disqualify him or her from participation in the SNOOP YOUTH FOOTBALL LEAGUE.

**PARENTS AUTHORIZATION TO PARTICIPATE:**

I/We the parents of the above named applicant to the SNOOP YOUTH FOOTBALL LEAGUE hereby give my/our approval to said applicant's participation in any and all activities during the current season. The parent acknowledges, appreciates, and agrees that: The risk of injury to my child from the activities involved in this program is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and for myself, spouse, and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my child's participation; and I myself, my spouse, my child, and on behalf on my/our heirs, assigns, personal representatives and next of kin, hereby release the other participants, sponsoring agencies, sponsors, advisors, and if applicable, owners and lessors of premises used to conduct the event (releases), with respect to any and all injury, disability, death, or loss or damage to person or property incident to my child's involvement or participation in this program, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless all the above releases from any and all liabilities incident to my involvement or participation in this program, even if arising from their negligence, to the fullest extent permitted by law.

**RULES & REGULATIONS:**

I/We willingly agree to comply with the program's stated and customary terms and conditions for participation. I/We will furnish a Certified Birth Certificate and a copy of the current year's report card of the above named applicant to the league officials. I/We give permission to the SNOOP YOUTH FOOTBALL LEAGUE to validate above named applicants school grades. I/We certify that the above named applicant is Scholastically eligible to participate. I/We agree to be financially responsible for Association/Youth equipment issued to applicant other than the normal wear and breakage during games and practice and I/We will reimburse the SNOOP YOUTH FOOTBALL LEAGUE for the loss and damage to said equipment. I/We as the parent of said candidate, understand it is the responsibility of the parent, candidate, team and Association to comply with any and all Rules & Regulations of said Association and the SNOOP YOUTH FOOTBALL LEAGUE. Any noncompliance with Rules & Regulations shall be cause for disciplinary action to be taken against said candidate, parent or team by said Association of the SNOOP YOUTH FOOTBALL LEAGUE.

**INSURANCE DISCLOSURE**

*\* A DEDUCTIBLE MAY APPLY SEE YOUR CHAPTER PRESIDENT\**

The medical expense benefits of this plan are an "EXCESS" type benefit that picks up where other coverage's leaves off. If the parent has any other Primary Coverage, whether individual, blanket or group coverage which provides benefits or services for, or by reason of, medical or dental care or treatment, then this plan, subject to the limits of the plan, will pay only the medical expenses not provided or reimbursable under your coverage. If the parent has no Primary Insurance coverage then this plan, subject to the limitations and deductibles (if any) of the plan, will provide Insurance coverage. If the parent has coverage with any Pre-Paid Medical Plans, such as (but not limited to) Cigna, FHP, Aetna, Kaiser, Blue Cross, the injured person must be taken to the pre-paid medical facilities for treatment. All claims must be filed within 90 days of the injury/ accident.

**EMERGENCY MEDICAL RELEASE:**

I/We the parents of applicant give our permission for any emergency treatment necessary either on the practice field or on the game field. I/We authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any scheduled Snoop Dogg Youth Football League functions including the supervised travel to and from said functions.

**PARENTS ACKNOWLEDGEMENT:**

I/We certify, that to the best of my/our knowledge, all of the above information is accurate and correct and that any false information may be cause for disqualification of the applicant. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without an inducement.

**PARENTS SIGNATURE** X \_\_\_\_\_ **Date** \_\_\_\_\_

**AMOUNT \$** \_\_\_\_\_ **CASH \$** \_\_\_\_\_ **CHECK NO.** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **REC'D BY** \_\_\_\_\_

**SNOOP YOUTH FOOTBALL LEAGUE**

**Cheerleader Season Contract**

Sign Up Date: \_\_\_\_\_ Association: \_\_\_\_\_



<b>FOR OFFICIAL USE ONLY</b>	
<b>Team</b>	
<b>Name:</b>	
<b>Division:</b>	

**No Candidate Will Be Permitted To Participate In Any Activity Until This Form Has Been COMPLETED IN FULL!**

**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
PARTICIPANTS First Name / Last Name / Middle Initial / Month / Day / Year AS OF JULY 31<sup>st</sup>

**Address:** \_\_\_\_\_ **Phone**(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street / City / Zip Code

**School Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School District:** \_\_\_\_\_  
This Fall

**Parents Name:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Work #** (\_\_\_\_) - \_\_\_\_\_ **Cell #** (\_\_\_\_) - \_\_\_\_\_ **Emergency contact #** (\_\_\_\_) - \_\_\_\_\_

**Do you have Medical Insurance?** Yes  No  **(If yes) Name of Carrier:** \_\_\_\_\_

**MEDICAL AUTHORIZATION:**

By the physical form attached I/We the parent(s) of the above named applicant hereby certify that my child has been EXAMINED by a physician and in doing so the physician DID NOT find any reason to disqualify him or her from participation in the SNOOP YOUTH FOOTBALL /Cheerleading activities.

**PARENTS AUTHORIZATION TO PARTICIPATE:**

I/We the parents of the above named applicant to the SNOOP YOUTH FOOTBALL LEAGUE. hereby give my/our approval to said applicant's participation in any and all activities during the current season. The parent acknowledges, appreciates, and agrees that: The risk of injury to my child from the activities involved in this program is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and for myself, spouse, and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my child's participation; and I myself, my spouse, my child, and on behalf on my/our heirs, assigns, personal representatives and next of kin, hereby release the other participants, sponsoring agencies, sponsors, advisors, and if applicable, owners and lessors of premises used to conduct the event (releases), with respect to any and all injury, disability, death, or loss or damage to person or property incident to my child's involvement or participation in this program, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby indemnify and hold harmless all the above releases from any and all liabilities incident to my involvement or participation in this program, even if arising from their negligence, to the fullest extent permitted by law.

**RULES & REGULATIONS:**

I/We willingly agree to comply with the program's stated and customary terms and conditions for participation. I/We will furnish a Certified Birth Certificate and a copy of the current years report card of the above named applicant to the league officials. I/We give permission to the SNOOP YOUTH FOOTBALL LEAGUE to validate above named applicants school grades. I/We certify that the above named applicant is Scholastically eligible to participate. I/We agree to be financially responsible for Association/Youth equipment issued to applicant other than the normal wear and breakage during games and practice and I/We will reimburse the SNOOP YOUTH FOOTBALL LEAGUE for the loss and damage to said equipment. I/We as the parent of said candidate, understand it is the responsibility of the parent, candidate, team and Association to comply with any and all Rules & Regulations of said Association and the SNOOP YOUTH FOOTBALL LEAGUE. Any noncompliance with Rules & Regulations shall be cause for disciplinary action to be taken against said candidate, parent or team by said Association of the SNOOP YOUTH FOOTBALL LEAGUE.

**INSURANCE DISCLOSURE**

*\* A DEDUCTIBLE MAY APPLY SEE YOUR CHAPTER PRESIDENT\**

The medical expense benefits of this plan are an "EXCESS" type benefit that picks up where other coverage's leaves off. If the parent has any other Primary Coverage, whether individual, blanket or group coverage which provides benefits or services for, or by reason of, medical or dental care or treatment, then this plan, subject to the limits of the plan, will pay only the medical expenses not provided or reimbursable under your coverage. If the parent has no Primary Insurance coverage then this plan, subject to the limitations and deductibles (if any) of the plan, will provide Insurance coverage. If the parent has coverage with any Pre-Paid Medical Plans, such as (but not limited to) Cigna, FHP, Aetna, Kaiser, Blue Cross, the injured person must be taken to the pre-paid medical facilities for treatment. All claims must be filed within 90 days of the injury/ accident.

**EMERGENCY MEDICAL RELEASE:**

I/We the parents of applicant give our permission for Any Emergency Treatment Necessary either on the practice field or on the game field. I/We authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any scheduled Snoop Dogg Youth Football/Cheerleading League function including the supervised travel to and from said functions.

**PARENTS ACKNOWLEDGEMENT:**

I/We certify, that to the best of my/our knowledge, all of the above information is accurate and correct and that any false information may be cause for disqualification of the applicant. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without an inducement.

**PARENTS SIGNATURE** X \_\_\_\_\_ **Date** \_\_\_\_\_

**X AMOUNT \$** \_\_\_\_\_ **CASH \$** \_\_\_\_\_ **CHECK NO.** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **REC'D BY** \_\_\_\_\_



# Snoop Youth Football League PHYSICAL EXAM FORM

No Candidate Will Be Permitted To Participate In Any  
Activity Until This Form Has Been Completed In Full!

Association: \_\_\_\_\_ Date of Physical: \_\_\_\_\_

Team Chapter: \_\_\_\_\_ Team Name: \_\_\_\_\_

Candidate's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**MEDICAL HISTORY:**

	Yes	No		Yes	No		Yes	No
Glasses/contacts	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding tendencies	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Surgery within past year	<input type="checkbox"/>	<input type="checkbox"/>	Sickle cell tendency	<input type="checkbox"/>	<input type="checkbox"/>
History of Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Repeated bone or joint injury	<input type="checkbox"/>	<input type="checkbox"/>	Head injuries within past year	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus(shot date)	_____	
Fractures within past year	<input type="checkbox"/>	<input type="checkbox"/>	Kidneys disease/infections	<input type="checkbox"/>	<input type="checkbox"/>	Current Medications	_____	
Dentals braces or dentures	<input type="checkbox"/>	<input type="checkbox"/>	Serious Illness	<input type="checkbox"/>	<input type="checkbox"/>	Remarks	_____	

**VITALS:**

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Respiration: \_\_\_\_\_

**SYSTEMS REVIEW:**

HEART (N) \_\_\_\_\_ EARS (N) \_\_\_\_\_  
 LUNGS (N) \_\_\_\_\_ NOSE (N) \_\_\_\_\_  
 ABDOMEN (N) \_\_\_\_\_ THROAT (N) \_\_\_\_\_  
 EYES (N) \_\_\_\_\_

**HERNIA:**

Umbilical / Inguinal: \_\_\_\_\_

**POSTURE / RANGE OF MOTION:**

Cervical Thoracic / Lumbar: \_\_\_\_\_

Extremities:

Upper: \_\_\_\_\_

Lower: \_\_\_\_\_

I certify that I have on this date examined this child and that, on the basis of the examination requested and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this child to compete in supervised athletic activities.

Doctors Stamp:

DOCTORS NAME (Printed): \_\_\_\_\_

DOCTORS SIGNATURE: \_\_\_\_\_

DOCTORS PH#: ( \_\_\_\_\_ ) \_\_\_\_\_



# BAY AREA AEMINOLES FOOTBALL & CHEER

## *"What You Need To Know" (Fall Season)*

The Bay Area Seminoles Football & Cheer Organization is a non-profit organization operated by caring and involved parents and volunteers. This program was developed solely for the growth and benefit of our youth, ages 5 - 14. We are very excited about this year and look forward to working with your son or daughter. The following information should help you better understand our program.

### New & Returning Participant Registration Fee

Football - Tackle (5 -14 years old) \$350.00 (Must be paid in full by July 22nd) plus a **MANDATORY \$100.00**

### **FUNDRAISER**

Cheerleading & Dance (5 -14 years old) \$350.00 (Must be paid in full by July 22nd) plus a **MANDATORY \$100.00**

**FUNDRAISER** -Registration Fees DOES NOT INCLUDE ANY OUTSIDE ACCESSORIES or Non SYFL Competitions

This association fee and fundraisers also pays for secondary insurance, football uniforms, rental of helmets, and shoulder pads, officials at each home game, documentation costs, Cheer and Football competition and playoff costs, trophies, photos and other required expenses. All Board members and volunteers are unpaid and their hours are donated. All other equipment (except cleats) is provided. The registration fee must be paid at time of sign up.

### Refund Policy

**Non-Refundable/Non-Transferable Registration/Uniform Payments:** Deposit or Full Payment of the Registration fee is non-refundable/non-transferable under any circumstances. There are no refunds for camps, clinics, shoes, cheer uniforms, hair bows or outer-wear as these are ordered custom. In the event that your child is cut/waived a refund of registration fees will be issued less the \$50 administrative and processing fee. **NO EXCEPTIONS.**

**Return Check Policy/Fees:** I understand there is a \$25.00 fee on all returned checks, which will be applied upon payment of your registration fees, will only be accepted by cashier check, money order or cash. No exceptions!!!

### Equipment Policies

All equipment / items issued to any participant, unless specifically deemed otherwise, is the property of the Bay Area Seminoles and must be returned at the end of the season or upon request from an authorized representative of the Board. Failure to return all items when due and in good working condition may result in your having to replace said equipment at your expense. You are responsible for any legal expenses incurred by the organization to retrieve said equipment.

### Practices

Team practices will begin in July. At this time, all fees must be verified "paid in full" along with all verification of all required documents (Participant Application, California I.D, and Physical Form).

Starting Week1: Practices will be held Monday through Friday

After 1<sup>st</sup> Game: Practices will drop to three (3) nights per week for the remainder of the regular season.

Practice Length: 2 hours

Play-offs: It is the coach's option to have 4 practices during the week.

After the regular season, Football players and cheerleaders will continue to practice as long as their team continues to participate in playoff games and invitational bowls.

All football players are required to have ten (10) hours of conditioning prior to practicing in full gear. All football players should wear shorts, t-shirt & football cleats during this period. When the ten hours of conditioning are completed, the football players will need to wear practice pants and girdle with pads, shoulder pads, helmet, practice jersey and cleats. All items are supplied by Bay Area Seminoles with the exception of the cleats. Cleats must meet certain requirements - please discuss this with a Board member or Coach. All players and cheerleaders should bring at least a half-gallon container of water to drink to cool down. Only water and sport drinks may be consumed by participants at practices and at game time. Food may not be consumed at practices or while playing/cheering at games. Gum chewing is prohibited.

Friends and siblings may not be left unattended at practice sites. Insurance coverage does not extend itself to non-participants. **All players and cheerleaders must receive a physical prior to attending the first season practice. No participant will be allowed on the practice field without medical clearance documentation. (No Exceptions)**

#### Attendance

Practice attendance and punctuality is critical to the development of our teams. Coaching staffs design new plays and routines on a daily basis. The unexcused absence of any participant is unfair to your child's Coaches and teammates and will place him/her in a "catch up" position while other participants are moving forward. Attendance at all practices, games and designated spirit competitions is mandatory unless participant is sick, injured, or there is a family medical emergency. Absences for any other unusual circumstances must be approved in advance by your child's Coach or a Board member. Any participant who has been under the care of a Physician for extended illness or injury must present a medical release prior to returning to participation in practice sessions or games. Participants must be on time for both practices and games. Arriving late is unfair to both the team and coaching staff. Roll call will be taken at each practice, and attendance records will be turned in at each week's end to the Football Coach Coordinator and the Cheerleader Coordinator. Tardiness and/or unexcused absenteeism may result in disciplinary action including being benched or waived from the squad.

#### Games/Season

The season will officially begin with a "Certification Jamboree". Date, times, and location will be announced in the Team Newsletter provided to each participant at the end of each Thursday's practice.

Regular season games typically start in September and extend through the month of November. Playoff games and Championship games are usually held in November. Games are usually held every Saturday during the season.

Transportation to and from all games and practices is the responsibility of the parent. If you have difficulty transporting your child to practices or games on time, your assigned Team Parent may be able to assist you in arranging carpooling. The Team Newsletter can also be used in communicating your transportation needs.

#### Team Sizes/Waivers

We can only carry a maximum of 33 football players per team and 33 cheerleaders per squad. As a result of these restrictions, waivers (cuts) are inevitable. Waivers are the decision of the Coaching Staff. While it is not uncommon to have more sign-ups than openings, a few participants will decide that this sport is not for them within the first two weeks and will decide not to participate. Please note that all team assignments are tentative until certification. Placement could be changed due to team size or player size and weight. Each game is preceded by an official "weigh-in" to ensure a competitive and fair program. Our goal is to allow as many youth as possible to participate in our program.

#### Coaching/Staff

The Coaching Staff is carefully screened and fingerprinted. Each team's staff consists of a Head Coach and up to six (6) assistant coaches and a team parent. The Head Coaches may have already selected a few of their assistant coaches but normally choose the remainder of the staff from interested parents. Coaching candidates must complete an official Coach Application. Completion of said application does not guarantee a position or interview with the Board.

#### Fundraising/Sponsorship

There will be **one mandatory fundraiser** for the season. Each team will have a sponsorship obligation. This sponsorship obligation must be paid halfway during the season game. Each team will be responsible to obtain \$25 per roster participant. This money will go towards end of season awards, events, insurance and administrative obligations.

#### Game Admission Fees

There will be an entrance fee for all SFL NorCal events. The admission fees will be as follows:

Adults 18 years and older \$5.00  
Children 6 thru 17 years old \$3.00  
Senior Citizens (55 & older) \$2.00  
League Badge Holders FREE  
Players/Cheerleaders in uniform FREE  
Children 5 years old and younger FREE

#### Communication

A "Team Newsletter" or "Seminole Email" is provided to every participant every week at the end of week practices. Participants and parents are responsible for reading the information included in the newsletter. Items in this publication

include game dates and times, maps to "away" games, event announcements, names and phone numbers, and all "need to know" information regarding the Bay Area Seminoles.

The procedure for filing a complaint regarding all issues involving the Bay Area Seminoles Organization issues is as follows: (1) Football player or Cheerleader discusses issue with the Head Coach. (2) Parent(s) and participant discuss issue with the Head Coach. (3) Parent(s) and participant discuss issue with Football Athletic Director or Cheer Director. (4) Parent(s) discuss issue with the President of the Bay Area Seminoles and/or entire Board. No complaint will be honored if out of the aforementioned sequence.

#### Parent/Guardian Participation

Parent participation is essential to the operation of our program. Sign-up sheets will be made available for the various positions (snack bar, chain gang, play official, gate keeper, etc.) prior to round robin/scrimmage. **Parents agree to donate a minimum of ten (10) volunteer hours per family, per season to the Bay Area Seminoles in addition to participating fully in various fund-raisers throughout the season. If minimum requirement volunteer hours cannot be met, a work fee of \$125.00 will be paid to the Bay Area Seminoles to hire a replacement for those hours. There are no exceptions to this policy. Without this participation, this organization cannot exist.**

Team parents act as administrator/coordinator for the Head Coach as well as organize participant's / parents' participation in fund-raisers and "home" game work schedules.

#### Dress Code

##### **Cheerleaders:**

Proper attire includes shorts or sweats with loose fitting tops and tennis-type shoes with socks and shoelaces (i.e., no sandals, boots or dress shoes). Clear nail polish may be worn. Hair should be tied back away from the face. Proper attire does not include Levis or other tight-fitting garments, nylon midriff tops (skin may not be exposed when arms are raised). No false fingernails of any kind. No jewelry or make-up. No beads in hair, ankle bracelets, watches, rings, or earrings, etc. These regulations apply at all practices and at any time when cheerleader uniform is worn.

##### **Football Players:**

Proper attire includes practice pants and girdle with pads, practice jersey, shoulder pads and helmet for the full range of motion of the arms and legs. Football cleats with a molded sole are required. Athletic supporters are also required. Proper attire includes NO screw in cleats, bandannas, scarves or jewelry (including watches).

#### Conduct of Conduct / Zero Tolerance

Football players and cheerleaders are expected to represent the Bay Area Seminoles in a manner which does not compromise the honor or integrity of the organization. While in uniform, any participant whose conduct is deemed unacceptable by either a Coach or a Board Member may be subject to disciplinary action. "Conduct" is herein defined as "any behavior or action which undermines team dynamics or the professionalism of the organization".

Any participant including but not limited to parents, children, coaches, board members, volunteers, and fans in the Bay Area Seminoles program who is abusive (verbally or physically) toward **any** person including but not limited to Opposing Teams & Bay Area Seminoles' parents, coaches, referees, players, spectators, board members, water boys, etc. will be suspended. Suspended means that said person may not attend any Bay Area Seminoles or league games or sponsored functions including practices (parents would be required to drop off and pick up children but must remain in their car if they intend on staying at the practice field).

- **First Offense** - One (1) week suspension this step may be skipped in the case of physical abuse or severe verbal abuse.
- **Second Offense** - suspension for the remainder of the season.
- **Third Offense** - suspended for life (if you are banned for life you will be unable to participate in any leagues or activities).

Do to the severity of the abusive we reserve the right to escalate the disciplinary process to include all three steps on the first offense.

**Media, Website Pictures & Names:** By signing the participant application you give permission to have your child's picture and name on Earthquakes' website; and other forms of Media outlets in conjunction with the Bay Area Seminoles Program (names will not be listed with picture on Web site).