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Section C **Players Code of Conduct**

I will faithfully keep and abide by the following rules, and carry them out to the best of my ability.

1. I will play any position assigned to me and will always do my very best for the team.
2. When my team is playing, I will stay off the playing field completely and will not interfere with those playing.
3. I solemnly pledge that I will not in any way damage, or deface any property, building or equipment.
4. I agree to abide by all decisions of game officials and will not create any unsportsmanlike gestures at any time.
5. I agree that I will be a gentleman at all times and I will refrain from using any foul language.
6. I agree that I will remain a member of the team until properly released.
7. I agree to return upon request, the uniform and other equipment issued to me in as good of condition as when I received it except for normal wear and tear.

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Section D **Parental Code of Conduct**

I/We the Parents and/or Guardians do hereby agree to abide by all rules & regulations of the Cen-Cal Junior Football League. I/We will adhere to any and all penalties imposed by the league for violations of said League Rules and or By-Laws. I promise all information provided by me on this form is honest and truthful to the best of my knowledge.

I will remain off of the sidelines and playing field during games unless I possess a Cen-Cal Pass.
I will represent my player's team and myself in a dignified and sportsmanlike manner.
I will respect the opposing team's players, parents and officials (verbally and physically) at all times.
I will respect the rules of the Field, School and/or Facility that my player is currently using.

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Section E **Equipment Log**

ITEM CHECKED	OUT	IN	COMMENTS
Jersey			
Pants			
Helmet			
Shoulder Pads			
Hip Pads			
Thigh Pads			
Knee Pads			

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Section F **Physical Clearance For Football**

Weight _____ Height _____ Hernia _____ Heart _____ Lungs _____ Blood Pressure _____ Eyes _____

Restrictions or Comments _____

PASSED PHYSICAL _____ FAILED PHYSICAL _____ Reason Failed _____

Physicians Name _____ Address _____

Physicians Signature (X) _____ Date _____