



# AAU YOUTH ATHLETE INDIVIDUAL MEMBERSHIP APPLICATION

**Membership cards are emailed only or may be printed after processing at [www.aausports.org](http://www.aausports.org)**

AAU Membership Year is September 1 to August 31

**Use Legal Name**

First		Middle			Last	
Street Address			City	County	State	Zip
Application Date		Primary Phone			Birth Date (MM/DD/YYYY)	
E-Mail Address Required, Membership cards are emailed or may be printed after processing at <a href="http://www.aausports.org">www.aausports.org</a>					Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Club Code (if Known)		Club Name (if Known)			<b>Sport</b>	

**By paying or authorizing payment of my annual membership dues, I certify that: this application is correct in every material aspect, including but not limited to my (street) address and birth date. The Applicant agrees to be bound by the AAU Code, including all AAU Policies, which are available for review on the AAU Web site at [www.aausports.org](http://www.aausports.org)**  
**If athlete/prospective member is a minor, the person completing this Application represents that he/she has the athletes parent's or guardian's consent for the athlete to become an AAU Member.**

<b>Member's Signature or Signature of person completing this application</b>	<b>Date</b>
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**YOUTH PROGRAM - (All Sports)**

- |  |  |  |
|--|--|--|
| Athletics (Track & Field, X Country, Multi Events)<br>Badminton<br>Baseball<br>Boys Basketball<br>Girls Basketball<br>Baton Twirling<br>Bowling<br>Cheerleading<br>Chinese Martial Arts<br>Cricket<br>Dance<br>Diving<br>Field Hockey<br>Fishing | Flag Football<br>Floorball<br>Football-Cheer<br>Girls & Women's Flag Football<br>Golf<br>Gymnastics<br>Gymnastics-Freestyle<br>Hockey<br>Judo<br>Jump Rope<br>Karate<br>Lacrosse<br>Physical Fitness<br>Powerlifting | Soccer<br>Softball<br>Sport Stacking<br>Surfing<br>Swimming<br>Table Tennis<br>Tackle Football<br>Taekwondo<br>Tennis<br>Trampoline & Tumbling<br>Volleyball<br>Water Polo<br>Weightlifting<br>Wrestling |
|--|--|--|

**Regular Membership**        **\$14.00**    **or**    **Extended Benefit Membership\***        **\$16.00**

**Youth Program** consists of athletic participation for ages as defined by AAU Youth sport rules. Basic Youth ages are 1 to 20. Youth Membership allows participation and insurance coverages in any and all AAU youth sports.

\* Extended Benefit Membership includes additional insurance coverage in certain programs as defined by AAU.

**Make check payable to AAU.  
 Mail application and fees to:  
 AAU Headquarters  
 P.O. Box 22409  
 Lake Buena Vista, FL 32830**

# SCEYFL-AAU CONFERENCE

Amateur Athletic Union – California AAU – Southern Pacific Region



## WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCL. COVID-19

### SECTION I: PLAYER INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	AGE AS OF JULY 31	DOB
ADDRESS		CITY	ZIP CODE	
EMERGENCY CONTACT	PRIMARY CONTACT NUMBER	SECONDARY CONTACT NUMBER	EMAIL ADDRESS	

### SECTION II: ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of SCEYFL-AAU Football & Cheer Conference and its associated member athletic programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, Influenza, and Covid-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless (insert name of sports organization) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("releasees"), with respect to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence of releasees or otherwise, to the fullest extent permitted by law.

### SECTION III: DISCLOSURE AND CONSENT

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

PARENT/GUARDIAN	PARENT/GUARDIAN SIGNATURE	DATE
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Printed Name

Signature

Date



# SCEYFL-AAU CONFERENCE

AMATEUR ATHLETIC UNION - SOUTHERN CALIFORNIA - SOUTHERN PACIFIC REGION

## PHYSICAL FORM

### SECTION I: CHAPTER INFORMATION | TO BE COMPLETED BY CHAPTER OFFICIALS

CHAPTER \_\_\_\_\_ TEAM CITY \_\_\_\_\_

DIVISION:	6U	8U	10U	12U	13U	14U	CHEERLEADING
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### SECTION II: PLAYER INFORMATION | TO BE COMPLETED BY CANDIDATE PLAYER & PARENTS

FIRST NAME	MIDDLE NAME	LAST NAME	AGE OF JULY 31
NAME ON POLICY		PRIMARY MEDICAL INSURANCE COMPANY	POLICY NUMBER

### SECTION III: PARTICIPANT MEDICAL HISTORY | TO BE COMPLETED BY CANDIDATE PLAYER & PARENTS

1. Are there any injuries requiring medical attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Is the participant diabetic/require medication for diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are there any past surgeries or scheduled surgeries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Does the participant currently require medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the participant currently under medical care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Does/has the participant have/had seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the participant currently taking any medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Does the participant wear glasses or contact lenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the participant have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Does the participant wear a brace or medical device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the participant have asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Does the participant have physical limitations/conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space:

I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it is my responsibility to obtain written permission from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

PARENT/GUARDIAN	PARENT/GUARDIAN SIGNATURE	DATE
Printed Name	Signature	Date

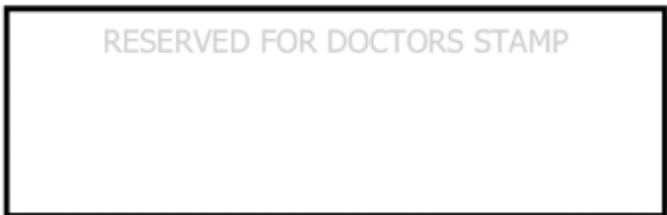
RELATIONSHIP TO MINOR: FATHER  MOTHER  LEGAL GUARDIAN

### SECTION IV: MEDICAL EXAMINATION | TO BE COMPLETED ONLY BY A STATE LICENSED MEDICAL PROFESSIONAL

HEIGHT:	WEIGHT:	BLOOD PRESSURE:
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**DO NOT SIGN OR STAMP DOCUMENT IF CHILD DOES NOT PHYSICALLY QUALIFIED TO PARTICIPATE WITHOUT RESTRICTIONS**

I certify that I have on this date examined this child and that, on the basis of the examination requested and the child's medical history as furnished to me, meet the requirement for participation in this youth football and cheer program.



Examining Dr. \_\_\_\_\_ Office Phone \_\_\_\_\_ Date \_\_\_\_\_





# SCEYFL-AAU CONFERENCE

AMATEUR ATHLETIC UNION - SOUTHERN CALIFORNIA - SOUTHERN PACIFIC REGION



## PARENT/SPECTATOR CODE OF CONDUCT

In an effort to maintain the integrity of this program, which is based on teamwork, discipline, respect, commitment and good sportsmanship, the following are to be observed and obeyed by all. One of the goals of the Southern California AAU (SCEYFL) program is to provide a safe and fun learning environment for the youth of our community. We strive to create an opportunity for our kids to work together as a team toward common goals. We emphasize sportsmanship, teamwork, and respect for authority figures (officials and coaches), players and other spectators. SCEYFL will not tolerate verbal or physical abuse of its volunteer coaches, game officials or players from any parent, player or spectator. Parents and spectators, just as players and coaches, are expected to abide by the Code of Conduct described here at all SCEYFL events. While most of the adults and children in the program will abide by this code without being instructed, it is being published to protect the children, the integrity of our program and to emphasize the values of the SCEYFL.

As a parent or spectator, I will:

- Support the coaches, players and/or cheerleaders and help teach the value of commitment to the team, sportsmanship, ethical conduct and fair play;
- Support my child's team and help my child and SCEYFL make athletic contests a positive and educational experience;
- Direct constructive criticism of my child's team's program to the head coach and/or SCEYFL Board members at an appropriate time. I will work towards a positive result for all concerned;
- Accept decisions of the game officials (including coaches) on the field as being fair and called to the best ability of said officials. The officials are in charge of all games and their decisions are final;
- Exhibit exemplary sportsmanship at all times;
- Emphasize to my child that good athletes strive to be good students;
- Strive to make every football activity serve as a training ground for life;
- Abstain from being under the influence of or in possession of alcoholic beverages and the possession or use of any illegal substance on both game and practice fields;
- Stay behind the designated spectator line during a game;
- Be responsible for the actions and conduct of any guests that I bring to any SCEYFL event.

As a parent or spectator, I will not:

- Interfere/interrupt the coaching staff during the games or practices;
- Criticize officials or coaches, direct abuse or profane language toward them or otherwise subvert their authority;
- Criticize an opposing team, its players, coaches or spectators by word of mouth, by gesture or by deliberately inciting unsportsmanlike behavior
- In any way, at any SCEYFL game or practice or any SCEYFL event, conduct myself in a manner which fails to demonstrate good sportsmanship and compliance with the spirit of this Code of Conduct.

Consequences of Behavior

- At any SCEYFL event, practice or competition, any adult who verbally abuses, attempts to intimidate, is flagrantly rude to, or does not control his/her language or actions with a player, official, coach, spectator, will be asked to leave the event by a SCEYFL Board member. If the spectator fails to leave upon request, law enforcement authorities may be called to remove the spectator.
- Any adult that conducts himself or herself in a manner not consistent with the spirit of this Code of Conduct may be banned from SCEYFL events for the remainder of the season and any future season.
- Any adult who physically assaults an official, coach, SCEYFL Board member, player, participant or another spectator will be banned from the SCEYFL. After one year, the parent may apply for reinstatement. SCEYFL may, at its discretion, lift the ban. The term physical assault includes, but is not limited to: hitting, slapping, pushing, spitting, kicking or striking in any way with any part of the body or any physical implement.

PARENT/GUARDIAN	PARENT/GUARDIAN SIGNATURE	DATE
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Printed Name

Signature

Date

# SCEYFL-AAU CONFERENCE

Amateur Athletic Union – California AAU – Southern Pacific Region



## PARTICIPANT APPLICATION/CONTRACT

### SECTION I: PLAYER INFORMATION | *TO BE COMPLETED BY CHAPTER OFFICIALS*

FIRST NAME	MIDDLE NAME	LAST NAME	AGE AS OF JULY 31	DOB
ADDRESS		CITY	ZIP CODE	
EMERGENCY CONTACT	PRIMARY CONTACT NUMBER	SECONDARY CONTACT NUMBER	EMAIL ADDRESS	

CHAPTER USE ONLY- DO NOT ENTER INFORMATION BETWEEN THESE LINES

DIVISION ASSIGNMENT: \_\_\_\_\_

CHAPTER USE ONLY- DO NOT ENTER INFORMATION BETWEEN THESE LINES

### SECTION II: DISCLOSURE AND CONSENT | *TO BE COMPLETED BY CANDIDATE PARENTS/GUARDIANS*

#### PARENT CONSENT

I/We the parents/guardians of the above-named candidate hereby give my/our approval to his participation in any and all SCEYFL-AAU activities during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from such activities. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the team, chapter, and the SCEYFL-AAU, including sponsors and other related participants, for any injury to my/our child. SCEYFL-AAU has advertising, modeling and photo copyrights.

#### EQUIPMENT RESPONSIBILITY

I/We as parent/guardian of said candidate do hereby assume full and complete responsibility for the proper care and maintenance of all equipment loaned to candidate. I understand all equipment is to be used for SCEYFL-AAU activities only and that all equipment remains the legal property of the chapter. I/We agree to reimburse the chapter for any and all equipment loaned to my child, which is lost, damaged or stolen; with the payment due when equipment is requested, or immediately upon the withdrawal of said candidate.

#### RULES AND REGULATIONS

I/We as parent/guardian of said candidate understand it is the responsibility of the parent/guardian, candidate, team and chapter to comply with any and all rules and regulations of SCEYFL-AAU. Any noncompliance with rules and regulations shall be cause for dismissal or suspension from all future SCEYFL-AAU sanctioned events.

PARENT/GUARDIAN	PARENT/GUARDIAN SIGNATURE	DATE
Printed Name	Signature	Date

RELATIONSHIP TO MINOR: FATHER  MOTHER  LEGAL GUARDIAN

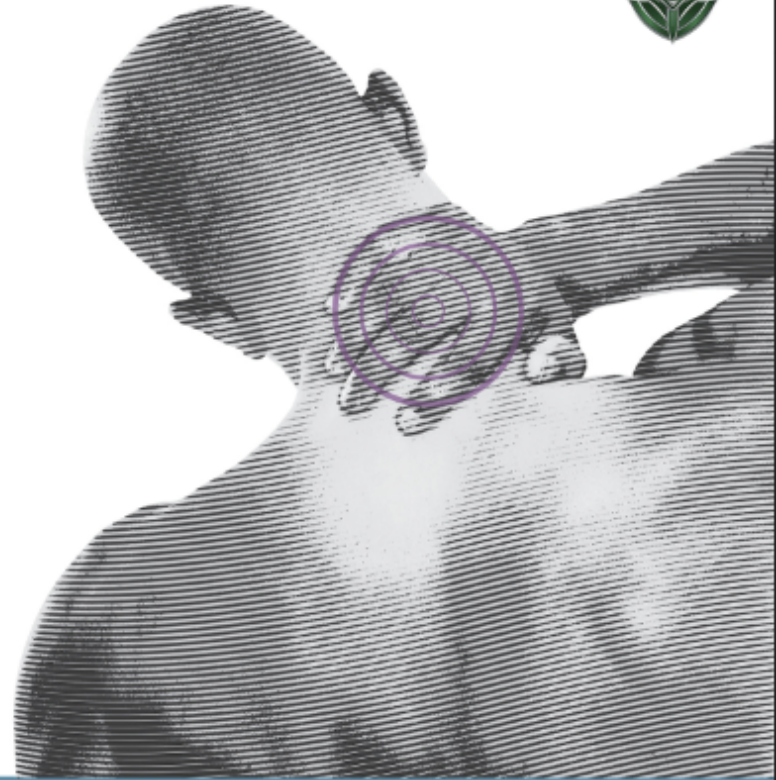




## KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options **may actually work better** and have fewer risks and side effects. Options may include:

- ❑ Pain relievers such as acetaminophen, ibuprofen, and naproxen
- ❑ Some medications that are also used for depression or seizures
- ❑ Physical therapy and exercise
- ❑ Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.



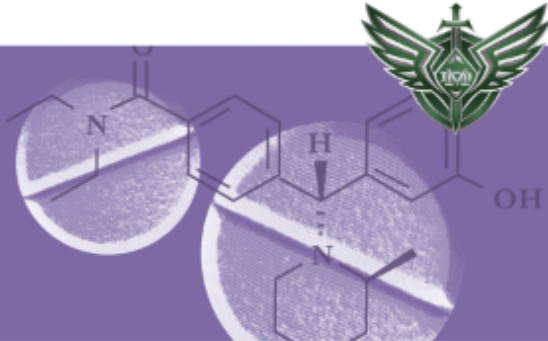
## IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- ❑ Never take opioids in greater amounts or more often than prescribed.
- ❑ Follow up with your primary health care provider within \_\_\_\_ days.
  - Work together to create a plan on how to manage your pain.
  - Talk about ways to help manage your pain that don't involve prescription opioids.
  - Talk about any and all concerns and side effects.
- ❑ Help prevent misuse and abuse.
  - Never sell or share prescription opioids.
  - Never use another person's prescription opioids.
- ❑ Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- ❑ Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration ([www.fda.gov/Drugs/ResourcesForYou](http://www.fda.gov/Drugs/ResourcesForYou)).
- ❑ Visit [www.cdc.gov/drugoverdose](http://www.cdc.gov/drugoverdose) to learn about the risks of opioid abuse and overdose.
- ❑ If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

### Be Informed!

Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.

# PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

## WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

**Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use.** An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

As many as  
**1 in 4**  
PEOPLE\*



receiving prescription opioids long term in a primary care setting struggles with addiction.

\* Findings from one study

## RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention



American Hospital  
Association®

CS264107C

May 9, 2016





shall display a clearly recognizable mark or notice in the helmet indicating the month and year of the last certification.

(h) A minimum of one state-licensed emergency medical technician, paramedic, or higher-level licensed medical professional shall be present during all preseason, regular season, and postseason games. The emergency medical technician, paramedic, or higher-level licensed medical professional shall have the authority to evaluate and remove any youth tackle football participant from the game who exhibits an injury, including, but not necessarily limited to, symptoms of a concussion or other head injury.

(i) A coach shall annually receive first aid, cardiopulmonary resuscitation, and automated external defibrillator certification.

(j) At least one independent non rostered individual, appointed by the youth sports organization, shall be present at all practice locations. The individual shall hold current and active certification in first aid, cardiopulmonary resuscitation, automated external defibrillator, and concussion protocols. The individual shall have the authority to evaluate and remove any youth tackle football participant from practice who exhibits an injury, including, but not limited to, symptoms of a concussion or other head injury.

(k) Safety equipment shall be inspected before every full-contact practice or game to ensure that all youth tackle football participants are properly equipped.

(l) Each youth tackle football participant removed pursuant to this section shall comply with Section 124235. The injury shall be reported to the youth tackle football league.

(m) Each youth tackle football participant shall complete a minimum of 10 hours of noncontact practice at the beginning of each season for the purpose of conditioning, acclimating to safety equipment, and progressing to the introduction of full-contact practice. During this noncontact practice, the youth tackle football participants shall not wear any pads and shall only wear helmets if required to do so by the coaches.

(n) A youth sports organization shall annually provide a declaration to its youth tackle football league stating that it is in compliance with this article and shall either post the declaration on its internet website or provide the declaration to all youth tackle football participants within its youth sports organization.

#### **124242.**

On and after January 1, 2021, a youth tackle football league shall comply with both of the following:

(a) Establish youth tackle football participant divisions that are organized by relative age or weight or by both age and weight.

(b) Retain information from which the names of individuals shall not be identified for the tracking of youth sports injuries. This information shall include the type of injury, the medical treatment received by the youth tackle football participant and return to play protocols followed by the participant pursuant to subdivision (l) of Section 124241.

#### **124243.**

Nothing in this article shall prohibit any youth sports organization or youth tackle football league from adopting and enforcing rules intended to provide a higher standard of safety for youth tackle football participants than the requirements established under this article.





(11) Youth football organizations have implemented policies for concussion response, proper hydration, equipment fitting, and age and weight requirements.

(12) California prohibits high school and middle school football teams from conducting more than two full-contact practices per week during the preseason and regular season, and California also prohibits the full-contact portion of a practice from exceeding 90 minutes in any single day and completely prohibits full-contact practice during the off-season.

(13) The awareness of the possible injury risks associated with football are now widely known and accepted by parents, players, coaches, officials, medical professionals, and the general public.

(14) The decision to play youth football ultimately rests with the parents, after their thoughtful consideration of the risks and benefits, as to whether participation in youth football is in their child's best interest.

(15) In order to ensure youth tackle football participant safety and competitive play, youth tackle football leagues should be divided into divisions based on the participant's relative size and maturity, including classifications by appropriate weight, age, and size.

(b) It is therefore the intent of the Legislature to build upon prior legislation, including Assembly Bill 2007 (Chapter 516 of the Statutes of 2016), to improve youth tackle football safety with new safety standards while honoring youth tackle football's spirit and tradition.

## **SEC. 2.**

Article 2.7 (commencing with Section 124240) is added to Chapter 4 of Part 2 of Division 106 of the Health and Safety Code, to read:

### **Article 2.7. California Youth Football Act**

#### **124240.**

(a) This article shall be known, and may be cited, as the California Youth Football Act.

(b) As used in this article:

(1) "Coach" means a person appointed by a youth sports organization to supervise or instruct a participant in the sport of youth tackle football.

(2) "Full-contact portion" of practice is defined as the period of time in drills or live action that involves contact at game speed.

(3) "Full-contact practice" means a session where one or more drills or live action is conducted that involves contact at game speed, as in an actual tackle football game or scrimmage. This includes simulations or drills that involve any number of players.

(4) "Heat-related illness" includes, but is not necessarily limited to, heat cramps, heat syncope, heat exhaustion, and exertional heat stroke.

(5) "Off-season" means a period extending from the end of the regular season until 30 days before the commencement of the next regular season.

(6) "Play" includes participation in a youth tackle football game, scrimmage, or practice.

(7) "Preseason" means a period of 30 days before the commencement of the regular season.



(8) "Regular season" means the period from the first league football game or scrimmage until the completion of the final football game of that season.

(9) "Safety equipment" includes, but is not necessarily limited to, all of the following:

(A) A helmet and its associated parts, including, but not necessarily limited to, a face mask and mouthguard.

(B) Hip, knee, and shoulder pads.

(C) A jersey.

(D) A tailbone protector.

(E) Pants and thigh guards.

(F) Shoes, including cleats.

(10) "Youth sports organization" means an organization, business, or nonprofit entity that sponsors or conducts amateur sports competition, training, camps, clinics, practices, or clubs.

(11) "Youth tackle football league" means the organization that groups together youth sports organizations that conduct youth tackle football, administers rules, and sets game schedules. It may or may not be associated with a national organization.

#### **124241.**

On and after January 1, 2021, a youth sports organization that conducts a tackle football program shall comply with all of the following requirements:

(a) A tackle football team shall not conduct more than two full-contact practices per week during the preseason and regular season.

(b) A tackle football team shall not hold a full-contact practice during the off-season.

(c) The full-contact portion of a practice shall not exceed 30 minutes in any single day.

(d) A coach shall annually receive a tackling and blocking certification from a nationally recognized program that emphasizes shoulder tackling, safe contact and blocking drills, and techniques designed to minimize the risk during contact by removing the involvement of youth tackle football participant's head from all tackling and blocking techniques.

(e) Each youth tackle football administrator, coach, and referee shall annually complete all of the following:

(1) The concussion and head injury education pursuant to Section 124235.

(2) The Opioid Factsheet for Patients pursuant to Section 124236.

(3) Training in the basic understanding of the signs, symptoms, and appropriate responses to heat-related illness.

(f) Each parent or guardian of a youth tackle football participant shall receive concussion and head injury information for that athlete pursuant to Section 124235 and the Opioid Factsheet for Patients pursuant to Section 124236.

(g) Each football helmet shall be reconditioned and recertified every other year, unless stated otherwise by the manufacturer. Only entities licensed by the National Operating Committee on Standards for Athletic Equipment shall perform the reconditioning and recertification. Every reconditioned and recertified helmet





## Assembly Bill No. 1 CHAPTER 158



An act to add Article 2.7 (commencing with Section 124240) to Chapter 4 of Part 2 of Division 106 of the Health and Safety Code, relating to youth athletics.

[ Approved by Governor July 31, 2019. Filed with Secretary of State July 31, 2019. ]

### LEGISLATIVE COUNSEL'S DIGEST

AB 1, Cooper. Youth athletics: California Youth Football Act.

Under existing law, a school district, charter school, or private school that elects to offer an athletic program is prohibited from allowing a high school or middle school football team to conduct more than 2 full-contact practices, as defined, per week during the preseason and regular season, as defined, and from conducting a full-contact practice during the off-season.

This bill would express legislative findings and declarations relating to youth football and specifically relating to player safety. The bill, on and after January 1, 2021, would require a youth sports organization, as defined, that conducts a tackle football program to comply with certain requirements, including, among other things, not conducting more than 2 full-contact practices, as defined, per week during the preseason and regular season; not holding a full-contact practice during the off-season; having coaches receive a tackling and blocking certification, as specified; having designated personnel annually complete specified concussion and head injury education, a specified factsheet related to opioids, and designated training relating to heat-related illness, as defined; meeting specified requirements relating to safety equipment; having a licensed medical professional present during games, as specified; having coaches receive first aid, cardiopulmonary resuscitation, and automated external defibrillator certification; and inspecting safety equipment, as specified.

The bill, on and after January 1, 2021, would require a youth tackle football league to establish youth tackle football participant divisions that are organized by relative age or weight or by both age and weight, and to retain information for the tracking of youth sports injuries, as specified. The bill would declare that nothing in its provisions would prohibit any youth sports organization or youth tackle football league from adopting and enforcing rules providing a higher level of safety than the requirements of this bill.

#### DIGEST KEY

Vote: majority Appropriation: no Fiscal Committee: no Local Program: no

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## BILL TEXT

### THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

#### SECTION 1.

(a) The Legislature finds and declares all of the following:

(1) Youth football's highest priority is the safety and well-being of its participants. California children must have the right to be protected with safe youth football standards and practices empowering parents to make informed choices regarding the elected activities of their children.

(2) Nationwide, over 2.5 million players, coaches, cheerleaders, and parent volunteers participate in youth football.

(3) Youth football promotes the values of teamwork, self-discipline, diversity, academics, nutrition, leadership, and acceptance.

(4) Youth football promotes an active lifestyle that helps combat obesity rates in youth, which have increased by 300 percent over the past four decades and that lead to a broad range of health problems previously not seen until adulthood, such as high blood pressure, type 2 diabetes, and elevated blood cholesterol levels.

(5) Youth sports have become increasingly expensive due to the elimination of after school sports programs and the proliferation of travel teams and tournament-centric scheduling, but youth football remains an affordable neighborhood-based sport that is accessible in every community in California, irrespective of socioeconomic status or geographic location.

(6) Football is one of California's most popular sports, and the safety and well-being of the players is youth football's top priority.

(7) Many youth football organizations have implemented policies requiring the annual or biannual recertification of all football helmets by the helmet manufacturer or by an independent third party and the replacement of helmets that are damaged or that do not meet the current safety standards or recertification requirements.

(8) New helmet testing standards are being implemented to enable players to wear the safest helmet possible, and manufacturers continue to advance helmet technology.

(9) Blocking and tackling techniques designed to remove the head from contact have become the nationwide standard for teaching blocking and tackling, and coaches are required to complete annual certification and continuing education in blocking and tackling techniques that emphasize the removal of the head from any blocking or tackling and that provide coaches with noncontact drills designed to reinforce this training.

(10) The federal Centers for Disease Control and Prevention Concussion Protocol Training has become standard for many youth football organizations and coaches in an attempt to minimize the risk of injury for youth football players, and the training is designed to identify those players who exhibit symptoms of a concussion, to prescribe protocols for the immediate removal of those players from the game or practice, and to outline stringent "return to play" protocols that coaches, players, and parents must follow after a youth football player has received clearance from a medical doctor before that player is allowed to return to full participation.