

# **SCOTT ATHLETIC ASSOCIATION, INC.**

# **SPRING FOOTBALL SIGNUP INSTRUCTIONS**

**(Please read carefully)**

- Complete the Chesterfield Quarterback League Form
- Complete the Authorization for Medical Care of a Minor Form
- Complete the Liability for Minor Participants Form
- Complete the Parks and Recreation Code of Conduct Form
- Complete ONE of the two Chesterfield Quarterback League Parent Code Forms. There is one for 7U parents and one for all other levels parents.
- Complete the player information sheet.
- Enclose check payable to *Scott Athletic Association, Inc.* OR indicate HERE if you would like to receive an electronic invoice to pay online \_\_\_\_\_ (check mark). Email Address is Required on Chesterfield Quarterback League form for this.
- Attach a copy of your player's DMV Child ID Card (required by league, birth certificates are no longer accepted).

**All registration forms (itemized above) must be completed legibly, payment received, and DMV Child ID card copy attached, to be eligible to participate in any practices or events for Spring Football. NO EXCEPTIONS.**

**NO REFUNDS after uniforms are ordered on 2/21/26.**

**\$100.00 REGISTRATION FEE**

Includes items you keep!  
(Game jersey, matching shorts).  
Must be signed up and paid by 2/21/26 to  
have your name on your uniform

**GO SCORPIONS!!!!!!**

# **CHESTERFIELD QUARTERBACK LEAGUE**

## **APPLICATION TO PLAY FOOTBALL**

Association- SCOTT

Year 2026

Check One

Fall    Spring X

<u>Circle one</u>	<u>CQL USE ONLY</u>	<u>WEIGHT</u>
7U    9U    11U    13U    15U	OPC   LN   FTF   OPL   OP   OPW   W   PD   S	_____

Player's name \_\_\_\_\_

Player's Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Parent/Guardian's Cell phone number \_\_\_\_\_

Age (as of July 31, 2026) \_\_\_\_\_

Parent/Guardian's Email Address \_\_\_\_\_

Elementary School Boundary \_\_\_\_\_

Current School Attending \_\_\_\_\_

Middle School Boundary \_\_\_\_\_

High School Boundary \_\_\_\_\_

Did Child Play Last Year? YES    NO \_\_\_\_\_

Has the Child Ever Played? YES    NO \_\_\_\_\_

If yes, for who \_\_\_\_\_

I/We, the parents of the above, a candidate for a position on the Scott team,  
(Association-Team)

which is a Member Association of the Chesterfield Quarterback League, Hereby gives my/our approval of his/her participation in any and all League sponsored activities.

I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities, and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Chesterfield Quarterback League, the Organizers, Sponsors, Supervisors, Participants, the Scott Athletic Association, and Persons and/or all of them and waive all claims against any or all of them except to the extent and in the amount covered by accident or liability insurance.

I/We shall furnish a certified Virginia DMV Identification Card requested by the League for the above candidate at the time and place of his/her initial weigh-in or at some other time or place designated by the Commissioner.

I/We grant the Commissioner, Chesterfield Quarterback League, permission to verify, if necessary, my/our child's school records pertaining to birth date and residence information only.

I/We certify the information contained in the Application is true, correct, and complete. I/We understand that any false statements reported on this Application may be considered as an attempt to disregard the rules of the Chesterfield Quarterback League and may likely result in your child(ren) suspended from further participation for the remaining of the current season and/or the offending association(s) will be held accountable, subject to penalties.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONFIDENTIAL**  
**Authorization for Medical Care of a Minor**

I, \_\_\_\_\_ the undersigned parent or legal guardian of \_\_\_\_\_ do hereby authorize SCOTT Athletic Association, TO CONSENT to any x-ray examination, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Virginia.

IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate medical or hospital care it may not be possible to contact me, and that in such situations I will not be able to knowledgeably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all medical treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor.

Date \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

In case of an emergency please contact \_\_\_\_\_ Phone \_\_\_\_\_

**Treatment Information**

Minor's Birth Date \_\_\_\_\_ Minor's Allergies \_\_\_\_\_

Minor's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Minor's Medication \_\_\_\_\_

Date of Minor's Last Tetanus Shot \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Does your child have any known allergies or is your child allergic to any medications? \_\_\_\_\_

If yes, please list any allergies and their reaction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there are any "Helpful Hints" (previous cheering, bathroom frequency, etc.) or "fears" (heights, being in front of people, etc.) you would feel helpful for me to know, please list them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONFIDENTIAL**

# RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

## READ BEFORE SIGNING

IN CONSIDERATION OF my child/ward being allowed to Name of Minor Child/Ward participate in any way in the **Chesterfield Quarterback League and its member associations** related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWLINGLY 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 child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the **Chesterfield Quarterback League and its member associations**; its directors, officers, officials, agents, employees, volunteers, 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 INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. 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 Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

**I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of Child/Ward: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

## UNDERSTANDING OR RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Name of Child/Ward: \_\_\_\_\_

Signature of Child/Ward: \_\_\_\_\_

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

**This signed waiver/release should be kept on file by the sports organization for at least 7 years or possibly longer if the player has been involved in a serious injury.**

### **Chesterfield County Parks and Recreation Code of Conduct**

**The Chesterfield County Parks and Recreation Advisory Commission has adopted the following code of conduct as a result of its concerns for good sportsmanship in cosponsored youth activities. Youth sports can be used as an opportunity for young people to learn how to engage in healthy competition while maintaining respect for their opponents. All parties to athletic competitions should adhere to the highest standards of positive support for the contestants. By participating in Chesterfield County Youth Sport Programs, all parties must abide by the Code of Conduct. Violations may result in the loss of privileges at county facilities.**

I (and my guests) will be a positive role model for my children and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.

I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent, such as booing and taunting, refusing to shake hands or using profane language or gestures.

I will respect the officials and their authority. I will refrain from questioning, discussing or confronting coaches during the games, and will take time to speak with the officials or coaches at an agreed upon time and place.

I will remember that children participate to have fun and that the game is for the youths, not the adults.

I will demand a sports environment for my child that is free from drugs and alcohol and will refrain from their use at all youth sports events.

I realize that the purpose of my attendance is to observe a contest and support recreation activities, not a license to verbally assault others or be generally obnoxious.

I will respect the athletic facility in which I am visiting and will not damage or deface park or school property.

**I have read and understand the code of conduct and consent to abide by all listed terms.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Parents Code of Conduct



## PARENT CODE

### **7U FLAG (Skip this form if 9U, 11U, 13U or 15U)**

We, the Chesterfield Quarterback League have implemented the following Parent Code of Conduct for the important message it holds about the proper role of parents in supporting their child in sports. Parents should read, understand and sign this form prior to their children participating in our league. Any parent guilty of improper conduct at any game or practice will be asked to leave the sports facility and be suspended from the following game. Repeat violations may cause a multiple game suspension, or the season forfeiture of the privilege of attending all games.

#### Preamble

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles:

- Trustworthiness, • Respect, • Responsibility, • Fairness, • Caring, and • Good Citizenship.

The highest potential of sports is achieved when competition reflects these “six pillars of character.”

#### **I therefore agree:**

**I will NOT be a sideline coach or referee. I will limit my comments to positive reinforcement and encouragement to my child and his teammates.**

I will lead by example in exhibiting sportsmanship and fair play at every practice and game competition. I will encourage this behavior from other coaches, players, officials, parents and supporters

I will place the emotional and physical well-being of my child ahead of a personal desire to win. Winning should be the result of preparation, hard work and discipline.

If my child develops a behavior-related problem that repeatedly disrupts practice and/or games, I promise to work with my child's coach to resolve the problem.

I will do my very best to make football fun for my child and his teammates.

I promise to treat other fans, coaches, players, and officials with respect, regardless of race, sex, or ability, and I will expect to be treated the same in return.

I will not engage in physical or verbal confrontations with players, coaches, officials or fans before, during or after practices or game competitions.

I will refrain from the use of foul or offensive language.

I will provide encouragement to my child and teammates. I will refrain from making negative comments to my child or his teammates.

I will support the coaches and officials working with my child in order to encourage a positive and enjoyable experience for all.

I will be gracious in victory and dignified in defeat.

I will remember that the game is for my child and their teammates, not for adults.

I will remember that as a fan, I represent the Chesterfield Quarterback League. I understand that any concerns about officiating and/or coaching during a game must be directed to the team manager. I also understand that poor behavior during practices, games, may result in expulsion from the football complex, where I must wait next to my car in the parking area for my child. If this occurs, it may result in expulsion from the club.

I will not force my child to participate in sports.

I will remember that children participate to have fun and that the game is for youth, not adults. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.

I will learn the rules of the game and the policies of the league.

I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.

I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.

I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.

I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.

I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.

I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.

I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.

I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.

I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.

I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.

I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

I, as a parent, understand that 7U Flag is a contact division. CQL does not require associations to wear any protective pads at this age (ie Soft helmets, padded pants, and/or integrated padded compression shirts).

The above protective gear can be worn, if suited and permitted by your particular association.

Blocking, contact, and some physicality will occur.

I understand that my child may get knocked down. I understand that my child will get contacted.

I hereby sign off on all legal contact that happens in practice and within in all CQL regulated games.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# SCOTT ATHLETIC ASSOCIATION, INC.

## Spring Football Uniform Information Form:

Player Name: \_\_\_\_\_

Player Team (*circle one*)    7U    9U    11U    13U    15U

Shirt/Jersey Size (*circle one*)

YS    YM    YL    YXL    AS    AM    AL    AXL    A2XL    A3XL

Shorts Size (*circle one*)

YS    YM    YL    YXL    AS    AM    AL    AXL    A2XL    A3XL

Preferred Jersey Numbers (not guaranteed, we will do our best)

*First Choice* \_\_\_\_\_ *Second Choice* \_\_\_\_\_ *Third Choice* \_\_\_\_\_

Parent Contact Telephone \_\_\_\_\_

REMINDER – NO REFUNDS once uniforms  
are ordered on 2/21/2026.