

WELCOME TO SYFL CHEER PROGRAM

SYFL GUIDE TO A SUCCESSFUL CHEER SEASON

PRESENTED BY:
SYFL, EXECUTIVE CHEER STAFF

SNOOP YOUTH FOOTBALL LEAGUE MISSION STATEMENT



Our mission is to provide youth, regardless of ethnic or economic background, the chance to learn the values of character, integrity, discipline, and team work through Football & Cheer; To integrate all communities through a common interest in Sports and Academics; To promote fair play and fellowship; and To teach the game elements by promoting safety and healthy competition.

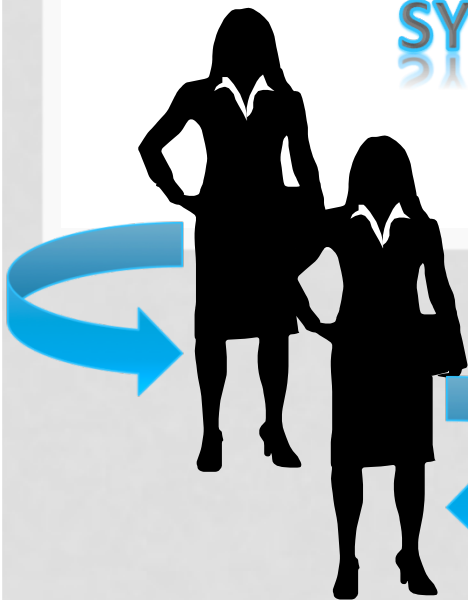
Expectations Maintain Integrity; Mentor our Girls; Stress the Importance of Academics; Teach Responsibility, Accountability and **Ethics**; Enforce Field Etiquette & Dedication to Cheer.

SYFL EXECUTIVE – CHEER STAFF BOARD

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SYFL EXECUTIVE CHEER BOARD ORGANIZATIONAL CHART



CO-DIRECTORS
Vanetta Smith
Keisha Williams

- Define Strategies
- POC for Presidents
- Vendor Relations
- Oversee Cheer Program
- Establish Rules & Violations

CERTIFICATION ADMIN
 Carla Patrick
 LaShunda Lambert

BUSINESS MGR
 Tawanda Carpenter

CHEER COORDINATOR MGR
 Wendy Lemle

COACHING MGRS
 Dashi Cochran
 Brittany "Brit Brat" Stephenson

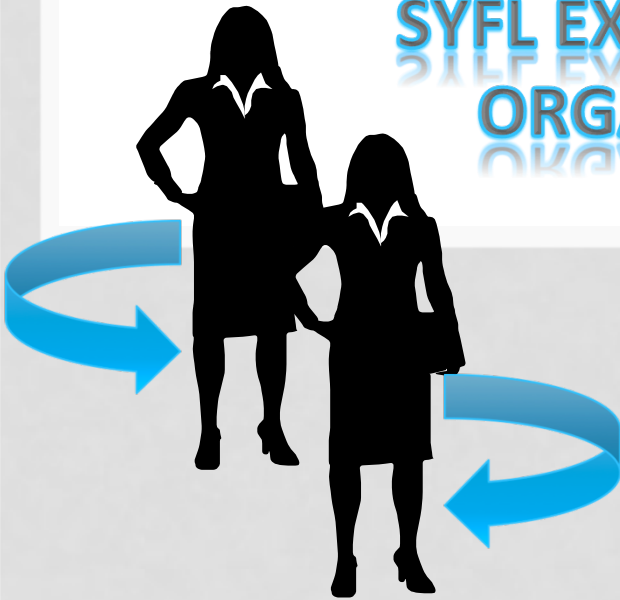
- Registration Documents
- Certification
- Roster Collection
- Develop Team Profiles
- Verify Live Scan
- Cheer Violation Reps

- Administrative Assistant
- Event/Catering Coordinator
- Sponsorships
- Marketing/Advertising
- Social Media

- POC Chapters Questions
- POC Cheer Agents
- Monitor Field Etiquette
- Review Cheer Books

- Liason for coaches/trainers
- Coordinantor coaches trainer schedule for clinic
- SYFL All-Star coaching staff (Caitlyn Lemle, Jr. Training)

SYFL EXECUTIVE CHEER BOARD ORGANIZATIONAL CHART



CONTACT INFORMATION

Vanetta Smith, Co-Director 213.798.2276 syflcheerla@gmail.com

Keisha Williams, Co-Director 323.715.0530 syflcheerla@gmail.com

LaShunda Lambert, Certification Mgr 323.514.1196; llambert@lawa.org

Carla Patrick, Certification Mgr 323.997.7378 syflcarla@hotmail.com

Tawanda Carpenter, Bus. Mgr 213.359.4270; t.l.carpenter@sbcglobal.net

Wendy Lemle, Cheer Coordinator Mgr 310.400.2698; wlemle@yahoo.com

PRESIDENT'S ROLE

- **Communication:** Meet regularly w/cheer coordinator(s)
- **Stay In-The-Know:** Attend cheer parent meetings - mandatory
- **Complaints:** Develop an “in-house” protocol for handling complaints
- **Oversee:** Monitor cheer program
- **Organization:** Develop a unified organization w/football & cheer
- **Visibility:** Be visible/transparent to parents/cheerleaders **At All Times**

CHEERLEADING “101”

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CHEER OVERVIEW

Cheerleading is an organized sport geared towards encouraging spectators of a game to join in and root the team onto victory.

SYFL Cheerleaders play an instrumental role in raising, leading and maintaining team spirit on the field and in the community. SYFL Cheer works hand in hand with the football players, entertaining and representing the SYFL brand.

COORDINATOR'S OVERVIEW

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CHEER COORDINATOR'S ROLE

- **Responsibility:** Oversee the entire cheer program and attend coordinator's meeting **Every 2nd Wed of the Month**
- **Finding Coaches:** Look for kid friendly, energetic, dependable individuals, with a cheer background and must be RESPONSIBLE!
- **Recruit:** Seek ambitious/sufficient cheerleaders
- **Communication:** Be transparent to parents, staff & league
- **Meetings:** Attend monthly meetings; share information w/your staff
- **Game Days:** Plan to be at all games & on time
- **Cheer Rules:** **KNOW & UNDERSTAND THE RULES!!!**

HOW & WHEN TO RECRUIT

Pre-Recruitment (Phase I)

Distribute Flyers

Host Cheer Camps

Make Phone Calls

STAY CONSISTENT!!!

Post-Recruitment (Phase II)

Re-Distribute Flyers

Provide Information

Plan A Recruitment Event

STAY PERSISTENT!!!

Cheer Coaches Corner



Cheer
Coaches
Corner

COACHING TIPS - RECIPE FOR SUCCESS



CHEER AGENT

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ROLE OF CHEER AGENT

- **Rules:** KNOW & UNDERSTAND THE RULES!!!
- **Information:** Collect certification docs for cheerleaders
- **Notebooks:** Organize books for cheer teams to keep on the field
- **SYFL Roster Program:** Input & manage cheer team database
- **Certification:** Participate in league certification(s)
- **Game Day:** Be at all games to check-in opposing cheer teams
- **Violations:** Document violations on back of game day rosters
- **Training/Meeting:** Must attend cheer agent meeting 8/23

DATES TO REMEMBER "2014"

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DATES TO REMEMBER

- **Pre-Registration:** Anytime prior to July
- **Football and Cheer Camp:** 7/19 – UCLA (Details to follow)
- **Official Practice Start Date:** 7/21
- **SYFL BACK 2 SCHOOL SKATE PARTY:** 8/3 2p-5pm Skate Depot, Cerritos
- **League Registration Fees/Cheer Camp Included):** \$100 Due By 8/6
- **SHARP Cheer / Coaches Camp:** 8/23 – 8/24 (8am – 4pm)

*Dates subject to change

DATES TO REMEMBER (CONT'D)

- **Final Cheer Certification:** 8/23 Saturday Only
- **Fitting/Ordering Uniforms:** Remember Uniforms take up to 8 -10 weeks
- **Opening Game Day:** 9/6 – 9/7
- **Uniforms:** MUST be worn by all cheerleaders by Game 3 NO EXCEPTIONS
- **Pictures:** We suggest to take team photos by Game 3
- **SYFL Competition:** Saturday, 11/1
- **Site Visits:** Staff will arrange dates/times with coordinators

*Dates subject to change

CERTIFICATION (HANDOUTS)

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GAME DAY PROTOCOL (HANDOUTS)

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IMPORTANT FORMS

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SNOOP YOUTH FOOTBALL LEAGUE

Cheerleader Season Contract

Sign Up Date: _____ Association: _____



FOR OFFICIAL USE ONLY	
Team Name:	_____
Division:	_____

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 31st

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 of 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 PARENTS-ADULT CODE OF CONDUCT

CONDUCT:

1. Parents are welcomed and encouraged to attend practices as well as games. However, Parents are not to disrupt the coaches or practices / games in any way. If you have a problem or need your child to leave practice early, please inform the Head Coach or Team Manager before practice or speak to the Team Manger only during practice.
2. No Alcohol, smoking, foul or abusive language, skateboards or pets at any practices, games or SNOOP YOUTH FOOTBALL LEAGUE functions.
3. Parents and spectator are required to stay a minimum of 30 feet away from practice areas and playing fields. Your team can be penalized during a game for violation of this rule. Parents interfering with practices may be asked to leave.
4. Parents are to conduct themselves in a positive manner at all practices, games and SNOOP YOUTH FOOTBALL LEAGUE functions. Any misconduct of parents, spectators, or others at any SNOOP YOUTH FOOTBALL LEAGUE functions can result in ejection from that site.
5. Parents are responsible for reading and following all written materials sent home. Parents are expected to familiarize themselves with all the rules and guidelines for their child(ren) as well as themselves.
6. Parents are responsible for their child(ren) at all times before and after any and all SYFL Chapter games and practices.
7. No one will be allowed in SNOOP YOUTH FOOTBALL LEAGUE concession stand and the field without authorization.
8. No negative yelling at or belittling of the referees, coaches, SYFL Board members or players/cheerleaders.
9. **Parents must keep any children NOT participating in the football or cheer program with them at ALL times**
10. If kids are left unattended or engaging in horseplay, the Parent will be asked to remove them from the PRACTICE/GAME DAY site.
11. **Parents must escort their children to and from the bathrooms and parking lot.**
12. **The SYFL WILL NOT BE liable for any injuries/instances that arise from non-participants, or occur to participants that did not follow the rules listed in this form.**
13. **Parents may not leave their children unattended before practice (6:00pm) or after practice (8:00pm)**
14. **Parents may not leave their children unattended before games or after games.**
15. **There is No horseplay allowed on or underneath the bleachers ((stands)) or the field during practice or game day.**
16. Failure to comply with all listed rules will invoke disciplinary action as listed below:

DISCIPLINE:

Parents, relatives, or guests – Any violation of SNOOP YOUTH FOOTBALL LEAGUE rules and regulations will result in one of the following actions being taken* (**at the discretion of the SYFL Commissioner):

- A. Verbal Warning
- B. Suspension of Parent/Guest and /or player for one week form all practices and game.
- C. Termination of membership for parent **AND** player/cheerleader (No Refund).

Any parent, relative or guest involved in fighting or any type of wrongful physical contact at any practice, game, or SNOOP YOUTH FOOTBALL LEAGUE function will result in the following actions to be taken:

- A. Membership will be immediately terminated. If the member being terminated is a parent, their child's membership will also be terminated.
- B. The local police / sheriff will be immediately called to the location.
- C. A member of SNOOP YOUTH FOOTBALL LEAGUE board will do a citizen's arrest for disturbing the peace and any other criminal charges pertaining to the incident.

We wish to keep the environment safe and fun for the children!



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:

Glasses/contacts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Seizures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bleeding tendencies	Yes <input type="checkbox"/>	No <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 NAME (Printed): _____

DOCTORS SIGNATURE: _____

DOCTORS PH#: (_____) _____

Doctors Stamp:



Snoop Youth Football League
2012 Football Season
High School/Youth Organization Non-Participant

Player's Name: _____

Chapter: _____

The above named student is currently enrolled at:

_____ High School/Youth Organization

located in the city of _____.

He or She was not or will not be enrolled on _____ 's
(name of High School/Youth Organization)

"Tackle Football/Cheer Program" after _____.
(day/month/year)

School/League

Official:

Please Print Name

Title

Date

Signature

Contact Phone

Player's Signature: _____ Date _____

Parent's Signature: _____ Date _____

League Player Agent: _____ Date _____

Must be completed and turned in with Player's Contract on the day you certify.

Two copies required

COMMUNICABLE DISEASE PROCEDURES

While risk of one athlete infecting another with HIV / AIDS during competition is close to non-existent, there is a remote risk that other blood borne infectious diseases can be transmitted. For example, Hepatitis B can be present in blood as well as other body fluids. Procedures for reducing the potential for transmission of these infectious agents should include, but not limited to, the following:

1. The bleeding must be stopped, the open wound covered and if there is an excessive amount of blood on the uniform it must be changed before the athlete may participate.
2. Routine use of gloves or other precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids is anticipated.
3. Immediately wash hands and other skin surfaces if contaminated (in contact) with blood or other body fluids. ~~Wash hands immediately after removing gloves.~~
4. Clean all blood contaminated surfaces and equipment with a solution made from a ~~proper~~ dilution of household bleach (CDC recommends 1:100) or other disinfectants before competition resumes.
5. Practice proper disposal procedures to prevent injuries caused by needles, scalpels and other sharp instruments.
6. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use.
7. Athletic trainers / coaches with bleeding or oozing skin conditions should refrain from all direct athlete care until the condition resolves.
8. Contaminated towels should be properly disposed of / disinfected.
9. Follow acceptable guidelines in the immediate control of bleeding and when handling bloody dressing, mouth-guards and other articles containing body fluids.

Acknowledgement: HEAD COACH SIGNATURE: _____ Dated



SNOOP YOUTH FOOTBALL LEAGUE

ACCIDENT/INCIDENT REPORT

This report is to be filled out and turned into the Chapter President after any accident or incident. This form must be filled out on any injury to participants/players or spectators, or any unusual incidents. **Complete all applicable sections.**

Date of Accident/Incident ___/___/___ Time: _____ AM / PM

Participants Team/Chapter _____

Was the Injury during game or practice? **GAME** **PRACTICE**
(Please circle which team is filling out this report above)

Facility involved and exact location _____

Describe in detail the circumstances that led up to the accident/incident (use names of those involved) _____

Describe in detail the nature of the accident/incident itself (describe parts of the body affected). _____

Who was injured:

NAME _____

ADDRESS: _____

AGE: _____ PHONE: _____

What was done with the injured person after the accident: _____

By whose orders? _____

KEYS TO A SUCCESSFUL SEASON

- **Recruiting:** The right staff & cheerleaders
- **Communication:** Keep the lines open to all groups, teams & levels
- **Coaching:** Reinforce positive feedback for & from your girls & parents
- **Reward:** REWARD EXCELLENCE TO YOUR TEAMS (*Weekly*)



At Anytime,
Contact Your Cheer Staff
email: syflcheerla@gmail.com

**Thank you in advance for your
Hard Work, Dedication & Support.**

QUESTIONS & ANSWERS

QUESTIONS & ANSWERS

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