

World Champion Football League

"Beyond your potential"

®

WELCOME TO WCFL CHEER PROGRAM

WCFL GUIDE TO A SUCCESSFUL CHEER SEASON

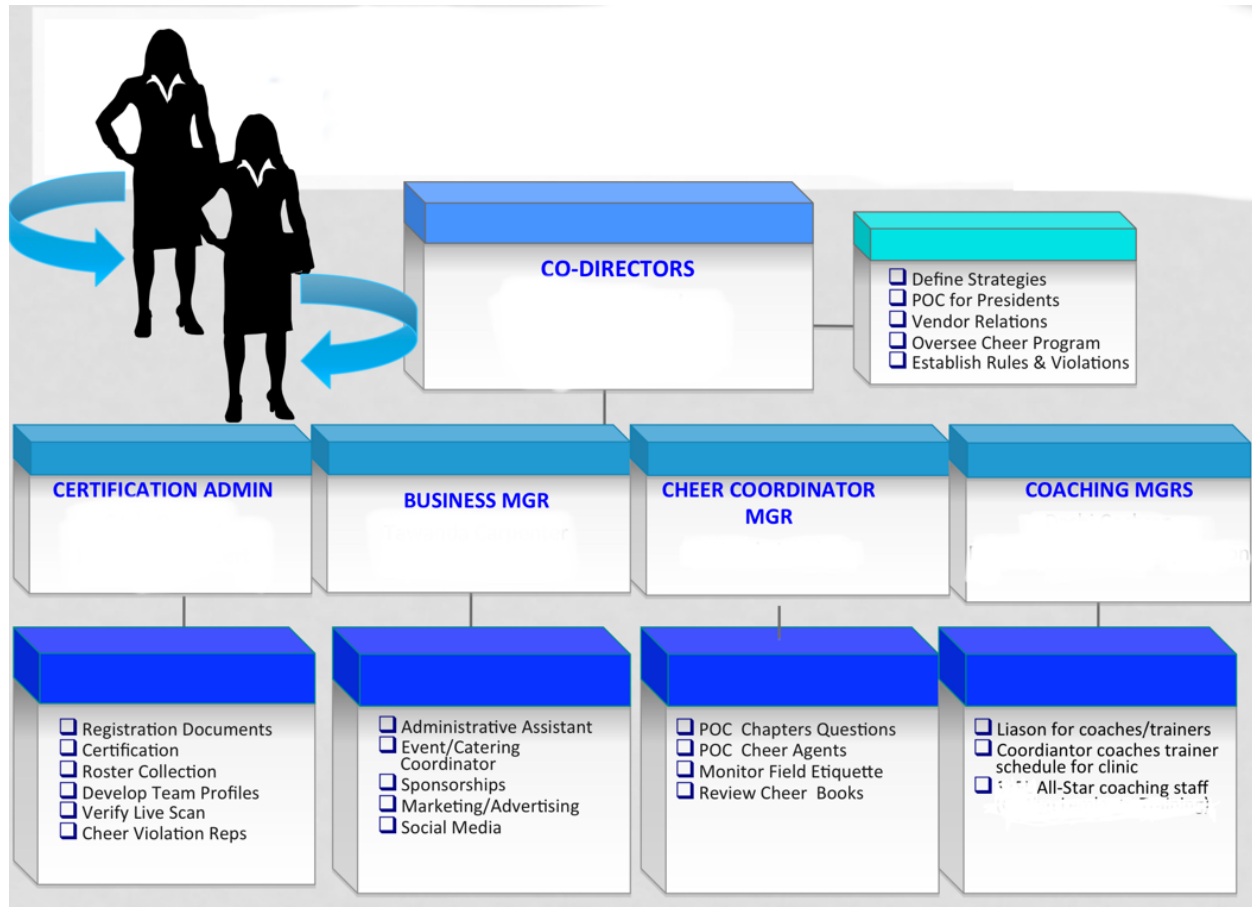
PRESENTED BY: WCFL, EXECUTIVE CHEER STAFF

WCFL EXECUTIVE – CHEER STAFF BOARD

WCFL GUIDE TO A SUCCESSFUL CHEER SEASON

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WCFL EXECUTIVE CHEER BOARD ORGANIZATIONAL CHART



WCFL EXECUTIVE CHEER BOARD ORGANIZATIONAL CHART CONTACT INFORMATION:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

PRESIDENTS ROLE:

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.

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

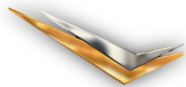
- **Rules:** KNOW & UNDERSTAND THE RULES!!!
- **Information:** Collect certification docs for cheerleaders
- **Notebooks:** Organize books for cheer teams to keep on the field
-  **Roster Program:** Input & manage cheer team database
- **Certification:** Participate in league certification(s)
- **Game 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

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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)



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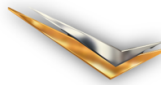
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At Anytime,
Contact Your Cheer Staff
email: wcflcheerleaders@gmail.com

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

Contact Your Cheer Staff email: Wcflcheerleaders@gmail.com

GAME-DAY PROTOCOL (HAND OUTS)
CERTIFICATION (HANDOUTS)
IMPORTANT FORMS



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WORLD CHAMPION 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 Manager only during practice.
2. No Alcohol, smoking, foul or abusive language, skateboards or pets at any practices, games or **WORLD CHAMPION 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 **WORLD CHAMPION FOOTBALL LEAGUE** functions. Any misconduct of parents, spectators, or others at any **WORLD CHAMPION 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 WCFL Chapter games and practices.
7. No one will be allowed in **WORLD CHAMPION FOOTBALL LEAGUE** concession stand and the field without authorization.
8. No negative yelling at or belittling of the referees, coaches, WCFL 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 WCFL 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 **WORLD CHAMPION FOOTBALL LEAGUE** rules and regulations will result in one of the following actions being taken* ((*at the discretion of the WCFL 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 **WORLD CHAMPION 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.

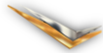
C. A member of **WORLD CHAMPION FOOTBALL LEAGUE** board will do a citizen's arrest for disturbing the peace and any other criminal charges pertaining to the incident.

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

SIGNATURE

PARENT/GUARDIAN: _____

Date _____



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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? _____



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Football Season Waiver for High School Non-Participant

Player's Name: _____

Chapter: _____

The above-named student is currently enrolled at: _____

High School located at: _____

The Above-named Student is NOT enrolled in _____
(name of High School)

"High School Tackle Football Program " for the _____ season
(month/year)

(Athletic Director or Principle/VP signature only)

School Official:

Please Print Name _____ Title _____

Date _____

Signature _____ Contact Phone _____

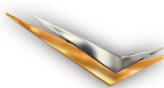
Player's Signature: _____ Date _____

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 WCFL Verification by:



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FOR OFFICIAL USE ONLY Jersey #:

Team Name:

Division:

WORLD CHAMPION FOOTBALL LEAGUE

Cheerleader Season Contract

Sign Up Date: _____ **Association:** _____

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

Name: _____ / _____ / _____
PARTICIPANTS First Name. Last Name Middle

Date: _____ / _____ / _____ **Age:** _____

Initial Month Day Year AS OF JULY 31st

Address: _____ / _____

School Name: _____ **Grade** _____ **School District**

: _____ **Phone ()** _____ - _____

Parents Name: _____ **Email** _____
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 WORLD CHAMPION FOOTBALL LEAGUE.

PARENTS AUTHORIZATION TO PARTICIPATE:

I/We the parents of the above named applicant to the WORLD CHAMPION 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.

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 WORLD CHAMPION 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 WORLD CHAMPION 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 WORLD CHAMPION 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 WORLD CHAMPION 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 WORLD CHAMPION FOOTBALL LEAGUE functions including the supervised travel to and from said functions.

PARENTS ACKNOWLEDGEMENT:

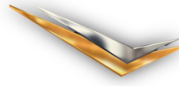
I/We certify, that to the best of my/our knowledge, all of the above information is accurate and correct and that any false information may be cause for disqualification of the applicant. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that 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 _____



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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 No

Asthma /Yes No

History of Heart Murmur Repeated bone or joint injury Fractures within past year Dentals braces or
dentures /Yes No

VITALS:

Weight: _____ Height: _____ Pulse: _____ Blood Pressure: _____ Respiration:

Current Medications _____

Remarks _____

Seizures Yes No

Surgery within past year /Yes No

Diabetes /Yes No

Head injuries within past year /Yes No

Kidneys disease/infections /Yes No

Serious Illness /Yes No

Bleeding tendencies /Yes No

Sickle cell tendency /Yes No

Allergies /Yes No

Tetanus(shot date) _____

SYSTEMS REVIEW:

HEART (N) _____

EARS (N) _____

NOSE (N) _____

LUNGS (N) _____

THROAT (N) _____

ABDOMEN (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: _____