



Football Player and Cheerleader Application and Contract

Participant Information

Team & Payment

Pledge

Procedure for Medical Attention

Date Certified

League Official Signature or Stamp

Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip:
Date of Birth:	Grade in 9/2017:	Weight:
Current School:	Lives With: <input type="checkbox"/> Mom <input type="checkbox"/> Dad	Other:
Mother's Name:	Mother's Phone #:	
Father's Name:	Father's Phone #:	
Mother's E-mail Address:		
Father's E-mail Address:		

Attach Recent Wallet-Size Photo Here

Football Players (Grade as of 9/2017) <input type="checkbox"/> A Squad – Grades 7 and 8 <input type="checkbox"/> B Squad – Grades 5 and 6 <input type="checkbox"/> C Squad – Grades 3 and 4 2 nd if approved by organization <input type="checkbox"/> Flag – Grades K, 1, and 2	Cheerleaders (Grade as of 9/2017)* <input type="checkbox"/> A Squad – Grades 6, 7, 8, and 9 <input type="checkbox"/> B Squad – Grades 4, 5, and 6 <input type="checkbox"/> C Squad – Grades 2, 3, and 4 <input type="checkbox"/> Flag – Grades K, 1, and 2
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Payment	
<i>This section to be completed by the team secretary / registrar</i>	
Date Registered	/ /2017
Registration Fee	Cash or Check #
Fundraising	Cash or Check #

All players and cheerleaders must read the following statement and sign that they agree with it:
 I will maintain at least a "C" average in school, abide by the official's decisions, show good sportsmanship, listen to my coaches & organization officials, not use foul language, and not damage or deface property, buildings, or equipment.

 Player / Cheerleader Signature

Emergency Contact and Insurance Information
 In the event of an injury to your child, it is necessary that you furnish the name of an emergency contact / relative who will assume temporary care of your child until you can be reached.

Name of Emergency Contact Relationship to Child Phone # of Emergency Contact

The Rochester Youth Football and Cheerleading League has accident insurance coverage for medical and hospital expenses with a \$500.00 deductible for each accident incurred. This insurance is a secondary coverage, following the parent's own medical insurance coverage. This coverage only applies to accidents directly related to authorized RYFC activities, events, or functions.
 Any injury that requires medical attention must be reported to team officials immediately and the proper claim forms filled out and submitted to the League office.

Parent's Insurance Company Contract Number

<i>This section for official RYFC use only.</i>	
Date Certified	League Official Signature or Stamp
/ /2017	

*Rostering is primarily grade based, however participant age may impact team/squad roster placement.

Permission to Participate

I understand that football & cheerleading is a high impact and contact sport and that my child can be injured while participating as either a "Player" or "Cheerleader". I also understand that an injury can be of minor or major variety. With this, I give my permission to my child to participate in this program.

Parent / Legal Guardian Pledge

All parents & legal guardians must read & sign these rules and code of conduct. Be sure you understand them to prevent any misunderstanding at a later date. If you have any questions concerning any of these rules, please contact an organization board member prior to signing this document.

1. I understand that the game and events are for the children, not the adults.
2. I will encourage good sportsmanship. I will set an example by demonstrating good sportsmanship and positive support for all players, coaches, officials, board members, and other adults at all RYFC functions (This includes practices, games, and other events).
3. I will provide support for coaches and RYFC staff working with my child to provide an enjoyable experience for all.
4. I will demand a drug, alcohol, and tobacco free sports environment for my child and agree to refrain from their use at RYFC events.
5. I will require that my child treat other players, coaches, officials, and adults with respect.
6. I will treat other players, coaches, officials, and adults with respect.
7. I will require and assume responsibility for my child treating assigned equipment with care. I will assume the financial responsibility for all lost or damaged equipment.
8. I will abide by the RYFC and organization rules and regulations.
9. No persons other than players, coaches, medics, or RYFC officials are allowed on the field. There are no exceptions to this. All game filming must be done outside the sectioned off area.
10. I will refrain from coaching my child from the spectators area, as I understand that there will be no non-certified coaching allowed.

I understand by signing that if I violate this pledge, I may be placed on probation or suspended for a period of time. Serious infractions may result in being removed from the program.

Photo Release

I grant the RYFC and its member organizations, their representatives and designees the right to take photographs of my child in connection with normal RYFC related activities. I authorize the RYFC and its member organizations, their assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the RYFC and its member organizations may use such photographs of my participating child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Emergency Contact Authorization

I, the undersigned, do hereby authorize officials of the Rochester Youth Football & Cheerleading League to contact directly the person(s) named on this contract form and do authorize an attending physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of said child. I will not hold the RYFC, Inc. financially responsible for the emergency care and/or transportation for said child.

Parent Signature

Birth Certificate / Passport/Proof of Grade

A legible copy of your child's birth certificate or a U.S. Passport must be attached to the application. This is to verify the child's identity and age to ensure they are on the correct team / squad. In addition, a copy of your child's report card/some other official statement of grade for the 2017-2018 School Year must be provided. Grades do not need to be included/can be blacked out if preferred.

Medical / Physical Appraisal Form

A copy of your child's most recent medical / physical appraisal form from their pediatrician must be attached to application. The form must be dated **on or after August 1st, 2016** to be considered valid. The form must indicate that your child is physically qualified for sports with no limitations for football or cheerleading. The form must be signed / stamped and dated at the physician's office. Undated documents will not be accepted.

Photograph

The photograph on the first page of the application must be from within the past year.