

ROCKLEDGE YOUTH FOOTBALL & CHEERLEADING LEAGUE APPLICATION (2020 REGISTRATION)

Please Select One: Tackle Football \$75/*\$125 Cheerleading \$75/*\$125 Flag Football \$65/*\$75

All Football & Cheer Fees are due by August 1, 2020. *Indicates Registration Fee Increases on July 1st for non-registered athletes and delinquent accounts. **\$30 Minimum Deposit Due at time of registration per athlete for Football & Cheer. Checks will not be accepted after July 1, 2020.** Family Discount: \$10 for second sibling, \$20 each sibling after that **residing in same household** plus **Additional \$25 fee increase on August 1, 2020.**

STUDENT ATHLETE INFORMATION

Name: _____
LAST FIRST M.I. SUFFIX (JRETC)

Birthday: _____ Age on Aug. 1, 2020: _____ Returning Player/Cheerleader: Yes No

Select: Male Female Select: Football Cheerleading Division: Blue / Red FL 8U 10U 12U 14U

For Cheer Only (Sizing Information) TOP: _____ BOTTOM: _____ Cheer Only (Shoe Size): _____

PARENT INFORMATION / PRIMARY CONTACT

Name: _____
LAST FIRST M.I. SUFFIX (JRETC)

Home Address: _____ City: _____ Zip: _____

Email Address: _____ Cell/Home Number: _____

SECONDARY PARENT INFORMATION

Name: _____
LAST FIRST M.I. SUFFIX (JRETC)

Home Address: _____ City: _____ Zip: _____

Email Address: _____ Cell/Home Number: _____

MEDICAL RELEASE INFORMATION

Athletes are expected to carry their own accident and/or medical insurance. Coaches, Team Moms and Board Members are safety conscious and follow appropriate safety procedures. In the event of an injury or illness, every effort will be made to contact the parent or guardian. If necessary, I authorize Rockledge Youth Athletics to administer first aid and/or authorize medical treatment.

PARENT SIGNATURE: _____ **DATE:** _____

By signing this application, I understand and agree to Rockledge Youth Athletics rules and policies. Failure to uphold and abide by the rules and policies will result in parents and/or child(ren) disciplinary actions from the league.

My child has accidental/medical insurance: YES NO Insurance Company: _____
Primary Care Doctor: _____ Insurance Policy #: _____ Group #: _____
Primary Care Doctor #: _____ Preferred Hospital: _____
Asthma/Inhaler: Yes NO Chronic Illness: YES NO Details: _____
Surgery (within last year): YES NO Details: _____ Allergies: _____

For Internal Use Only (Received By Board Member Please Initial Below)

- Complete Legible Application Received _____
- Copy of Birth Certificate Attached _____
- Current 2020 Sports Physical _____
- Wallet Size Photo (3x2) _____
- Paid in Full or Payment Plan _____

Fee Due \$ _____ Date: _____
Fee Paid \$ _____ Receipt# _____
Check# _____ Cash: _____
Balance: _____ RYFCL Official: _____

ROCKLEDGE YOUTH FOOTBALL & CHEERLEADING LEAGUE APPLICATION (2020 REGISTRATION) PARENT / PLAYER AGREEMENT

(Please initial each item below, to show acceptance)

_____ CONDUCT

I understand that a code of conduct for all participants and parents/guardians/family/friends will be strictly adhered to. Participants are expected to conduct themselves in a respectful manner at all times. Any participant displaying bad sportsmanship, using foul language or being disrespectful to coaches, referees, teammates or opposing teams will be suspended or removed from the team. The use of alcohol and tobacco products will not be tolerated. Parents/guardians/family/friends are asked not to converse with coaches, officials or participants during practice and games. Also all are strictly prohibited from playing field during practices and games unless requested/approved by a coach or official. I understand that use of any team social media sites and RY email addresses for any purpose other than obtaining necessary information is strictly prohibited.

_____ INJURY

All parents/guardians of participants hereby grant approval for participation and understands all risks and hazards associated with the sport. I hereby absolve, indemnify and hold harmless the Rockledge Youth Athletics, its organizers, sponsors and volunteer staff for any injury that may occur to my child(ren). Rockledge Youth Athletics issues equipment that meets or exceeds county safety regulations, however, it is up to the parent/guardian/participants to return/exchange any ill-fitting or damaged equipment immediately to insure the safety of the participant at all times. The League's Insurance is a secondary payer and all insurance claims have \$100 deductible, which the parent/guardian is responsible for.

_____ TRANSPORTATION

Football/Cheerleading Practices will be held at Jim McKnight Family Park. Practices will be held at McKnight Field. Football games will rotate throughout Brevard and Indian River counties I understand that transportation to and from these activities is my responsibility.

_____ ATTENDANCE

I understand that participation in this activity takes a great deal of time and dedication from both the parent/guardian and the participant. Football/Cheerleading practices begins in July and average of 4 nights per week. The regular football season begins in the middle of August and runs into the middle of November (depending weather). All games are on Saturdays. Practice and game attendance are very necessary. See head coach for attendance policy.

_____ EQUIPMENT

I assume all responsibility for Rockledge Athletics equipment for the purpose of all activities sponsored by the League. Custom altering of any league equipment is strictly prohibited. I accept all responsibility for the return of all league owned equipment at the end of the season or upon request. Failure to do so will result in an invoice in the amount of \$300 for football & \$250 cheerleading.

_____ REFUNDS

I understand and accept that registration refunds will be issued as follows: \$35 of fee is non-refundable up to September 1st. After September 1st there is no refund policy. Refund requests will be discussed by the Board of Directors on a case by case bases where extenuating circumstances exist. Refund for Participation Trophy, Equipment, Cheer/Spirit Uniform will not be refunded after game uniform is issued. All refund request must be submitted in writing to either Tackle Director, the President or Registration Clerk. I also understand there will be a \$35 fee for any bounced/returned checks.

_____ PLAYING TIME

I accept and understand that if my child attends all required practices, he/she will play a mandatory 4 play minimum per football game. Should you have questions regarding playing time or positions for your child, please discuss with the Head Coach in a respectful/mature manner, outside the presence of any children. Questions, problems and/or concerns regarding coaches should be directed to Rockledge Youth Athletics President or Vice President.

_____ VOLUNTEER TIME

I understand and agree that it is mandatory that I volunteer a minimum 10 hours per participating child during the season. I also understand that my child will be required to participate in fundraising for Rockledge Youth Athletics. Team Moms/Dads will keep track of all volunteer hours.

_____ PHOTO/VIDEO RELEASE

I hereby give permission for images of my child(ren), captured during the Football and Cheer season via video, photos and digital cameras to be used for purposes of media including but not limited to local newspaper, Rockledge Youth Athletics website and social media sites (i.e. Facebook, Instagram etc).