



# Del Norte Youth Football

P.O. Box 1277  
Crescent City CA 95531

|                          |     |
|--------------------------|-----|
| <input type="checkbox"/> | A   |
| <input type="checkbox"/> | AA  |
| <input type="checkbox"/> | AAA |

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## 2015 REGISTRATION FORM

**CHEERLEADING: age by 8/31/16**

"A"-8, 9 YEAR OLDS

"AA"-10, 11, YEAR OLDS

"AAA"-12, 13, 14 YEAR OLDS no freshmen

MASCOTS: 5, 7 YEAR OLDS

**FOOTBALL: age by 8/31/16**

"A"-8, 9, YEAR OLDS

"AA"-10, 11, YEAR OLDS

"AAA"-12, 13, 14 YEAR OLDS no freshmen

NO WEIGHT RESTRICTIONS IN ANY DIVISION

### PARTICIPANT INFORMATION – PRINT LEGIBLY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address \_\_\_\_\_ Best Contact Phone #: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Age as of 08/31/2016 \_\_\_\_\_ fall 2016 Grade: \_\_\_\_\_

Fall school 2016 \_\_\_\_\_ Childs clothing size: shoe \_\_\_\_\_ Shirt \_\_\_\_\_ pant/skirt \_\_\_\_\_

Returning DNYF player? Y or N (circle one) Total years played: \_\_\_\_\_

**IF you have a sibling in DNYF:** Cheer –Mascot- Football (Circle one) Sibling name: \_\_\_\_\_ & age \_\_\_\_\_

#### Emergency Contact Information (please be complete as possible)

| Call this person first<br>Full Name | Relationship to Player | Call this person second<br>Full Name | Relationship to Player |
|-------------------------------------|------------------------|--------------------------------------|------------------------|
| Work Phone                          |                        | Work Phone                           |                        |
| Cell Phone                          |                        | Cell Phone                           |                        |
| Email Address                       |                        | Email Address                        |                        |

**IMPORTANT NOTE: No participation without a completed SRYF Physical Form/Waiver. NO EXCEPTIONS!!!!**

Equipment will be issued at a later date and will require an equipment deposit of \$200.00 pd by check to be held by DNYF. Checks will only be cash if equipment is not returned as required. Players will not be allowed to participate in DNYF program if payment is not paid in full. Fees include rental of game uniform, football or cheerleading equipment. Uniforms and equipment are the property DNYF and must be returned at time designated at the end of the season. I agree to pay the cost of any lost, damaged, or stolen equipment issued to my child or me by DNYF.

I agree to adhere to the code of conduct as outlined in the current SRYF/DNYF Code of Conduct Form provided by SRYF and DNYF. I understand that any failure to adhere to outlined conduct by parent or child may result in ability to participate in any or all SRYF/DNYF activities including practices, regularly scheduled games, post-season, cheer competition, and championship games. I also understand that any failure on my part to adhere to SRYF/DNYF Code of Conduct could also result varying sanctions, from removal of a game/practice site to possibly the termination of my child in any SRYF/DNYF sponsored activity.

I understand that if my child has the ability to participate between dual divisions specific to football participants, only, due to current season age that I am making a decision to place my child on the appropriate division in accordance in the best interests all participants. Any and all schedules for SRYF games during the season and post season are always subject to change, date, time & location with notification to the association President. Game Schedules, maps to locations, team standings will be available at: <http://www.quickscores.com/Orgs/index.php?OrgDir=sryfootball>

Signature of Parent / Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

|                      |                        |  |                                |
|----------------------|------------------------|--|--------------------------------|
| OFFICIAL<br>Use ONLY | Check No. or Cash<br># | Amount Paid/Date Received<br>\$ _____ /<br>/2016 | Volunteering Y / N \$ _____ pd |
|----------------------|------------------------|--|--------------------------------|



# SIX RIVERS YOUTH FOOTBALL CONFERENCE, INC

## CODE OF CONDUCT

PLAYER'S FULL NAME \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Association Name: \_\_\_\_\_

This form must be completed and turned in by the first day of practice.

### THE ROLE & RESPONSIBILITY OF THE PARENT

The support of the parent(s) is essential to the success of any youth program. This support should be in such activities as fund raising, promotions, equipment maintenance, team sponsorship, and other volunteer activities.

1. Remember, a positive mental attitude, free from parental pressures, is an important ingredient for the success of any youngster participating in the program.

2. Refrain from open criticisms, especially in the presence of your child(ren), of the program, coaches, or any personnel connected with the organization.

3. Encourage your youngster to attend all practice sessions. His/her absence not only impedes his progress but hurts the team as well. Missing a practice is a prime cause for not playing in a game and can lead to suspension from the team for repeated occurrences.

4. Parents are not encouraged to attend practice sessions. Often a parent's presence may tend to inhibit or distract a youngster. Parent's should never be on the practice field nor interrupt a coach during a practice session. Any questions and/or concerns should be addressed with coaching staff prior to bringing an issue to the association board members.

5. Youth football is a different dimension than professional ball. Cheer hard and loud for your team at the games, but remember to keep your fan support in the proper perspective and in good taste.

**6. Unsportsmanlike conduct in the stands during games is prohibited. Derogatory statements towards game officials, fans or the opposing team is prohibited and may result in the forfeiture of a game. ALCOHOL at games is PROHIBITED.**

7. Parents are not allowed on the sidelines, playing field, or locker rooms. All spectators belong in the stands. Only players, coaches, and appointed association official may be on the sidelines or the track in front of the stands.

8. Parents should clearly understand that the aim of SRYF is to teach their youngster teamwork, good sportsmanship, fair play, and a love for the wonderful game football.

9. Parents must assume complete financial responsibility for their child to participate in this program. This responsibility includes the timely return of all equipment and uniforms, fully cleaned, in a condition of reasonable wear from use, free from excessive damage. Gear that is lost or stolen will be paid for at current market replacement costs shall be determined by the association.

**10. We are not a babysitting service. We cannot be held responsible for the health and welfare of unattended children. Parents are responsible in picking their child(ren) in a timely manner from practice and/or game sites.**

I/We have read and understood and promise to follow the Players/Parent(s) Code of Conduct.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
Parent/Guardian

PRINTED NAME: \_\_\_\_\_  
Parent/Guardian

### THE ROLE & RESPONSIBILITY OF THE PLAYER

Being a member of the team means much more than just learning about and playing football. As a player, both on and off the field, you are a representative of you team, and expected to act accordingly. No matter what the circumstances, whether it be in victory or defeat, always conduct yourself with pride and poise.

1. Good school grades are a must! Periodic grade checks can be made, and if your average drops below 2.0 you can be "benched" until your grades are brought up to a satisfactory level.

2. **Good citizenship is a must!** Any player, who has behavioral issues with the law enforcement and/or school officials, can be subject to suspension from the team.

(Player's Initials \_\_\_\_\_) (Parent's Initials \_\_\_\_\_).

3. You must notify your coach if you are going to miss a practice.

4. There is no excuse for being late to practice.

5. Vulgarity, temper tantrums, or fighting is absolutely prohibited.

6. During instructional periods you will only speak when spoken to or with permission.

7. You must wear a mouthpiece and jock to all games and practices.

8. Socks, jocks, and practice uniforms will be washed on a regular basis to prevent disease. Never use bleach on any football gear or equipment. It is the responsibility of you and your parents to keep your uniform and equipment clean. Football shoes should be cleaned before every game.

9. Your helmet may only be removed by the permission of your coach. Your helmet should never be put on the ground or sat on.

10. When addressing or replying to any coach(es), you will call him/her "coach". Game officials should be addressed as "sir or ma'am."

11. Missing or cutting a practice will not only hurt you but your team as well, and you can be "benched" at the discretion of your coach(es).

12. A player may be benched or not allowed to participate in a game or portions of a game for violation of Player's Code of Conduct.

I (the player) have read and understood and promise to follow the Players/Parent(s) Code of Conduct.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
Participant/Player

PRINTED NAME: \_\_\_\_\_  
Participant/Player

# DEL NORTE YOUTH FOOTBALL & CHEER

## PARENT RESPONSIBILITY

Parents must assume complete responsibility for their child/children to participate in Del Norte Youth Football. Each player is issued the equipment listed below. Equipment that is lost or stolen will be paid for at the current market replacement price. All equipment is to be returned at the end of the season.

| FOOTBALL            |                  | CHEERLEADING  |                 |
|---------------------|------------------|---------------|-----------------|
| Helmet & Facemask   | \$170.00         | Shell         | \$60.00         |
| Shoulder Pads       | \$99.00          | Skirt         | \$60.00         |
| Seven piece pad set | \$9.99           | Pom Poms      | \$40.00         |
|                     |                  |               |                 |
| Practice Jersey     | \$25.99          |               |                 |
| Practice Pants      | \$20.00          |               |                 |
| Game Pants          | \$34.00          |               |                 |
| <b>TOTAL:</b>       | <b>\$ 358.98</b> | <b>TOTAL:</b> | <b>\$160.00</b> |

Each player is expected to provide their own football cleats and athletic supporter and each cheerleader is to provide their own tennis shoes.

**\*\*Due to the poor return rate of football and cheer uniforms. ALL FOOTBALL PLAYERS AND CHEERLEADERS must have a deposit of \$200.00 at the time of gear pick-up. This may be in the form of check or money order. NO CASH**

**All deposits will be held until the end of the season. If gear is not returned BEFORE December 1<sup>st</sup> you will be billed for replacement balance of uniform and on December 2<sup>nd</sup> your check will be cashed.**

Parents are responsible for the transportation to and from practices and games throughout the football season. It is also the parent's responsibility to make special arrangements to find alternate transportation to and from practices and games if the need arises. Football and Cheer coaches are not babysitters. They are volunteers that give up countless hours of their time. It is your parental responsibility to pick your child up promptly at the end of each practice. No child will be left alone at the end of practice, but be aware that these volunteers have families also.

*I, the parent of a Del Norte Youth Football participant, agree to all of the financial and parental responsibilities set forth, including the use of all necessary uniforms. I agree to return all uniforms at the end of the season fully cleaned, in a condition of reasonable wear from use, and free from excessive damage. I agree to reimburse Del Norte Youth football, Inc. for any and all equipment that my child may lose or destroy.*

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

# DEL NORTE YOUTH FOOTBALL AND CHEER VOLUNTEER FORM

Player/Cheerleader Names: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

The Del Norte Youth Football, Inc youth program is designed to provide a healthy and positive experience for the young men and women of our community. This program is dependent on parent volunteers and our fundraising efforts.

This season we are requiring a \$25.00 volunteer deposit for each participants family. It is similar to the uniform deposit, you write us a check and we hold onto it until you volunteer one time. Once you have fulfilled your volunteer duty we will give you your check back.

The Fireworks booth and the snack bar are our largest fundraisers of the year, but we need your help in other areas also. We will be calling to schedule you for work in at least two of the jobs listed below. Please choose from below the areas you would best be suited for.

**FIREWOKS BOOTH**    \_\_\_

**GAME CLEAN UP**    \_\_\_

**SNACK BAR**    \_\_\_

**GAME MEDIC**    \_\_\_

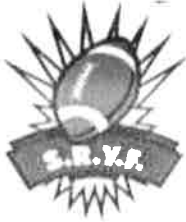
**CHAIN CREW**    \_\_\_

**SIX PLAY**    \_\_\_

**GAME SETUP**    \_\_\_

For Board use only:

|              |                |
|--------------|----------------|
| <b>Team:</b> | <b>check #</b> |
|--------------|----------------|



**SIX RIVERS YOUTH  
FOOTBALL CONFERENCE, INC  
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 Six Rivers Youth Football Conference aka SRYF related events and activities, SRYF and the undersigned acknowledges, appreciates, and agrees that: The risk of injury to my child from the activities involved in these programs 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,

- 1) 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 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 SRYF, 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, 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.
  
- 2) I, agree to adhere to the code of conduct as outlined in the current SRYF Code of Conduct Form provided by SRYF and affiliated associations. I understand that any failure to adhere to outlined conduct could result in my ability to participate in any or all SRYF/affiliated association activities including practices, regularly scheduled games, post-season, cheer competition, and championship games. I also understand that any failure on my part to adhere to SRYF Code of Conduct could also result varying sanctions from removal of a game/practice site, to the termination of my child/ren in any SRYF sponsored activity.
  
- 3) Permission is also granted to use images of my child listed above. I understand that no names will be used on the web site unless specific permission, in written form, is given to an appropriate staff member. I understand that once any image is posted to the SRYF web site or Facebook page, the image can be downloaded by any computer user around the world. I hereby attest that I am the legal parent/guardian of the child listed below. This consent is effective until such time as I revoke it in writing and provide a copy of the revocation to SRYF.

**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 ANY INDUCEMENT.**

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

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



# SIX RIVERS YOUTH FOOTBALL CONFERENCE, INC

## SRYF PHYSICAL FORM & CONSENT

Special Note: This form must be dated after April 1<sup>st</sup> of the current year, and then submitted to your association. No other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws or because of medical practitioner regulations (i.e. the medical practice insists on its own form). In either case, Section I must still be filled out entirely and attached to any modified/substituted form. Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc.)

### Section I: FOR PARENT/GUARDIAN COMPLETION ONLY

Legal Name of Participant (must match birth certificate):  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Name of Primary Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Membership Number: \_\_\_\_\_ Name of Primary Insured: \_\_\_\_\_  
 Does participant have Medical? Yes Sport (check one): Cheer \_\_\_\_\_ Tackle \_\_\_\_\_

#### PARTICIPANT MEDICAL HISTORY

- |     |   |     |    |
|-----|---|-----|----|
| 1.  | Are there any injuries requiring medical attention?                             | Yes | No |
| 2.  | Are there any past surgeries or scheduled surgeries?                            | Yes | No |
| 3.  | Is there any history of concussions and/or head injuries?                       | Yes | No |
| 4.  | Is the participant currently under the care of a medical practitioner?          | Yes | No |
| 5.  | Is the participant currently taking any medications?                            | Yes | No |
| 6.  | Does the participant have any allergies (penicillin, bee stings, etc)?          | Yes | No |
| 7.  | Does the participant have asthma/require the use of an inhaler?                 | Yes | No |
| 8.  | Is the participant diabetic/require medication for diabetes?                    | Yes | No |
| 9.  | Does the participant carry sickle cell trait/suffer from sickle cell disease?   | Yes | No |
| 10. | Does the participant currently require medication?                              | Yes | No |
| 11. | Does/has the participant have/had seizures?                                     | Yes | No |
| 12. | Does the participant wear glasses or contact lenses?                            | Yes | No |
| 13. | Does the participant wear a brace or other medical support device?              | Yes | No |
| 14. | Does the participant have any other physical limitations or medical conditions? | Yes | No |

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space and/or attach to this form:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it's my responsibility to obtain written permission from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness or accident.*

Dated: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Print Name & Relationship to Player: \_\_\_\_\_



### PHYSICAL FITNESS & MEDICAL HISTORY FORM

# SIX RIVERS YOUTH FOOTBALL CONFERENCE, INC

Section II: THIS SECTION MUST BE COMPLETED ONLY BY A LICENSED MEDICAL PROFESSIONAL ON OR AFTER APRIL 1<sup>ST</sup> of the CURRENT CALENDAR YEAR.

Name of Participant: \_\_\_\_\_

(Please check the following if healthy or note otherwise):

- Height Weight Eyes
- Ears Mouth Nose & Throat
- Respiratory Cardiovascular Neurological
- Muskoskeletal Dermatological Blood Pressure

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in Six Rivers Youth Football Conference, Inc, tackle football or cheer programs. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in Six Rivers Youth Football Conference, Inc. activities for the 2015 season. I am therefore clearing this individual for athletic participation without limitation.

Please indicate medical profession (M.D., D.O. R.N., C.N.P, etc.) \_\_\_\_\_

Are you licensed in your state to perform physical examinations? YES NO

Dated: \_\_\_\_\_

**Please sign and fill out the following information OR place Official Medical Practice Stamp here:**

Signature: \_\_\_\_\_ Printed

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email/Website: Email: \_\_\_\_\_ (Optional)

Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc. – this may vary by state). NO other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws OR because of medical practitioner regulations (i.e. the medical practice insists on its own form). In either case, Section I must still be filled out entirely and attached to any modified/substituted form that MUST be signed on or after April 1<sup>st</sup> of the current year.

