



Delray ROCKS Football & Cheerleading Program

Participant Registration



Please Print Legibly

Child's
Name/Last _____ First _____ M.I. _____

Street
Address _____

City _____ Zip Code _____

Date of Birth _____ Male _____ Female _____ Participant's Age _____

School Attending This Fall _____ Grade Level Fall 2022 _____

Parent or Legal Guardian's Name _____

Address if Different _____

Email Address _____

Parent/Guardian's
Home# (_____) _____ Work# (_____) _____

Emergency Contact Name: _____ Phone# (____) _____

Participant's Current Weight _____ (This information will be used to determine team weight division eligibility)

Does your child have any allergies or special medical needs or requirements, if so please identify?

Do you have any other family members participating in this program? If so please list names and ages:

How did you find out about the Delray Rocks? *Circle one*: Family Friend Newspaper Website or
Other _____

Are you currently playing football or cheering for any other program? If so list the name of the program:

Have you ever played football or cheered for any other AYFL team? If so list the team name:

For Administrative Use Only (Do not write below this area):

Team to be assigned to: (circle one)

FOOTBALL

6U 7U 8U 9U 10U 11U 12U 13U

Registration Fee Paid \$ _____

Balance due \$ _____

Cash or Check (# _____) Receipt (# _____)

Date _____

Participant's Current Ages 6 – 14 Yrs.

CHEERLEADING

8U 9U 10U 11U 12U 13U

Check box if completed or received:

Physical ☐

Birth Certificate Copy ☐

Parent Code of Conduct Agreement ☐

Parental Consent/Release Forms ☐



Delray ROCKS Football & Cheerleading Program Parental Or Guardian Consent And Release Form



PLEASE FILL IN THIS FORM COMPLETELY:

Child's Name/Last _____ First _____ M.I. _____

Street Address _____

City/State _____ Zip Code _____

Home Phone Number () _____ Date of Birth _____

PLEASE NOTE: THERE WILL BE NO REFUNDS; UNLESS YOUR CHILD IS RELEASED/CUT.

PARENTAL OR GUARDIAN CONSENT AND RELEASE FORM

I UNDERSTAND THAT TACKLE FOOTBALL IS A VIOLET CONTACT SPORT AND THAT MY CHILD COULD BECOME PERMANENTLY INJURED, PARALYZED, OR EVEN DEATH COULD OCCUR FROM PARTICIPATION IN THE **DELRAY ROCKS FOOTBALL PROGRAM**.

AND

I UNDERSTAND THAT DUE TO THE NATURE OF CHEERLEADING AND ITS AHLETICISM, MY CHILD COULD BECOME PERMANENTLY INJURED, PARALYZED OR EVEN DEATH COULD OCCUR FROM PARTICIPATION IN THE **DELRAY ROCKS CHEERLEADING PROGRAM**.

I do hereby give consent for the above named child to compete in the American Youth Football & Cheerleading League programs and to travel on trips monitored by the coaching staff and volunteers of the Delray Rocks Football & Cheer Program. I agree to report all accidents and or injuries sustained by my child while participating in the Delray Rocks Football and Cheerleading program or otherwise as soon as possible after such accident or injury occurs.

I, the undersigned, intending to be legally bound, do hereby for myself, family, guardians, charge/charges, heirs, executors and administrators, waive and release any and all rights and claims and damages which I/we may have against the City of Delray Beach, their representatives, successors, and employees for any injuries which my child may suffer in connection with participation in this program.

I understand that at various times, the City of Delray Beach videotapes & photographs events to be submitted to the local media. By registering my child in the City of Delray Beach - Delray Rocks Football and Cheerleading Program, I/we hereby authorize the City of Delray Beach to reproduce, copy, exhibit, publish, broadcast or distribute any and all such tapes or photographs.

I, _____ parent of _____ do hereby attest that I have read and understand the contents of this consent and release form.

PARENT/GUARDIAN SIGNATURE: _____



Delray ROCKS Football & Cheerleading Program



Parent/Guardian Code of Conduct / Statement of Understanding

Please initial each item to indicate that you have read it.

- _____ I understand that the DELRAY ROCKS participate in a competitive league. There are no minimum participation playing time rules. Even after being chosen for a team, my child is not guaranteed playing time. Playing time and position is determined by the coaching staff, whose decision is final. If I have a concern about the level of my child's participation, I will speak directly to his or her coach privately and in a constructive manner.
- _____ I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game and practice.
- _____ My child and I will treat other players, coaches, fans, and officials with respect regardless of race, sex or creed.
- _____ I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- _____ I will support coaches and officials working with my child in order to encourage a positive and enjoyable experience for everyone.
- _____ I will demand a sports environment that is free from drugs, alcohol, and tobacco, and will refrain from their use at all youth sports events.
- _____ I will observe my child's practices and games from an area that league officials designate for spectators. Only AYFL-certified coaches and team managers are allowed on the sidelines during games.
- _____ My child and I will make sure he/she has all of his/her equipment for practices and games, and know that if he/she does not have all the necessary equipment, he/she will not be able to participate. If my child loses a piece of equipment, I am responsible for the replacement cost.
- _____ To the best of my ability, I will arrange to have my child at all team practices and games, knowing that attendance affects game participation. I will make sure my child arrives at practices and games on time, and is taken home immediately after the event concludes.
- _____ I understand that the Delray Rocks and the AYFL govern with a no tolerance policy, and if I violate a league or team rule, I and/or my child may be suspended, placed on probation or expelled by the Delray Rocks Football & Cheerleading Program. I understand that if a player or cheerleader is expelled from a team, he/she may not be eligible to participate the following season.

I have read all of the above Parent/Guardian Code of Conduct items and agree to abide by all of them.

Child's Name: _____

Parent/Guardian's Name (Print)

Signature

Date



Delray ROCKS Football & Cheerleading Program



Emergency Medical Consent Form

The patient and others, whose signatures appear below, do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by his / her physicians and surgeons. The intention hereof being to grant authority to administer and to perform all singularly any examination treatments, anesthetics diagnostic procedures which may be advisable or deemed necessary during the course of the patient's care.

In witness of our consent and agreement to the matters stated above, we have signed this form below.

MINOR – PATIENT PARTICIPANT

PARENT / GUARDIAN SIGNATURE