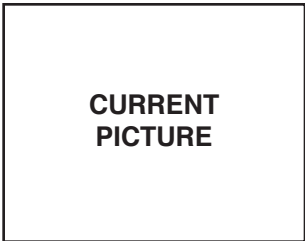


DATE COMPLETED \_\_\_\_\_  
**DELTA YOUTH FOOTBALL LEAGUE, INC.**  
 Participant Registration Contract & Medical Release Form



**Delta Youth  
 Football League**

L. Age \_\_\_\_\_

Franchise \_\_\_\_\_

Division \_\_\_\_\_

\_\_\_\_\_  
 (FRANCHISE/TEAM NAME)

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Grade (Sept.) \_\_\_\_\_

**YEAR ISSUED**  
 \_\_\_\_\_

Signature \_\_\_\_\_

- \_\_\_ JR. NOVICE
- \_\_\_ NOVICE
- \_\_\_ JR. VARSITY
- \_\_\_ VARSITY
- \_\_\_ VETERAN
- \_\_\_ MASCOT/WATERPERSON
- \_\_\_ JR. VARSITY OLDER-LIGHTER
- \_\_\_ NOVICE OLDER-LIGHTER

Players Last Name _____	First Name _____	MI _____	<b>Official Weight</b> _____
Address _____			<b>DYFL Initials</b> _____
City _____	State _____	Zip Code _____	<div style="border: 1px solid black; padding: 10px; width: 100px; margin: auto;"> <b>DYFL            Official            Weight            Stamp</b> </div>
Phone _____	E-mail Address _____		
High School District (of attendance) _____		School Attending (as of Sept) _____	
Birth Date ____/____/____	Age (as of 31 July) ____	Current Grade (as of Sept.) ____	

**FAMILY CODE OF CONDUCT**

We will faithfully keep and abide by the following rules, and carry them out to the best of our ability.

1. I will play any position assigned to me and will always do the very best for the team.
2. When my team is playing, I will stay off of the playing field and will not interfere with those playing.
3. We pledge not to damage or deface any property, building or equipment in any manner or use foul language.
4. We agree to abide by all decisions of game officials and will not create any unsportsmanlike gestures at any time.
5. I agree to be a gentleman or gentlewoman at all times.
6. I agree that I will remain a member of the team until released.
7. We agree to return upon request, the uniform and other equipment issued to us in as good a condition as it was received except for normal wear and tear.

PARENT'S SIGNATURE \_\_\_\_\_

PARTICIPANT'S SIGNATURE \_\_\_\_\_

**CONFIRMATION OF ELIGIBILITY**

I CERTIFY THAT ALL THE INFORMATION ON THIS CARD IS TRUE AND ACCURATE. THE PARTICIPANT MEETS ALL ELIGIBILITY REQUIREMENTS OF THE DYFL. ALL PARTICIPANTS MUST LIVE WITHIN THE TEAM'S BOUNDARY OR BE ON AN APPROVED LEAGUE WAIVER.

President \_\_\_\_\_

**REGISTRATION PAYMENT SECTION**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Paid/Amount: \_\_\_\_\_

Check # \_\_\_\_\_ Initials \_\_\_\_\_

**GAME WEIGHT RECORDS** Weekly weights must be approved below by indicating (O.K.) if player makes required weight. If a player is over/under weight, said weight must be recorded in the appropriate spot. All weigh in statements must be initialed by the franchise weighmaster or his/her duly authorized representative.

DATE	WEIGHT	INITIALS

DATE	WEIGHT	INITIALS

PRE & POST SEASON PLAY		
DATE	WEIGHT	INITIALS

Print all the entries on this card except where signatures are required! Use ink.

Player's Name \_\_\_\_\_

# SPORTS PHYSICAL CLEARANCE

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_      HERNIA \_\_\_\_      HEIGHT \_\_\_\_      HEART \_\_\_\_      WEIGHT \_\_\_\_

LUNGS \_\_\_\_      BLOOD PRESSURE \_\_\_\_      PASSED \_\_\_\_      FAILED \_\_\_\_

RESTRICTIONS \_\_\_\_\_

REASON FAILED \_\_\_\_\_

\_\_\_\_\_  
(PHYSICIAN'S NAME AND ADDRESS)

\_\_\_\_\_  
(PHYSICIAN'S SIGNATURE)

## “WARNING”

Participation in competitive athletics may result in severe injury, to include paralysis or death. Changes in rules, improved conditioning, better medical coverage and improvements in equipment have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics. Players can reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems, following a proper conditioning program and inspecting their equipment daily. Damaged equipment must be replaced immediately. Even if these requirements are met, and even if the athlete is using protective equipment, a serious accident may still occur.

## PARENTAL CONSENT, CODE OF CONDUCT & MEDICAL TREATMENT CONSENT

I/We the undersigned, as parents and/or guardians do hereby agree to abide by all Rules & Regulations of the Delta Youth Football League. I/We, will adhere to any/all penalties imposed by the League for violations of said League Rules/By-laws. I do give my consent for my child/ward to participate in the Delta Youth Program and do give my/our consent for all medical care prescribed by a duly licensed Doctor of Medicine for my child/ward as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my child pursuant to provision 25.8 Civil Code of California.

Is your child currently taking any medication?    Yes \_\_\_\_    No \_\_\_\_

If yes, what? \_\_\_\_\_

Does your child have any known allergies?    Yes \_\_\_\_    No \_\_\_\_

If yes, what? \_\_\_\_\_

Does your child have any type of pre-existing heart or other medical condition?    Yes \_\_\_\_    No \_\_\_\_

If yes, what? \_\_\_\_\_

In case of an emergency, who do we notify? \_\_\_\_\_

AT HOME \_\_\_\_\_      AT WORK \_\_\_\_\_

DOCTOR TO NOTIFY IN EMERGENCY \_\_\_\_\_

I hereby acknowledge that I have received, read and understand the DYFL concussion information Sheet per California state law AB 2007. Any questions regarding these signs, symptoms and the “Return to Play” protocols I will consult with a licensed health care provider.

Parent/Guardian signature \_\_\_\_\_    Witness \_\_\_\_\_    Date \_\_\_\_\_