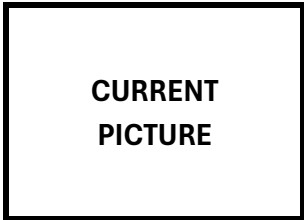


DATE COMPLETED _____
DELTA YOUTH FOOTBALL LEAGUE, INC

Participant Registration Contract & Medical Release Form



**Delta Youth
Football League**
 League Age _____
 Franchise _____
 Division _____

 (FRANCHISE/TEAM NAME)
 ___ JR. NOVICE (8U) ___ FOOTBALL ___ CHEER
 ___ NOVICE (10U)
 ___ JR. VARSITY (12U) ___ VETERAN
 ___ VARSITY (14U) ___ MASCOT/WATERPERSON

Date of Birth _____
 Current Grade (Sept) _____
 DYFL Rep _____

YEAR ISSUED _____

FOR DYFL USE ONLY

PLAYERS LAST NAME		FIRST NAME	MI
ADDRESS			
CITY	STATE	ZIP CODE	
PHONE	EMAIL ADDRESS		
HIGH SCHOOL DISTRICT of Attendance)	SCHOOL ATTENDING (as of Sept)		
BIRTHDATE ___/___/___	AGE (as of Sept 1)	Current Grade (as of Sept)	

OFFICIAL CERTIFICATION

DYFL INITIALS

**DYFL
OFFICIAL
STAMP**

FAMILY CODE OF CONDUCT

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 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 condition as it was received except for normal wear and tear.

PARENTS SIGNATURE _____
PARTICIPANTS SIGNATURE _____

CONFIRMATION OF ELIGIBILITY

I CERTIFY THAT ALL THE INFORMATION ON THIS CARD IS TRUE AND ACCURATE. THE PARTICIPANTS MEETS ALL ELIGIBILITY REQUIREMENTS OF THE DYFL

PRESIDENT SIGNATURE _____

REGISTRATION PAYMENT SECTION

DATE: ___/___/___ **PAID/ AMOUNT:** _____
DATE: ___/___/___ **PAID/ AMOUNT:** _____
DATE: ___/___/___ **PAID/ AMOUNT:** _____
EQUIPMENT DEPOSIT: _____ **VOLUNTEER FEE** _____

ALL FRANCHISES RESERVE THE RIGHT TO ENFORCE A NO REFUND POLICY

GAME DAY RECORDS. Weekly book checks must be approved below by indicating Date, Opposing Team and Initials. All certifications must be initialized by the franchise player agent or his/her duly authorized representative.

DATE	TEAM	INITIALS

DATE	TEAM	INITIALS

PRE & POST SEASON PLAY		
DATE	TEAM	INITIALS

Participants Last Name, First Name

Date of Birth

Football or Cheer

Level

SPORTS PHYSICAL CLEARANCE

DATE ___/___/___ HERNIA _____ HEIGHT _____ HEART _____ WEIGHT _____

LUNGS _____ BLOOD PRESSURE _____ PASSED _____ FAILED _____

RESTRICTIONS _____

REASON FAILED _____

(PHYSICIANS NAME AND ADDRESS OFFICE STAMP REQUIRED)

(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 the 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/Bylaws. 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 taking any medications? 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 health condition? Yes _____ No _____

If yes, what? _____

In case of an emergency, who do we notify? _____

Phone Number _____ Alternate Number _____

PREFERRED HOSPITAL IN CASE OF 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 _____