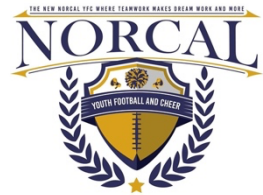




2025 River Islands Youth Football & Cheer Registration Form

www.ririptidefootballandcheer.com



Note: Must use name as indicated on their birth certificate.

Players Name: _____
LAST FIRST MIDDLE INITIAL

Birth Date: _____ Age (as of 7/31/25) _____ FB Only: Current Weight: _____

Address: _____
STREET CITY ZIP CODE

Phone Numbers: _____ | _____ Current School Grade: _____
PRIMARY # EMERGENCY #

Select: Football _____ Cheer _____ Sizes: Pants _____ Tops _____ Level of Play: 6U - 8U - 10U - 12U - 14U
(Circle one)

Age Divisions	(6U) 5-6 years old	(8U) 7-8 years old	(10U) 9-10 years old	(12U) 11-12 years old	(14U) 13-14 years old
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Parent/Guardian: _____ Parent E-mail Address: _____
(PLEASE PRINT) (PLEASE PRINT)

Parent/Guardian: _____ Parent E-mail Address: _____
(PLEASE PRINT) (PLEASE PRINT)

Note: If siblings are on another level of play, please list their names and division:

Name: _____ Division: _____ Name: _____ Division: _____

Name: _____ Division: _____ Name: _____ Division: _____

ITEMS YOU WILL NEED TO SUPPLY

- Proof of Grade Level [Report Card/Demographics from the school 2025/26 yr. - **need copy**]
- Participants original birth certificate and a **color copy**
- Photo & Video Release, Team Affiliated Form(s) Signed/Dated
- Colored passport size photo [no hat or sunglasses]
- Sports Physical Clearance - must state participant is cleared for **contact sports, be dated, and signed by the physician or have the physicians "office stamp"** [Athlete cannot practice without clearance]

TERMS & CONDITIONS

- Sign-ups are on a first come, first serve basis. _____ Int. _____ Int.
- All Fees are **Non-Refundable** [except in the case of failed physical or our inability to field a team] _____ Int. _____ Int.
- As with all Nonprofits, we **DO NOT** make refunds as the fees are put toward the upcoming season for insurance, etc., in reliance on your promise to fulfill this contract. _____ Int. _____ Int.
- I/We, agree snacks will be purchased by participants parent/guardian and turned in at practice to Team mom, before each game. This is **MANDATORY** (a date will be assigned per participant). _____ Int. _____ Int.
- I/We, agree to complete a minimum of 8 volunteer hours/16 hours maximum per family and follow Riptide Rules. Volunteering is **MANDATORY** (time will be assigned). If you are not able to fulfill your obligation, you may assign a family member over the age of 18 as your replacement. _____ Int. _____ Int.
- I/We, the parent/guardian of the above-named participant hereby approve for him/her to participate in all football and cheer activities on the River Islands Riptide Youth Football and Cheer. _____ Int. _____ Int.
- I/We, agree to participate in team fundraisers or I/We have an option to buy out. [Team Fundraisers are separate from individual Fundraisers] [Team Fundraisers are **MANDATORY**]. _____ Int. _____ Int.

BY SIGNING THIS FORM, YOU STATE THAT YOU AGREE TO ALL TERMS OF THIS CONTRACT.

DATE: _____

Parent/Guardian: _____ Parent/Guardian Signature: _____
(PLEASE PRINT) (SIGNATURE PLEASE)

Parent/Guardian: _____ Parent/Guardian Signature: _____
(PLEASE PRINT) (SIGNATURE PLEASE)

