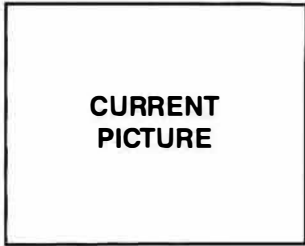


DATE COMPLETED _____

DELTA YOUTH FOOTBALL LEAGUE, INC.

Participant Registration Contract & Medical Release Form



Delta Youth Football League

L. Age _____

Franchise WRJC

Division _____

WESTON RANCH JUNIOR COUGARS

(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 _____		Official Weight _____
Address _____		DYFL Initials _____
City _____ State _____ Zip Code _____		DYFL Official Weight Stamp
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

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 _____