

ROCKLEDGE YOUTH FOOTBALL & CHEERLEADING LEAGUE APPLICATION (2026 REGISTRATION)

Please Select One: Tackle Football: \$75 (Closing Day Only) \$100 (December)

Tackle Registration Increase*: \$125 (January - March) \$150 (April-May) \$175 (June) \$200 (July)

Cheerleading: \$200 (Closing Day Only) \$225 (December – August) Flag Football: \$100 (December – July) \$125 (August)

All Football & Cheer Fees are due by July 1, 2026. *Indicates Registration Fee Increases on July 1st for non-registered athletes and delinquent accounts. \$50 Minimum Deposit Due at time of registration per athlete for Football & Cheer. Checks will not be accepted after July 1, 2026.

STUDENT ATHLETE INFORMATION

Name: _____ LAST _____ FIRST _____ M.I. _____ SUFFIX (JRETC) _____

Birthday: _____ Age as of July 1, 2026: _____ Returning Player/Cheerleader: Yes No

School 2026-2027: _____ Grade 2026-2027: _____ Student ID# _____

Select: Male Female Select: Football Cheerleading Division: FL 6U 8U 10U 12U 14U

For Cheer Only (Sizing Information) TOP: _____ BOTTOM: _____ Football/Cheer (Shoe Size): _____

PARENT INFORMATION / PRIMARY CONTACT

Name: _____ LAST _____ FIRST _____ M.I. _____ SUFFIX (JRETC) _____

Home Address: _____ City: _____ Zip: _____

Email Address: _____ Cell/Home Number: _____

SECONDARY PARENT INFORMATION

Name: _____ LAST _____ FIRST _____ M.I. _____ SUFFIX (JRETC) _____

Home Address: _____ City: _____ Zip: _____

Email Address: _____ Cell/Home Number: _____

MEDICAL RELEASE INFORMATION

Athletes are expected to carry their own accident and/or medical insurance. Coaches, Team Moms and Board Members are safety conscious and follow appropriate safety procedures. In the event of an injury or illness, every effort will be made to contact the parent or guardian. If necessary, I authorize Rockledge Youth Football & Cheerleading League to administer first aid and/or authorize medical treatment.

PARENT SIGNATURE: _____ **DATE:** _____

By signing this application, I understand and agree to Rockledge Youth Athletics rules and policies. Failure to uphold and abide by the rules and policies will result in parents and/or child(ren) disciplinary actions from the league.

My child has accidental/medical insurance: YES NO Insurance Company: _____

Primary Care Doctor: _____ Insurance Policy #: _____ Group #: _____

Primary Care Doctor #: _____ Preferred Hospital: _____

Asthma/Inhaler: Yes NO Chronic Illness: YES NO Details: _____

Surgery (within last year): YES NO Details: _____ Allergies: _____

For Internal Use Only (Received By Board Member Please Initial Below)

• Complete Legible Application Received _____

• Copy of Birth Certificate Attached _____

• Current 2026 Sports Physical _____

• Wallet Size Photo (3x2) Upload to League Magic _____

• Paid in Full or Payment Plan _____

Fee Due \$ _____ Date: _____

Fee Paid \$ _____ Receipt #: _____

Check # _____ Cash: _____

Balance: _____ RYFCL Official: _____

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PARENT / PLAYER AGREEMENT

(Please initial each item below, to show acceptance)

CONDUCT

I understand that a code of conduct for all participants and parents/guardians/family/friends will be strictly adhered to. Participants are expected to conduct themselves in a respectful manner at all times. Any participant displaying bad sportsmanship, using foul language or being disrespectful to coaches, referees, teammates or opposing teams will be suspended or removed from the team. The use of alcohol and tobacco products will not be tolerated. Parents/guardians/family/friends are asked not to converse with coaches, officials or participants during practice and games. Also all are strictly prohibited from playing field during practices and games unless requested/approved by a coach or official. I understand that use of any team social media sites and RYFCL email addresses for any purpose other than obtaining necessary information is strictly prohibited.

INJURY

All parents/guardians of participants hereby grant my approval for participation and understands all risks and hazards associated with the sport. I hereby absolve, indemnify and hold harmless the Rockledge Youth Football & Cheerleading League, its organizers, sponsors and volunteer staff for any injury/Sickness including covid-19 that may occur to my child(ren). Rockledge Youth football & cheerleading league issues equipment that meets or exceeds county safety regulations, however, it is up to the parent/guardian/participants to return/exchange any ill-fitting or damaged equipment immediately to insure the safety of the participant at all times. **The League's Insurance is a secondary payer and all insurance claims have \$100 deductible, which the parent/guardian is responsible for.** Only Apply towards regular season players.

TRANSPORTATION

Football/Cheerleading Practices will be held at Jim McKnight Family sports complex. Football games will rotate throughout Central Florida counties. I understand that transportation to and from these activities is my responsibility.

ATTENDANCE

I understand that participation in this activity takes a great deal of time and dedication from both the parent/guardian and the participant. Football/Cheerleading practices begin in June and average of 4 nights per week. The regular football season begins in the beginning of August and runs into the middle of November (depending on weather). All games are on Saturdays. Practice and game attendance are very necessary. See head coach for attendance policy.

EQUIPMENT

I assume all responsibility for Rockledge Youth Football & Cheerleading League equipment for the purpose of all activities sponsored by the League. Custom altering of any league equipment is strictly prohibited. I accept all responsibility for the return of all league owned equipment at the end of the season or upon request. Failure to do so will result in an invoice in the amount of \$300 for football & \$250 cheerleading.

REFUNDS

I understand and accept that registration refunds will be issued as follows: \$35 of fee is non-refundable up to June 15th. After June 15th there is no refund. Refund requests will be discussed by the Board of Directors on a case by case basis where extenuating circumstances exist. Refund for Participation Trophy, Equipment, Shoes, Cheer/Spirit Uniform will not be refunded after game uniform is ordered. All refund request must be submitted in writing to RYFCLBOARD@GMAIL.COM . I also understand there will be a \$35 fee for any bounced/returned checks.

PLAYING TIME

I accept and understand that if my child attends all required practices, he/she will play a mandatory 4 plays minimum per football game. Should you have questions regarding playing time or positions for your child, please discuss with the Head Coach in a respectful/mature manner, outside the presence of any children. Questions, problems and/or concerns regarding coaches should be directed to RYFCL President or Vice President.

VOLUNTEER TIME

I understand and agree that it is mandatory that I volunteer a minimum 10 hours per participating child during the season. I also understand that my child will be required to participate in fundraising for RYFCL. Team Moms/Dads will keep track of all volunteer hours.

PHOTO/VIDEO RELEASE

I hereby give permission for images of my child(ren), captured during the Football and Cheer season via video, photos and digital cameras to be used for purposes of media including but not limited to local newspaper, Rockledge Youth Football & Cheerleading League website and social media sites (i.e. Facebook, Instagram etc).