



2025 YOUTH TACKLE FOOTBALL REGISTRATION

__ 8U BANTAM __ 10U PEE WEE __ 12U JUNIORS

Uniform Includes: Home Jersey, Game Pants and Game Socks. All players will check out; practice jersey, practice pants, belt, pads, shoulder pads, helmet w/ chin strap. A \$200 deposit is required to check out football equipment. Once all loaner equipment is returned, the deposit will be refunded.

REGISTRATION FEE \$400 _____ DEPOSIT \$175 _____ DATE _____
CASH _____ CARD _____ VENMO _____ PAYPAL _____

All families will be required to volunteer a minimum of 4 hours.

Once the 4 hours of volunteer time is complete, you will be issued a \$50 refund.

If you choose not to volunteer, the full registration amount remains \$400.

I agree to serve a min. of 4 hrs at any scheduled "Home Game or CVYFL Event". Int. _____

Online PAYPAL available clovisrebels.com

Payments Accepted Venmo @ClovisRebelsFootball Note: child's information.

Make checks payable to: Clovis Rebels and turn in at camp / practice.

Child's Name: _____

Requested Last Name On Game Jersey _____

(Please Print Clearly)

Date of Birth: _____

Child's Age on September 1ST 2025: _____

Address Apt# City zip code: _____

Home # _____

School entering in Fall 2025 _____ Grade in the Fall: _____

Father's name: _____ Cell # _____

email: _____

Mother's name: _____ Cell# _____

email: _____

Additional emails added: _____

Emergency Contact : _____

Relation: _____

Contact #: _____

Emergency Contact : _____

Relation: _____

Contact #: _____

Previous Football Experience: _____

Child's Name _____

(Please print clearly)

Emergency Health Information / Medical Information

This participant has the following health conditions: (Check all that apply)

ADD/AHD

Epilepsy/ Seizure Disorder

Heart Condition

Glasses/Contacts

Bleeding Disorder

Hearing Difficulty

Asthma-Inhaler (Circle One: Yes No)

Medication Allergy _____

Food Allergy _____

Serious Accident/Illness _____ Date _____

Other Health Concerns _____

Authorization for Emergency Medical Treatment

The undersigned, legal custodian of _____ a minor, hereby authorizes the principal or designee into whose care the aforementioned minor player has been entrusted, to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis, treatment, and/or hospital care to be rendered to said minor upon the advice of any licensed physician and/or dentist. It is understood that this authorization is given in advance of any required diagnosis, treatment or hospital care and provides authority and power to the aforementioned agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a licensed physician or dentist may deem necessary. This authorization is given pursuant to the provisions of Section 6910 of the California Family Code, and shall remain effective for the 2025 Football & Cheer season unless revoked in writing and delivered to said agent(s). I understand that the Central Valley Youth Football Organization / Clovis Rebels, Board of Directors and coaches, assume no liability of any nature in relation to the transportation of the said minor. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray or treatment provided in relation to this authorization shall be borne by the undersigned.

I understand that the Central Valley Youth Football Organization / Clovis Rebels does not provide medical or accident insurance for any related accident received while participating in any AVYFC / Clovis Rebels activities.

I authorize the release of medical information by the Central Valley Youth Football Organization / Clovis Rebels to my insurance company as necessary to process a claim or request reimbursement for medical services rendered to my child. Any shared information will be limited to service documentation only.

Family Physician: _____ Phone _____

Health Insurance/Medical: _____ Group/Policy No: _____

Check one of the following Options:

My child is currently insured. I will insure my child. I choose not to insure my child.

By signing this agreement I acknowledge and agree to pay / complete registration and any additional fees by July 14th, 2025 **If the balance remains unpaid, your child will not be given a uniform or issued practice gear.**

The first \$175.00 paid is a Non-Refundable Processing Fee.

If a player listed above decides not to participate in the AVYFC program, the remaining paid registration, **excluding the \$175.00 processing fee**, can be refunded by submitting a request by **email** to: clovisrebelsfootball@gmail.com by July 14, 2025.

After July 14nd, 2025 NO Refunds will be issued. NO EXCEPTIONS.

PARENT / GUARDIAN SIGNATURE (REQUIRED)

PARENT / GUARDIAN SIGNATURE ((REQUIRED)

PARENT / GUARDIAN (PRINT NAME)

PARENT / GUARDIAN (PRINT NAME)

DATE: _____

DATE: _____



20__ PARENT CODE OF CONDUCT

I hereby agree to provide a positive support, care, and encouragement for my child participating in the Central Valley Youth Football Organization / Clovis Rebels Football And Cheer, by supporting and following this code of conduct:

- I shall encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every practice, game, or other youth sporting events.
I shall not contact any coaches after a game about player issues and shall respect a 48 hr "cooling off" period between the game and the first practice after.
I shall place the emotional and physical well being of my child ahead of any personal desire to win.
I shall insist that my child plays in a healthy and safe environment.
I shall emphasize the benefit of skill development and how practices will enhance my child's game performance.
I shall ask my child to treat other players, coaches, fans, and officials with respect.
I shall applaud good effort in victory or defeat, emphasize the positive points of the game, and never criticize players.
I shall remember that the game is for children, not adults.
I shall assist in my child's participation by volunteering my time for concessions, gate ticket sales, "chain gang", and other activities to support the success of this league and his team.
I shall support my child's team rules, coach's rules, and the rules of the Youth Football League.
I shall not gossip or spread rumors about players, coaches, or other parents.
I shall welcome visiting teams and treat them as I would like to be treated.
I shall never lose sight of the fact that I am a role model. I understand that children imitate their role models and by acting appropriately, I will be modeling what I expect of my child.
I will not post, publicly display, in any electronic means, any items that will negatively reflect on anyone participating in the AVYFC league, the Board of Directors, and any member of their team organization.

Parent Code of Conduct Consequences

Violation of the Parent Code of Conduct is detrimental to the team and may be brought forward to the participating team's board by either the team's head coach, assistant coaches, or a parent on the same team. A meeting with the board will occur as soon as possible.

The board may set forth a penalty ranging from a verbal warning up to suspending a parent from all team functions for one week to the duration of the season. Continual abuse of conduct may result in permanent removal from the games and functions.

During the sanction, the parent will not be allowed in any facility during a youth football event, regardless if that parent has another child on a different team.

I understand and will support the Clovis Rebels organization and mission.

Parent / Guardian (Print) Name, Parent / Guardian Signature, Date

Parent / Guardian (Print) Name, Parent / Guardian Signature, Date



Amateur Minor Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any way in Central Valley Youth Football Organization / Clovis Rebels Football And Cheer related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent total disability or death.
4. Release, waive, discharge and covenant not to sue Central Valley Youth Football Organization / Clovis Rebels Football And cheer, Clovis Unified School District, its affiliated clubs, their respective administrators, directors, agents, and other employees / coaches of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees or premises used to conduct the event, all of which are hereinafter referred to as "release" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I have read the above waiver and release, understand that I have given up substantial rights by signing it and signed it voluntarily. I further certify that I am the legal Parent/Guardian of the named Participant and have the authority to sign this waiver and release.

Participant Name

Address _____ **City** _____ **ZipCode** _____

Name of Parent / Guardian: _____

Relationship to Participant: _____

Contact Numbers: _____ - _____ _____ - _____

Signature of Parent / Guardian _____ **Date:** _____



CONCUSSION STATEMENT FORM

Concussion rules as follows:

- 1. An athletic (Player or Cheerleader) who is suspected of sustaining a concussion or head injury...
2. On a yearly basis, a concussion and head injury information sheet shall be signed and returned...

Parents/Guardians and athletes participating in the youth tackle football and cheer program shall answer the following questions each season as part of the Clovis Rebels registration process.

- 1. Have you ever had a head injury or concussion diagnosed by a Medical Doctor? YES / NO
2. Have you ever become knocked out, unconscious, or lost your memory? YES / NO
3. Have you ever had a seizure? YES / NO
4. Do you have frequent or severe headaches? YES / NO
5. Have you ever had numbness / tingling in your arms, hands, legs, or feet ? YES / NO
6. Have you ever had a stinger on a pinched nerve? YES / NO

If " YES" to any of the above questions, have you been medically cleared to Participated by a licensed healthcare provider with a current year sports physical?

I hereby state that to the best of my knowledge, my answers to all the above questions are correct and complete. I take full responsibility for any incorrect answers.

Athletes Name (Print)

Signature

Parent / Guardian (Print)

Signature

Date



Check Off List To Complete Registration:

- *Registration Forms (3 pages)
- AVYFC Player Form**
- *Release of Liabilities AVYFC & Clovis Rebels Football And Cheer**
- *Concussion Statement
- *Parent Code of Conduct AVYFC & Clovis Rebels Football And Cheer**
- *Proof of Medical Insurance (front/back photocopy of insurance card)
- *2025 Sports Physical (football Only)
- 3 x 3 PICTURE**
- *Proof of grade utilizing the child's most recent school record / demographic. Print Out from school district including child's name, grade, date, profile picture.**
- *Original Birth Certificate (Football Only) (Please turn in the original birth certificate at practice week of July 14th 2025.)**

Once the player is certified to play by AVYFC, the birth certificate is returned to the parent.
- All registration balances must be paid in full by July 14th 2025.**