BLACK ROCK RIVERSIDE LITTLE LEAGUE FOOTBALL & CHEERLEADING

REGISTRATION 2025/2026

▫ Football ▫ Cheerleading

NEYSA # _____ Player Number _____
Team 2025 _____ Team With in 2025 _____
Years Played: _____ Organization in 2025 _____
Child's Name: _____ Date Of Birth: _____
Address: _____ Phone: _____
Cell/Pager: _____ City/ Zip Code: _____
E-Mail: _____
School: _____ Grade: _____
Last physical: _____ Weight: _____

Any medical problems at all? Yes _____ No _____ If yes, a release MUST be signed from your child's physician as part of this agreement. Please return to registration.

HEALTH INSURANCE INFORMATION

Childs Name: _____ Mother's Name: _____
Father's Name: _____ Insurance Carrier: _____
Insurance ID No.: _____ Group No.: _____
Medicaid ID No.: _____ Preferred Hospital: _____

If your child is hurt during practice or a game and needs medical attention it must be submitted through your insurance. What your company does not pay after a $100.00 deductible, the secondary league insurance will cover. If you have Medicaid that is considered your primary insurance. Black Rock Riverside Little League is not responsible for any medical bills occurred from playing football or cheerleading.

I have read and understand the information pertaining who is responsible for medical costs for my child.

Parent / Guardian Signature: _____

▫ I have received a copy of the Code of Conduct/ Handbook and agree to the terms as stated therein.

I, parent / legal guardian of the above named candidate for a position on a team of the Black Rock Riverside Little League Football & Cheerleading organization, hereby give approval for his/or participation in any and all of the organization's activities during the season.

****** I UNDERSTAND THE REGISTRATION FEE TO BE $220.00 PLUS 2 RAFFLE TICKETS AND IS DUE NO LATER THAN AUGUST 15, 2026 - NO EXCEPTIONS. THIS FEE IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCE ******

MASCOTS FOOTBALL $110.00 CHEER $85.00

Parent / Guardian Name (Print):
_____
Signature: _____ Relationship: _____ Date: _____
Players Signature:
_____

Board Use:

Original Birth Certificate Seen: _____ Copies of Birth Certificate Received: _____
Raffle Tickets Given: _____ Code of Conduct / Handbook Given: _____
Medical Release Needed / Given: _____ Lottery Ticket Numbers: _____
Money Paid: _____ Paid in Full: _____
Board Approval:
_____

- It is important to note that any medical bills incurred from playing football or cheerleading are not the responsibility of Black Rock Riverside Little League. We highly recommend that you have health insurance coverage for your child before allowing them to participate in any sports activities.
- In the event that your child needs medical attention, it must be submitted through your insurance. Your insurance company will cover the cost of medical bills after a $100.00 deductible. If your insurance company does not cover the entire cost, the secondary league insurance will cover the remaining amount.
- We would like to emphasize that if you have Medicaid, it is considered your primary insurance. The secondary league insurance will only cover the amount that Medicaid does not pay.
- It is essential that parents and guardians are aware of these policies and make sure their children are covered by health insurance before participating in any sports activities.
- Additionally, we encourage parents and guardians to communicate any pre-existing medical conditions or injuries their child may have to our coaches and staff. This information will help us ensure that your child's safety is a top priority and that appropriate measures are taken to prevent any further injuries.
- In conclusion, we are committed to providing a safe and positive environment for our players and cheerleaders. We ask that parents and guardians also take an active role in ensuring their child's safety by being aware of our policies and having proper insurance coverage. If you have any questions or concerns regarding our policy or your child's safety, please do not hesitate to reach out to our staff.
- I, [Parent/Guardian], hereby authorize, Black Rock Riverside Little League Football & Cheerleading ("Organization"), its agents, employees, contractors, and assigns, to use my child's likeness, image, and voice in all forms and media, including photographs, recordings, and videos, taken of my child during the 2026 football season, for promotional and educational purposes related to the Organization's sports performance and its intellectual properties.
- I understand and agree that the Organization shall have the right to record, reproduce, publish, display, distribute, and broadcast all games and all environments within 50 ft around the field and the food shack, and that my child's likeness, image, and voice may be included in such recordings.
- I further understand and agree that if I do not sign this waiver, my child will not be in any stand-alone pictures, but is not excluded from all media obtained during the 2026 season that are Black Rock Riverside Little League Football & Cheerleading related to sports performance and its intellectual properties.
- I acknowledge that the Organization may own all rights, title, and interest in the recorded materials and that I have no right to any compensation or ownership interest for my child's participation.
- I hereby waive and release any and all claims, demands, and causes of action I may have against the Organization, its agents, employees, contractors, and assigns, arising from or in connection with the recording, reproduction, publication, display, distribution, and broadcast of my child's likeness, image, and voice.

I have read and understood this waiver and release of liability and voluntarily agree to its terms.

Parent/ Guardian Signature: _____

Printed Name: _____

Date: _____

I have read and understand the information pertaining to who is responsible for medical costs for my child.

Parent / Guardian Signature: _____

I have received a copy of the Code of Conduct/Handbook and agree to the terms as stated therein.

I, parent/legal guardian of the above named candidate for a position on a team of the Black Rock Riverside Little League Football & Cheerleading organization, hereby give approval for his/or participation in any and all of the organization's activities during the season.

NEYSA's Interval Health History for Athletics

Athlete's Name: _____ DOB: _____

Organization's Name: _____ Age: _____

Team Name: _____ Limitations: ▫ NO ▫ YES

Sport: _____ Date of last Health Exam: _____

Team Level: ▫ Mini ▫ Freshman ▫ JV ▫ Varsity Date form completed: _____

MUST be completed and signed by Parent/Guardian - Give details to any YES answers on the last page.

GENERAL HEALTH	NO	YES
Ever been restricted by a health care provider from sports participation for any reason?	▫	▫
Ever had surgery?	▫	▫
Ever spent the night in a hospital?	▫	▫
Been diagnosed with mononucleosis within the last month?	▫	▫
Have only one functioning kidney?	▫	▫
Have a bleeding disorder?	▫	▫
Have any problems with hearing or have congenital deafness?	▫	▫
Have any problems with vision or only have vision in one eye?	▫	▫
Have an ongoing medical condition?	▫	▫
If yes, check all that apply: ▫ Asthma ▫ Diabetes ▫ Seizures ▫ Sickle cell trait or disease ▫ Other:		
Have Allergies?	▫	▫
If yes, check all that apply: ▫ Food ▫ Insect Bite ▫ Latex ▫ Medicine ▫ Pollen ▫ Other:		
Ever had anaphylaxis?	▫	▫
Carry an epinephrine auto-injector?	▫	▫

BRAIN/HEAD INJURY HISTORY	NO	YES
Ever had a hit to the head that caused headache, dizziness, nausea, confusion, or been told they had a concussion?	▫	▫
Receive treatment for a seizure disorder or epilepsy?	▫	▫
Ever had headaches with exercise?	▫	▫
Ever had migraines?	▫	▫

BREATHING	NO	YES
Ever complained of getting extremely tired or short of breath during exercise?	▫	▫
Use or carry an inhaler or nebulizer?	▫	▫
Wheeze or cough frequently during or after exercise?	▫	▫
Ever been told by a health care provider they have asthma or exercise-induced asthma?	▫	▫

DEVICES / ACCOMMODATIONS	NO	YES
Use a brace, orthotic, or another device?	▫	▫
Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)?	▫	▫
Wear protective eyewear, such as goggles or a face shield?	▫	▫
Wear a hearing aid or cochlear implant?	▫	▫
Let the coach/school nurse know of any device used. Not required for contact lenses or eyeglasses.		

DIGESTIVE (GI) HEALTH	NO	YES
Have stomach or other GI problems?	▫	▫
Ever had an eating disorder?	▫	▫
Have a special diet or need to avoid certain foods?	▫	▫
Are there any concerns about your child's weight?	▫	▫

INJURY HISTORY	NO	YES
Ever been unable to move their arms or legs or had tingling, numbness, or weakness after being hit or falling?	▫	▫
Ever had an injury, pain, or swelling of a joint that caused them to miss practice or a game?	▫	▫
Have a bone, muscle, or joint that bothers them?	▫	▫
Have joints that become painful, swollen, warm, or red with use?	▫	▫
Ever been diagnosed with a stress fracture?	▫	▫

Athlete's Name: _____ DOB: _____

HEART HEALTH	NO	YES
Ever had a test by a health care provider for their heart (e.g., EKG, echocardiogram, stress test)?	□	□
Lightheadedness, dizziness, during or after exercise?	□	□
Chest pain, tightness, or pressure during or after exercise?	□	□
Fluttering in the chest, skipped heartbeats, heart racing?	□	□

DOES OR HAS YOUR CHILD	NO	YES
Ever been told by a health care provider they have or had a heart or blood vessel problem?	□	□
If yes, check all that apply: □ Chest Tightness or Pain □ Heart infection □ High Blood Pressure □ Heart Murmur □ High Cholesterol □ Low Blood Pressure □ New fast or slow heart rate □ Kawasaki Disease □ Has implanted cardiac defibrillator (ICD) □ Has a pacemaker □ Other:		

FEMALES ONLY	NO	YES
Have regular periods?	□	□

MALES ONLY	NO	YES
Have only one testicle?	□	□
Have groin pain or a bulge, or a hernia?	□	□

SKIN HEALTH	NO	YES
Currently have any rashes, pressure sores, or other skin problems?	□	□
Ever had a herpes or MRSA skin infection?	□	□

COVID-19 INFORMATION	NO	YES
Has your child ever tested positive for COVID-19?	□	□
If NO, STOP. Go to Family Heart Health History. If YES, answer questions below:		
Date of positive COVID test: _____		
Was your child symptomatic?	□	□
Did your child see a health care provider for their COVID-19 symptoms?	□	□
Was your child hospitalized for COVID?	□	□
Was your child diagnosed with Multisystem Inflammatory Syndrome (MISC)?	□	□

FAMILY HEART HEALTH HISTORY

A relative has/had any of the following:

Check all that apply: □ Enlarged Heart/ Hypertrophic Cardiomyopathy/ Dilated Cardiomyopathy □ Arrhythmogenic Right Ventricular Cardiomyopathy? □ Heart rhythm problems: long or short QT interval? □ Brugada Syndrome? □ Catecholaminergic Ventricular Tachycardia? □ Marfan Syndrome (aortic rupture)? □ Heart attack at age 50 or younger? □ Pacemaker or implanted cardiac defibrillator (ICD)?

A family history of: □ Known heart abnormalities or sudden death before age 50? □ Structural heart abnormality, repaired or unrepaired? □ Unexplained fainting, seizures, drowning, near drowning, or car accident before age 50?

If you answered NO to all questions, STOP. Sign and date below. GO to page 3 if you answered YES to a question.

Parent/Guardian Signature: _____ Date: _____

Athlete's Name: _____ DOB: _____

If you answered YES to any questions give details. Sign and date below.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Parent/Guardian Signature: _____ Date: _____

ACKNOWLEDGEMENT

BLACK ROCK RIVERSIDE LITTLE LEAGUE FOOTBALL AND CHEERLEADING

PARENTS HANDBOOK

Responsibilities:

1. As the parent / guardian of the child I am responsible for the drop-off and pick-up of my child for ALL practices, games, scrimmages and any events held for the organization.

2. I am responsible for going to any scheduled meeting(s) with my child's coach.

3. I am responsible for all equipment that the organization provides for my child’s use during the season.

4. I am responsible to be a good spectator.

5. I am responsible to notify my coach of phone number changes, additional contact information, address changes and ANY medical information that pertains to my child.

6. I am responsible to participate in the organization such as volunteering in the concession stand, working the field, setting up the field, working the chains, helping out with the fundraisers or anywhere else I could possibly be used to help out the organization. Two hours of volunteer time is requested for each child registered with the organization.

7. I am responsible for reading and understanding the Parent Handbook. I understand that if I breach the Code of Ethics contained within the Parent Handbook, I shall be removed from the events, games, practices and possibly suspended for the entire year.

8. No child may participate in the league without reading, understanding and signing this Handbook.

DATE _____

PARENT / GUARDIAN SIGNATURE _____

HEAD COACH _____

PLAYER SIGNATURE _____

TEAM _____

PLAYER NAME PRINTED _____