



BYRON TOWNSHIP RECREATION ROCKET FOOTBALL 3RD-6TH GRADE 2017-2018 SCHOOL YEAR

Registration Location: Byron Township Community Center, 2120 76th Street **Office Hours:** Monday-Friday 6:00am-9:00pm
Saturday 8:00am-3:00pm

Registration Fees: Now - July 1 \$71 Resident / \$81 Non-Resident
July 2 - July 30: \$76 Resident / \$86 Non-Resident **Teams:** 3rd-4th Grade (Fall 17)
5th-6th Grade (Fall 17)

How to Register: Mail in or drop off form and fee to Byron Township Recreation. Cash, checks, and credit cards accepted.

GAMES, PRACTICES and EQUIPMENT

First Practice: Monday, August 7, 2017 **Practice Time:** 6:00-8:00pm **Practice Location:** BC West Middle School
Practice Notes: Practices will be held 4-5 days a week for the first 3 weeks. After games start, practice will be 2-3 times a week.

Scrimmage: TBD **Scrimmage Time:** TBA **Scrimmage Location:** TBA

Game Days: Saturdays in September and October
Game Times: Vary from 9:00am-3:00pm **Game Locations:** Various communities within the WMJFL
Game Notes: All teams will play 3 home games and 3 away games. All teams will play 4 league games and 2 playoff games.
Home games will be held in Byron Center. Teams will be split by the following grades: 3rd-4th and 5th-6th

Equipment needed: Black football pants with hip, knee, thigh, and tailbone pads, helmet painted black with chinstrap, shoulder pads, football cleats or tennis shoes, and mouthpiece. You are responsible for purchasing your own equipment.

Special Team Requests: Requests for coaches and/or players will not be granted. Teams will be split up as evenly as possible. Siblings will be placed on the same team if they fall into the same grade category.

*Byron Township Recreation Department | 2120 76th Street SW | Byron Center, MI 49315
Phone: 878.1998 | Fax: 583.1220 | www.byronrec.org | Cancellation Hotline: 277.1157*

Player Name: _____ **Birthdate:** ____/____/____

Address: _____ **Fall '17 Grade:** _____

City: _____ **Zip:** _____ **Phone:** _____

Municipality (Where you pay taxes): _____ **Email:** _____

Emergency Contact: _____ **Cell Phone:** _____

Years of Football Playing Experience: _____ **Jersey Size:** YS/YM YL/YXL AS AM AL AXL

Medical Information: _____
Please list allergies, asthma, or chronic conditions, etc. Information will be passed on to the coaches.

Mother's Name: _____ **Phone:** _____ **Father's Name:** _____ **Phone:** _____

Volunteer Coaches Needed: The Rocket Football program relies on the help of volunteer coaches. Are you interested in Coaching? Please consider helping out in whatever way you can. Background checks are conducted on all volunteers.

Name of Interested Coach: _____ **Phone:** _____
(Check any/all that apply)

- Very interested in head coaching a team
- Willing to head coach a team, but only if a shortage of volunteers occurs
- Very interested in being an assistant coach
- Willing to be an assistant coach, but only if a shortage of volunteers occurs

I hereby agree and contract to hold West Michigan Junior Football League, Byron Township, and/or any agent, employee, or member of Byron Township harmless from any liability or responsibility for any and all accidents, injuries, and/or damages resulting from my child's participation in the athletic endeavors and/or activities of Byron Township and hereby expressly agree on my behalf, and that of my child, to accept the inherent responsibilities of supervision and the existent risk of participation in said programs.

Parent/Guardian Signature: _____ Date: _____

Yes, I would like to donate to the youth Scholarship program. Amount: \$1 \$5 \$10 Other _____

Credit Card #: _____ MasterCard / Visa Security Code: _____ Expiration Date: _____
Name on card: _____ Signature: _____
For Office Use Only: Date Paid: _____ Cash: _____ Check: _____ Credit Card: _____ Receipt: _____ Amount: _____