



TAYLOR SEAHAWKS

Join the Taylor Seahawks Jr. Football and Cheer Family!

Get ready to be part of something amazing! As a Taylor Seahawk, you're not just joining a team – you're joining a family. Whether you're ready to hit the field or cheer from the sidelines, the Taylor Seahawks are all about teamwork, fun, and building lasting friendships. It's more than just a sport – it's a community where every player and cheerleader is valued and supported.

Ready to sign up?

You can print and complete your registration packet ahead of time and bring it with you to registration. Check our website for registration dates.

Prefer to fill it out on-site?

No problem – printed copies will be available for you to complete at registration!

Don't miss out on being part of the excitement this season.

Let's make it unforgettable with the Taylor Seahawks!

WWW.TAYLORSEAHAWKS.COM

Registration Checklist

Player: _____ Sport: _____
Division: _____ Vet: Y / N Jersey # _____

- ☐ Registration
- ☐ Medical Consent
- ☐ Medical History & Information: _____
- ☐ Concussion
- ☐ Code Of Conduct
- ☐ Birth Certificate
- ☐ Valid ID
- ☐ Physical
- ☐ Banner Y / N : _____
- ☐ Volunteer Agreement & Payment
- ☐ Fundraiser Agreement
- ☐ Registration Fee: _____
Cash MoneyOrder Check# _____

Registrar:

Volunteer Coordinator:

Treasurer:

I have read and agreed to the code of conduct.

Parent: _____ Date: _____

Athlete: _____ Date: _____

DOWNRIVER JUNIOR FOOTBALL LEAGUE REGISTRATION

(Please Print)

Participant's Full & Legal Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Date of Birth: _____ League Age: _____

Cell Phone: _____ Email address: _____

Cell Phone: _____ Email address: _____

School District Child Attends: _____

Did your child participate in the DJFL last Season? Y ☐ NO ☐

If YES, what Member Organization: _____

I / we, the parent(s) of _____ a candidate for a position on a team of the Downriver Junior Football League, hereby give my / our approval to his / her participation in any and all of the League's activities during the current season. I / we assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I / we do hereby waive, release, indemnify, and agree to hold harmless USA Football, Heads Up Football LLC, the local team, the Downriver Junior Football League, the organizers, sponsors, supervisors, participants, and persons transporting my / our child to or from activities from any claim arising out of any injury to my / our child, except to the extent covered by accident or liability insurance. I / we also grant consent to the home team medical professional to render whatever emergency medical care he has deemed necessary in the event of an injury to my / our child.

I / we hereby certify that the birth certificate or other proof of age used in the registration of my / our child is true and correct. I / we fully understand that should otherwise be proved true, all of the games in which my / our child participates will be forfeited.

FURTHER, I / we agree that, if my / our child makes the team and is issued team equipment, I / we will be responsible for said equipment as follows: Immediate return of all issued equipment upon demand. Further, I / we will pay for (at team cost) any and all equipment lost, destroyed or not returned.

FURTHER, I / we agree to furnish my / our child with the prescribed shoes, socks, and supporter and such other personal equipment as is necessary for his / her health and safety.

FURTHER, I / we acknowledge that my / our child is prohibited to participate in any other league (Football or Cheer) that runs concurrent with the DJFL Football and Cheer Season.

PARENT/GUARDIAN (PRINTED): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

DOWNRIVER JUNIOR FOOTBALL LEAGUE REGISTRATION

CONSENT FOR MEDICAL TREATMENT

I, _____ parent of _____ a
minor child, hereby voluntarily consent to the administration of such anesthetics and the
performance of such operations on said minor child as the anesthetist-in-charge and the surgeon-in-
charge, respectively, may deem necessary, or advise, when said minor child is admitted to any
hospital or clinic for emergency medical treatment.

Parent / Guardian

League Age _____ Weight _____ Unit and Team Assignment _____

Number of Previous Seasons of Participation _____

I have examined the birth record of this child and find it accurate as indicated.

Registrar

I have examined this child and it is my considered opinion that he / she does not have any physical defect or
impairment which will prevent him / her from participating in the sport of football or cheerleading.

Name and address of Physician

Signed _____

Examining Physician

Date _____

Practice Jersey _____ Game Jersey _____ Helmet _____

Parka _____ Game Pants _____ Practice Pants _____ Game Socks _____

Should Pads _____ Knee Pads _____ Thigh Pads _____ Girdle Pads _____

Skirt _____ Pants _____ Sweater _____ Shoes _____

Date Returned _____

Date _____

Parent / Guardian _____

DOWNRIVER JUNIOR FOOTBALL LEAGUE

MEDICAL HISTORY & INFORMATION

Child Name: _____
 Street Address: _____
 City: _____

Date: _____
 D.O.B: _____
 Telephone: _____

EMERGENCY CONTACT (S):

Name: _____
 Relationship: _____
 Telephone: _____

Name: _____
 Relationship: _____
 Telephone: _____

FAMILY INSURANCE INFORMATION:

Insurance Company: _____
 Policy Holder: _____
 Family Medical Insurance coverage in effect at this time:

Policy Number: _____
 Telephone Number: _____
 Yes No

Please complete the following: If the answer to any question is or was yes, please describe.
 Please describe the problem and it's implications for proper first aid treatment on the back of this form.
 Has the child had, or does the child currently have:

Head Injury (concussion, etc.)	Y	N	Fainting Spells	Y	N
Convulsions / Epilepsy	Y	N	Asthma	Y	N
Neck or Back Injury	Y	N	Hernia	Y	N
High Blood Pressure	Y	N	Diabetes	Y	N
Kidney Problems	Y	N	Heart Murmur	Y	N
Poor Vision	Y	N	Poor Hearing	Y	N
Allergies	Y	N	Other: _____		

Has the child had, or does the child currently have injuries to:

Shoulder	Y	N	Knee	Y	N	Ankle or Leg	Y	N
Finger	Y	N	Arms	Y	N	Back or Neck	Y	N

Is the child currently taking any medication? Y N

If Yes, what and why: _____

LIST ANY CURENT RESTRICTIONS CURRENTLY PLACED ON THE CHILD'S ACTIVITIES AT THE DIRECTION OF HIS OR HER DOCTOR OR OTHER MEDICAL CARE PROVIDER: _____

Parent / Guardian (Print): _____

Parent / Guardian (Sign): _____

Date: _____



Taylor Seahawks

PO Box 292 ~ Taylor MI 48180
www.taylorfootball.weebly.com



Taylor Seahawks Code of Conduct

1. If you are here to re-live your childhood through these children, this organization is not for you. We are here to teach the children the game of football, and sport of cheerleading, and aim to maintain a positive environment for the children.
2. Registration fees will not be refunded to any cheerleader after the 4th day of practice and the 4th eligible day of contact for any football player.
3. The only people allowed on the practice and game fields are those individuals who are approved participants in the league. These people must have all mandatory Taylor Jr. Football paperwork completed and turned into the Registrar. At no time is a parent allowed on a practice or game field, unless there is an emergency and the head coach calls you on the field.
4. All participants/parents/coaches have the right to be treated with respect by all other participants, parents and coaches. Negative and demeaning comments will not be tolerated. This would include talking, texting and Facebook posts.
 - a. If a **participant** is disrespectful:
 - i. **First Offense-** Participant is benched for the practice/game and a meeting with the parent and head coach will take place.
 - ii. **Second Offense-** Participant is removed from the practice/game and is benched for the following game.
 - iii. **Third Offense-** Participant is removed from the Taylor Jr. Football organization.
 - b. If a **parent** is disrespectful:
 - i. **First Offense-** Parent will be removed from the practice/game field by a Taylor Jr. Football board member for the remainder of that practice or game.
 - ii. **Second Offense-** Parent will be removed from the practice/game field by a Taylor Jr Football board member and cannot return to the practice/game fields until a meeting takes place between a Taylor Jr Football Investigation Committee, head coach and person involved.
 - iii. **Third Offense-** Parent will be permanently removed from the practice/game field and will no longer be allowed in Taylor Jr. Football Club.
 - c. If a **coach** is disrespectful please contact your Parent Representative.



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5. All participants/parents/coaches shall treat all other participants, parents and coaches with respect outside of Taylor Jr. Football events as well. This includes talking, texting and Facebook.
 - a. Negative and demeaning comments will not be tolerated this includes in person, and any social media site. If a participant/parent has been proven to violate this rule they will be removed from the situation and will not be allowed back on the practice/game fields until the Field Director/Cheer Director is contacted and the situation is resolved.
 - b. Negative body contact (kicking, slapping, pushing, fighting, threatening, etc...) will not be tolerated at all. Any participant/parent proven to violate this rule will be removed from the situation. An investigation will take place by a Taylor Jr. Football Investigation Committee; The Committees finding will be presented to the Executive Board and a decision will be made; the decision is unlimited up to and including removal from the Taylor Jr. Football Club.
6. Taylor Jr. Football Players and Cheerleaders may only play or cheer with one organization at a time. You cannot be on another roster while participating with Taylor Jr. Football. Breaking this rule will disqualify our team from participating in any playoff games and competition.
7. All participants shall give their undivided attention to the coaches during practice. All participants should be provided with an environment that is conducive for learning.
 - a. If a participant is disruptive and not prepared for practice they will be asked to see their Head Coach. After three offenses a meeting will be set with a parent.
8. All participants/coaches are required to attend all practices. Football/Cheerleading is a team sport that a lot of planning goes into. Plays/Routines are formed with all participants in mind. Participants missing practices require a lot of extra work for the coaches. This is not fair to the players and the coaches.

Participants/coaches will practice during the time set forth by Taylor Jr. Football in accordance with Downriver Jr. Football League rules and regulations. Participants can be excused from a practice if the head coach is contacted prior to practice beginning. No participant should be made to feel bad if they miss a practice due to a school event, homework or family situation.

- a. If a participant is going to miss a practice; **These actions may differ from coach to coach**
 - i. **Excused Absence** - Participant/parent must contact (call, text, Facebook) their head coach.
 - ii. **Unexcused Absence** –
 1. Two unexcused absences in one week the participant will sit out the first half of the game. Cheerleaders will not participate in the halftime cheer.
 2. Three or more unexcused absences in one week the participant will sit out the entire game.
 - iii. **Cheerleaders Only**- Last two weeks of practice require 100% attendance!! NO Exceptions.



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9. Taylor Jr. Football Club has a Facebook page for our participants/parents. This is used for positive posts about our players, club and club information. We encourage everyone to join the Taylor Jr. Football Club page to get information first hand. Please keep all posts positive and encouraging.
10. Grades and Behavior in school are extremely important. If you find a players grades and/or behavior in school are suffering please see your child's head coach to collaborate a remedy to the situation. We want our players to be leaders on and off the field and successful in all aspects of their life.
11. Game Day: Participants need to arrive during the 1st quarter of the preceding game to allow ample time to warm up. If a participant is late the following rules apply
 - a. If a participant arrives during the 3rd quarter they will sit out the first half of their game.
12. Absolutely **NO EATING** on the field. Participants are allowed to drink **ONLY CLEAR DRINKS** while in their uniform. Snacks will be given out after each game. The participants must stay with their team during halftime and throughout their entire game. Your team mom will get you this information.
13. Jewelry is not to be worn and fingernails must be kept short and unpolished.
14. **Cheerleaders Only** - Hair must be off your face and in a ponytail at all events. No metal of any kind can be in your hair. (Bobby pins, barrettes, pony tails with metal, beads etc...)
15. **Uniforms** - All pieces of the uniform must be brought to every game. If a participant does not have all their items they will sit out the entire game. We Play and Cheer in all weather. **Please be prepared.**
 - a. **Football Players** - Game Pants, Cup, Jock Strap, Girdle with Pads, Jersey, Helmet, Mouth Guard, Socks, Belt and Cleats
 - b. **Cheerleaders** - Cheer Bag, Vest, Skirt, Pants, Jacket, Body Suit, Spanks, Game Hair Bow, White Socks and White Shoes. We encourage you to also have gloves, ear warmers, hat and a clear rain poncho.
16. **Practice Attire** - Please show up prepared. NO CELL PHONES allowed on the practice or game fields by any participants. Coaches will have a phone in case of emergency.
 - a. **Football Players** - Practice Pants, Cup, Jock Strap, Girdle with Pads, Practice Jersey, Helmet, Mouth Guard, Socks, Belt and Cleats.
 - b. **Cheerleaders** - Soft comfortable shorts, yoga pants, sweat pants, t-shirt, sweatshirt, socks, and gym shoes. **NO TANK TOPS and NO SHORT SHORTS.** No jeans or anything with a zipper. Nothing with a hood and no long pants while stunting. Shoes are to be tied and not loose fitting.



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17. **Volunteering** - Each participant is required to fulfill at least two volunteer slots per family during the season. You **must** sign up for these at registration. Please be sure to mark your calendar with these dates. We will notify you the week prior to your volunteer time via a note sent home with your child or text or Facebook.
18. If you have a complaint or concern with an issue associated with Taylor Jr. Football they must be presented in writing to your field director, cheer director or parent representative to be presented to the TJF board. Please see them if you need the paperwork.
19. Participants represent their team and Taylor Jr Football Club in and out of uniform: as such they will conduct themselves in a manner that is tasteful and respectful
20. No pets allowed on the field at any time.
21. Absolutely **NO WEAPONS** of any kind are allowed on any practice or game properties for any reason. Ex. Knives, firearms, etc. If found in violation, the person will be removed **IMMEDIATELY** and **BANNED** from ALL Taylor Junior Football functions. **NO EXCEPTIONS.**

We are looking forward to a successful season at Taylor Jr. Football!!!

If you have any questions please feel free to contact your head coach or any Taylor Jr. Football Board Member.

I have read with my child and understand the TJF Code of Conduct Contract as stated.

Participant Name (Please Print) _____

Parent Name (Please Print) _____ Contact # _____

Parent Name (Please Print) _____ Contact # _____

Please circle child's level

Mascot	Freshman	Jr. Varsity	Varsity
ages 4-7	ages 8-9	ages 10-11	ages 12-13

Emergency Contact Name _____ Contact # _____

Child Signature _____ Date _____

Parent Signature _____ Date _____

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

[INSERT YOUR LOGO]



SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall



**“IT’S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON”**

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

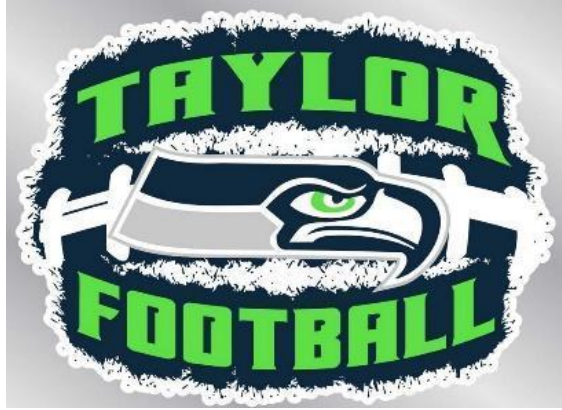
DATE

JOIN THE CONVERSATION ➡ www.facebook.com/CDCHeadsUp

The logo features the words "HEADS UP" in a bold, white, sans-serif font. The text is set against a dark grey, stylized background that resembles a speech bubble or a banner with a curved bottom edge.

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



Banner Order Form

Child's Name: _____

Sport:

- ☐ Football
- ☐ Cheer

Division:

- ☐ Mascot
- ☐ Freshman
- ☐ Junior Varsity
- ☐ Varsity

I, _____, hereby agree to pay \$30 for a 2' x 3' vinyl banner of my player(s) to be hung up during games. I agree that I will be responsible for bringing and taking home the banner. I agree that I will be able to keep the banner at the end of the season.

Parent Name: _____ Date: _____

Parent Signature: _____

Registrar: _____ Date: _____

Volunteer Coordinator: _____ Date: _____



Taylor



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tjflandcheer@gmail.com

Volunteer Form

All parents are required to work TWO volunteer spots per family. The volunteer fee is \$100. If using a check for volunteer fee, it does NOT get cashed unless you do NOT fulfill your family volunteer obligation. Once you have satisfied your volunteer duties, you will be issued \$100 (if paid with cash/credit) or your volunteer check will be shredded. Volunteer options include: concession stand help, chain gang, trash clean up, score keeper, 50/50 raffle, etc. A sign up will be posted once the season schedule is finalized.

Player Name: _____

(Circle all that apply) Football Cheer Mascots Freshman JV Varsity

Player Name: _____

(Circle all that apply) Football Cheer Mascots Freshman JV Varsity

Player Name: _____

(Circle all that apply) Football Cheer Mascots Freshman JV Varsity

Parent/Guardian Name: _____

Phone: _____ Email: _____

Deposit Paid: Cash _____ Check # _____ Credit _____

*By completing the above, you are certifying that you have received and understand the procedures for the parental volunteer obligation.

Volunteer Spot #1:

Date: _____ Position: _____

Volunteer Spot #2:

Date: _____ Position: _____

Refund: Cash _____ Check _____ Check Shredded _____

Refund Date: _____



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Board Member Signature: _____

Volunteer Signature: _____