

**Palisades Pirates
Youth Football/Cheerleading Association
Registration Packet**




PALISADES PIRATES YOUTH FOOTBALL ASSOCIATION

**P.O. Box 82
Kintnersville, Pennsylvania 18930
www.ppyf.com**

CHECKLIST FOR PARENTS

Our association is a member of the Bux-Mont Youth Football League which is an affiliate of the Pop Warner Little Scholars Organization. Pop Warner Little Scholars is the Nation's largest youth football and cheerleading organization. The following information/forms are required by all Pop Warner affiliates, and must be submitted to our organization in order for your child to participate in our program.

Please mail the following items to the address listed above. All items are due by July 1st. Use the checklist below to assure all requested items are submitted to the organization.

	Number of Copies	Requested Item
	3	End Of Year Report Card (Required for ALL participants each year.)
	1	Physical Form (<i>attached</i>) . The actual physical must be conducted after January 1st
	1	Current Picture of Child (Required for NEW participants.)
	1	Birth Certificate . Must be a birth certificate issued by the state. (Required for new child.)
Mail required forms to post office box listed above by July 1st. Thank You!		

ALL CHILDREN MUST HAVE A PHYSICAL PERFORMED IN THE CURRENT SEASON YEAR AND A PHYSICAL FORM COMPLETED AND SUBMITTED BEFORE JULY 30th IN ORDER TO BE INVOLVED IN ACTIVITY CONDUCTED BY OUR ORGANIZATION ON AND AFTER AUGUST 1st.

****THERE WILL BE NO EXCEPTIONS****

An informational newsletter will be posted on the "What News" page of our website www.ppyf.com in July for all families that have children registered to participate. Cheerleading questions please contact cheer-comm@ppyf.com. Football questions please contact football-comm@ppyf.com.



Pop Warner Little Scholars, Inc
2009 PARTICIPANT CONTRACT AND PARENTAL CONSENT FORM



Special Note: This form must be dated after January 1, 2009 and is applicable only for the 2009 season. This form must be submitted to your LOCAL Pop Warner organization prior to the athlete participating in Pop Warner. No other forms are acceptable. Every Pop Warner Association must have a fully completed and signed original of this form prior to allowing the athlete to participate.

Legal Name of Participant (must match birth certificate):

Last _____ First _____ Middle _____

Also known as: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone No: _____ Birth date: _____

Gender: Male _____ Female _____

Sport: _____ Football: _____ Cheer: _____ Dance: _____

School: _____ Grade Level: _____

Grade Point Average: _____ Alternative Form Participant: _____
 (must meet Scholastic Fitness Requirement of 2.0/70% or else fill out the Scholastic Eligibility Form or Home School Eligibility Form).

Mailing Address if different from above: _____

Name of Parent/Guardian _____

Relationship to Athlete: _____

Address (if different from above) _____

City: _____ State: _____ Zip code: _____

Telephone No: _____ Email Address: _____

Emergency Contact Information (if the parent/guardian cannot be reached):

Name _____ Relationship to Athlete _____

Home Telephone No: _____ Cell or work No.: _____

Pop Warner Official Use Only:

Registration Number: _____ Witnessed By: _____

Participant Fees
 Amount Paid \$ _____

Type of Transaction: _____ Cash _____ Check _____ Credit Card _____ Other (please explain) _____

Proof of Age verified? Yes _____ No _____

Birth Certificate Other (please explain) _____

Division of Play (circle one): Flag / Tiny Mite / Mitey Mite / Jr.Pee Wee / Pee Wee / Jr .Midget / Midget / U/L

Weight at Time of Registration (Football Only): _____

Proof of Scholastic Fitness verified? Yes _____ No _____

1/16/2009

2009 Parental/Guardian Permission and Waiver Participant Name: _____

1. PERMISSION TO PARTICIPATE

I, the parent/guardian of the above-named participant hereby acknowledge that my child is in good general health and I give my approval for my child to participate in any and all Pop Warner national, regional, league/conference, association and team/squad activities, including transportation to and from the activities by a licensed driver with proof of insurance.

2. INTENT TO INFORM

I acknowledge that I am fully aware of the potential dangers of participation in any sport and I fully understand that participation in football, cheerleading and/or dance may result in **SERIOUS INJURIES, PARALYSIS, PERMANENT DISABILITY AND/OR DEATH**. Furthermore, I fully acknowledge and understand that protective equipment does not prevent all participant injuries, and therefore I do hereby waive, release, absolve, indemnify, and agree to hold harmless the local, league and regional Pop Warner organization(s), Pop Warner Little Scholars, Inc., and any and all organizers, sponsors, supervisors, participants, and persons transporting the above named participant to and from activities, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

3. EMERGENCY MEDICAL AUTHORIZATION

I hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and all Pop Warner activities. Initial: _____

4. EQUIPMENT RESPONSIBILITY

I agree to assume full responsibility for any and all equipment/uniforms loaned to the above named participant and I agree to promptly return, upon request, the uniform and other equipment issued to the above named participant in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for the replacement cost of such equipment. I agree to furnish an authentic certified copy of a birth certificate of the above-named participant to local Pop Warner officials.

5. INSURANCE DISCLOSURE

I am aware that my local Pop Warner organization carries group accident insurance which is considered secondary or excess for medical purposes to any and all valid insurance I possess is considered primary insurance. Furthermore, I agree to notify in writing my head coach and local Pop Warner organization of any medical claim as a result of participation in Pop Warner as soon as reasonably possible. I understand that any registration fee paid does not constitute a direct premium for insurance and that a deductible(s) may apply.

6. SCHOLASTIC VERIFICATION

I hereby stipulate that (check one) _____ my child is scholastically fit, or _____ that I have completed the scholastic eligibility form or the Home School Eligibility Form and will adhere to all rules and regulations therein. Furthermore, I hereby authorize my child's school to release school grades, report card results, and any and all other pertinent scholastic information to the local Pop Warner organization in order to comply with Pop Warner's scholastic fitness requirements.

7. FINANCIAL RESPONSIBILITY

I hereby stipulate that I have been advised by the local Pop Warner Organization of my rights, if any, to a refund in accordance with the local organization policies, and I have also been advised of my fundraising obligations for the entire season and agree to fully comply with those obligations.

8. COMMUNICATION CONSENT

As a condition to my child's participation in Pop Warner, I hereby consent to receive communications via email and mail from Pop Warner Little Scholars, Inc. and its partners. I understand that Pop Warner Little Scholars does not sell its contact lists and communications sent may contain program information as well as special offers and may be opted out of by following the instructions in the email or via written request to the Pop Warner National Office.

9. ADULT CODE OF CONDUCT:

S1: In order to uphold the goals of Pop Warner and ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians and other adults and attendees of Pop Warner events, including but not limited to practices, competitions, and banquets, must behave accordingly in a respectful, courteous and sportsmanlike manner at all times.

S2: Any adult who is using alcohol, tobacco or non-prescription drugs and/or appears intoxicated at a Pop Warner event, and/or who is flagrantly rude, attempts to intimidate, verbally abuse, heckles, taunts, ridicules, boos, throws objects and/or uses vulgarity or profane language/gestures with an official, coach, volunteer, staff member, participant or other event attendee, must receive a verbal warning and/or be asked to leave a Pop Warner event. The member organization may also provide a written warning to the individual regarding the misbehavior. The adult's children may also be removed from the event. Any adult who commits one of the above stated offenses a second time, will be banned from any and all Pop Warner events for a period of one year from the date of the second offense, and their children may also be removed from the program(s) for that time period.

S3: Any adult who physically assaults an official, coach, volunteer, staff member or participant or threatens grave bodily harm may be banned from any and all Pop Warner events for one year from the date of the offense, and their children may also be removed from any and all Pop Warner programs for that same period of time. After the ban has expired, if the individual commits another offense of the adult code of conduct, the individual will be permanently banned from any and all Pop Warner events and the individual's children may also be permanently removed from any and all Pop Warner programs.

9. I understand that my child must meet Pop Warner age and/or weight requirements on their official certification date as established by Pop Warner Little Scholars, Inc. without exception. I further understand that the decision of the Weigh Master is final. I understand that proof of age; (I agree to furnish an authentic certified copy of a birth certificate of the above-named participant to local Pop Warner officials), current year medical release, Participant Contract and Parent Consent and scholastic fitness must be presented by date of certification in order to participate further in Pop Warner activities.

RULES & REGULATIONS

I hereby understand and acknowledge that as a parent/guardian of a Pop Warner participant it is my responsibility to comply with all rules and regulations stipulated, adopted or recognized by Pop Warner Little Scholars Inc. or any of its member organizations, including but not limited to the Adult Code of Conduct, stipulated in Section 8 above and published in the Pop Warner Rulebook Any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of my child/the participant, myself, and/or any spectators or other persons affiliated with the undersigned and the above named participant. By my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to all of the above:

Signature of Parent/Guardian _____
Print Full Legal Name _____
Signature of Participant _____
Print Full Legal Name _____
Date _____

PALISADES YOUTH FOOTBALL ASSOCIATION PARENT/PLAYER RULES AND CODE OF CONDUCT

THE PALISADES YOUTH FOOTBALL/CHEERLEADING PROGRAM FOLLOW RULES SET FORTH BY THE PALISADES YOUTH FOOTBALL ASSOCIATION, BUX-MONT LEAGUE, EASTERN REGIONAL & NATIONAL POP WARNER ORGANIZATIONS. PLEASE READ THE INFORMATION BELOW CAREFULLY. YOU ARE REQUIRED TO READ AND UNDERSTAND THE INFORMATION CONTAINED IN THIS DOCUMENT. BY SIGNING THE REGISTRATION FORM YOU ARE INDICATING THAT YOU HAVE READ AND FULLY UNDERSTAND THIS DOCUMENTATION. FAILURE TO SIGN THE REQUIRED FORM WILL RESULT IN YOUR IMMEDIATE DISMISSAL FROM THE PROGRAM.

“ August is a learning month, if your child misses any time in August, they could be behind in learning playing skills or cheers. Please study and learn your play/cheer book to save time on the practice field.

“ The head coach from your team **MUST** be called if you are not going to make to a practice or a game. **FAILURE TO NOTIFY THE HEAD COACH MAY NULLIFY YOUR MANDATORY PLAYING/CHEER TIME.** Coaches may set minimum attendance penalties for practices for participation in games and/or competitions.

“ Respectable behavior is expected at all times from both the players/cheerleaders and the parents during practices and games. **PARENTS ARE NOT PERMITTED ON THE GAME OR PRACTICE FIELDS WHILE PRACTICE OR GAMES ARE TAKING PLACE. THE PIRATE COACHING STAFF HAVE THE RIGHT TO REMOVE ANY PERSON FROM THE PRACTICE OR GAME FOR DISORDERLY CONDUCT.**

“ Parents are **REQUIRED, (NO EXCEPTIONS)** to help in snack stand, sideline functions and fundraising activities. Please remember that the pirates staff are volunteers just like you. If you are scheduled to work, please be on time. If you are unable to make your scheduled time it is your responsibility to find a suitable replacement. **A separate refundable check in the amount of \$50 (per family) made payable to PPYF will be collected with registration information. Upon completion of your scheduled times working in the concession stand the check will be returned to you. It is your responsibility to find someone (an adult) to take your place. The snack stand deposit will not be returned to you if you or a responsible party does not complete the requested working times.**

“ The equipment that is handed out to your child is the property of the Palisades Youth Football Association and is expensive to replace. While it is in your possession, it is your responsibility to make sure that it is washed properly and doesn't get lost or stolen. You will be required to make restitution to our organization for any lost or stolen equipment at the current market value. *(This does not include equipment damaged during normal usage at practice or games)* Washing instructions are available on www.PPYF.com.

“ Your child's name or photo may appear on the association's website, the Bux-Mont League website or the National Pop Warner website. No personal information will ever be given out *(ie; address/phone)*.

“ Your child will not be permitted to participate in any practice if the correct paper work has not been returned prior to the start of the season. **NO CHILD WILL BE PERMITTED TO ENGAGE IN PRACTICE WITHOUT THE PHYSICAL FORM, NO EXCEPTIONS.**

“ **AT THE CONCLUSION OF THE SEASON YOU WILL BE ADVISED OF THE DATE AND TIME FOR EQUIPMENT RETURNS. IF YOUR CHILD/CHILDREN'S EQUIPMENT IS NOT RETURNED ON THIS DATE YOU WILL BE BILLED FOR THE CURRENT MARKET VALUE OF THE MISSING EQUIPMENT AND BANQUET TROPHY(S) WILL BE HELD UNTIL THE AFOREMENTIONED IS SATISFIED.**

“ **THERE ARE NO REFUNDS OF REGISTRATION FEES, UNDER ANY CIRCUMSTANCES.**

“ **ANY DISCREPENCIES OR ISSUES, MONETARY OR OTHERWISE, REGARDING THE CURRENT SEASON MUST BE ADDRESSED AT AN ORGANIZATIONAL MEETING PRIOR TO THE END OF NOVEMBER OF THE CURRENT SEASON. THERE WILL BE NO EXCEPTIONS TO THIS RULE!!!**

PALISADES YOUTH FOOTBALL ASSOCIATION

PARENT/PLAYER RULES AND CODE OF CONDUCT

SIGN AND RETURN THIS PAGE WITH REGISTRATION

*** RETAIN PAGE ONE FOR YOUR REFERENCE***

PARENT/PLAYER RULES AND CODE OF CONDUCT ACKNOWLEDGMENT

I hereby understand and acknowledge that as a parent/guardian of a Pop Warner participant it is my responsibility to comply with all rules and regulations stipulated, adopted or recognized by Pop Warner Little Scholars Inc. or any of its member organizations, including but not limited to the Parent/Player Rules and Code of Conduct. Any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of my child/the participant, myself, and/or any spectators or other persons affiliated with the undersigned and the above named participant. I understand and hereby waive my rights to a hearing for any suspension by my Association and/or League of (2) weeks or less.

By my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to all of the above.

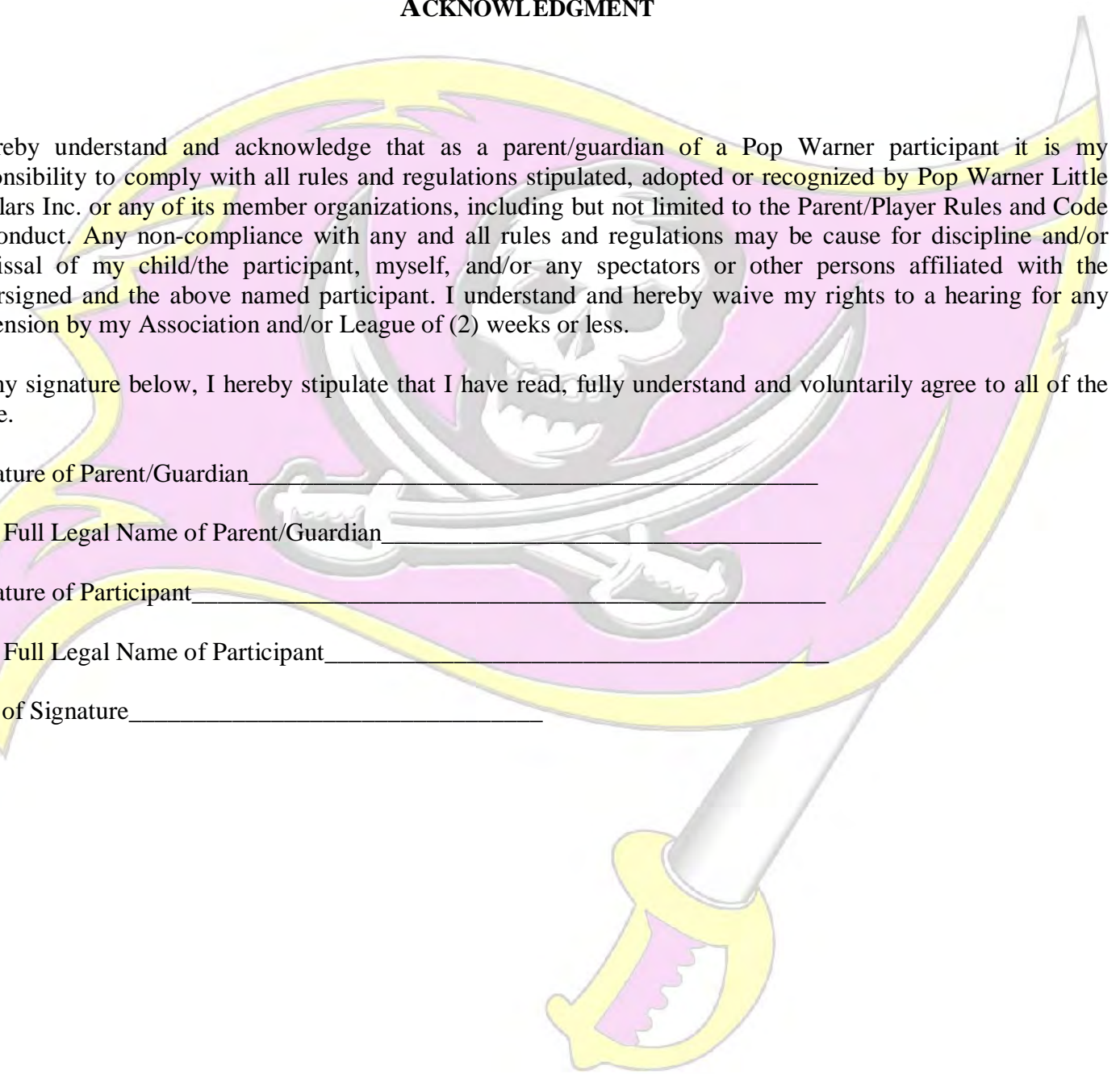
Signature of Parent/Guardian _____

Print Full Legal Name of Parent/Guardian _____

Signature of Participant _____

Print Full Legal Name of Participant _____

Date of Signature _____





Pop Warner Little Scholars, Inc.
2009 PHYSICAL FITNESS & MEDICAL HISTORY FORM



Special Note: This form must be dated after January 1, 2009 and then submitted to your LOCAL Pop Warner organization. No other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws or because of medical practitioner regulations (i.e. the medical practice insists on its own form). In either case, Section I must still be filled out entirely and attached to the modified/substituted form. Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc.)

Section I: FOR PARENT/GUARDIAN COMPLETION ONLY

Legal Name of Participant (must match birth certificate):

Last _____ First _____ Middle _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No: _____

Date of Birth: _____ Male _____ Female _____

Name of Primary Medical Insurance Company: _____

Policy Number: _____ Membership Number: _____

Name of Primary Insured: _____

Sport (check one): Cheer ___ Dance ___ Tackle ___ Flag ___

PARTICIPANT MEDICAL HISTORY

- | | | | |
|-----|---|-----|----|
| 1. | Are there any injuries requiring medical attention? | Yes | No |
| 2. | Are there any past surgeries or scheduled surgeries? | Yes | No |
| 3. | Is the participant currently under the care of a medical practitioner? | Yes | No |
| 4. | Is the participant currently taking any medications? | Yes | No |
| 5. | Does the participant have any allergies (penicillin, bee stings, etc)? | Yes | No |
| 6. | Does the participant have asthma/require the use of an inhaler? | Yes | No |
| 7. | Is the participant diabetic/require medication for diabetes? | Yes | No |
| 8. | Does the participant currently require medication ? | Yes | No |
| 9. | Does/has the participant have/had seizures? | Yes | No |
| 10. | Does the participant wear glasses or contact lenses? | Yes | No |
| 11. | Does the participant wear a brace or other medical support device? | Yes | No |
| 12. | Does the participant have any other physical limitations or medical conditions? | Yes | No |

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space:

I hereby certify that this information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it's my responsibility to obtain written permission from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness or accident.

Signature of Parent or Legal Guardian: _____

Print Name _____

Relationship to Participant _____

Dated _____



Pop Warner Little Scholars, Inc.



Section II: THIS SECTION IS TO BE COMPLETED ONLY BY A MEDICAL PROFESSIONAL

Name of Participant: _____

(Please check the following if healthy or note otherwise):

Table with 3 columns: Height, Weight, Eyes; Ears, Mouth, Nose & Throat; Respiratory, Cardiovascular, Neurological; Musoskeletal, Dermatological, Blood Pressure.

I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in Pop Warner football, cheer or dance programs. I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in Pop Warner activities for the 2009 season. I am therefore clearing this individual for athletic participation without limitation.

Please place medical professional stamp here or fill out the following:

Signed: _____ Date: _____

Print Name: _____

Please indicate medical profession (M.D., D.O. R.N., etc.): _____

Complete this section or the medical professional's stamp may be placed below.

Address: _____ City: _____ State: _____

Telephone: _____ /Fax Number: _____

Section II must be completed in its entirety ONLY by a Licensed State Examiner (medical doctor, nurse practitioner, etc. – this may vary by state). NO other forms are acceptable unless Section II is modified or substituted ONLY to comply with local and/or state laws or because of medical practitioner regulations (i.e. the medical practice insists on its own form). In either case, Section I must still be filled out entirely and attached to the modified/substituted form.

2009 PPYF Signup Form

Participant Information

Child's Name _____ Home Phone _____
Address _____ Birthdate _____
City _____ State _____
Zip _____

Family Information

Father's Name _____ Mother's Name _____
Phone _____ Phone _____
Father Cell# _____ Mother Cell# _____
E-MailFather _____ E-MailMother _____

Emergency Contact Information

<u>Contact 1:</u>	<u>Contact 2:</u>
Name _____	Name _____
Relationship _____	Relationship _____
Phone# _____	Phone# _____
Cell Phone# _____	Cell Phone# _____

Permission

The Palisades Youth Football Association has my permission to take any action deemed necessary for my child's safety and health. I will not hold the association or their agents responsible for any action taken on their part.

In addition, having read and agreed to the conditions given to my child to participate in the Palisades Pirates Youth Football Associations program, I/we give my/our permission to the above mentioned child to actively participate in the Palisades Youth Football Association football/cheerleading program for the 2009 season.

I understand that it is my responsibility to read and understand the Palisades Youth Football Association's Parent Rules and Code of Conduct that was provided to me at the time of registration. In addition, I (we) must review the Pop Warner Codes of Conduct located at the following web site: www.bux-mont.com, select: Rules, Bux-Mont League By-Laws.

You should be aware that in spite of all reasonable precautions, injuries can happen. Football is a contact sport and cheerleading requires stunting, and even the best equipment and safety precautions will sometimes not prevent an injury!

Parent/Legal Guardian Signature

Date

- Birth Certificate
- Report Card
- Parent Form
- Health Report
- Picture

Picture Age

- 0 - New Picture
- 1 - One Year Old

Registration Payment: CASH CHECK Check # _____

Concession Deposit: CASH CHECK Check # _____

Fund Raiser: CASH CHECK Check # _____

PPYF Use Only

Participant Type Last Year: _____

Team Last Year: _____

Participant Type This Year: _____

Team This Year: _____

Football Only

Weight _____

Older/Lighter ? _____

Jersey Number: _____

Helmet Size: _____

Shoulder Pad Size: _____

Pant Size: _____

Ticket Range: _____



BUX-MONT POP WARNER YOUTH FOOTBALL LEAGUE

2009 SEASON

AGE - WEIGHT MATRIX



DIVISION & WEIGHT	AGES	BIRTH DATES
<u>FLAG - CAT DIVISION</u>	5 & 6 YEAR OLDS	8-1-2002 - 7-31-2004
<u>FLAG - CUB DIVISION</u>	5, 6, & 7 YEAR OLDS	8-1-2001 - 7-31-2004
<u>TINY-MITE</u> (35-70 lbs Regular) No Older/Lighter	5, 6 & 7 YEAR OLDS	8-1-2001 - 7-31-2004
<u>JR MITEY-MITE</u> (45-80 lbs Regular) No Older/Lighter	7 & 8 YEAR OLDS	8-1-2000 - 7-31-2002
<u>MITEY-MITE</u> (45-90 lbs Regular) No Older/Lighter	7, 8 & 9 YEAR OLDS	8-1-1999 - 7-31-2002
<u>JR PEE WEE</u> (60-105 lbs Regular) (60-85 lbs Older/Lighter)	8, 9 & 10 YEAR OLDS 11 YEAR OLDS	8-1-1998 - 7-31-2001 8-1-1997 - 7-31-1998
<u>PEE WEE</u> (75-120 lbs Regular) (75-100 lbs Older/Lighter)	9, 10 & 11 YEAR OLDS 12 YEAR OLDS	8-1-1997 - 7-31-2000 8-1-1996 - 7-31-1997
<u>JR MIDGET</u> (85-135 lbs Regular) (85-115 lbs Older/Lighter)	10, 11 & 12 YEAR OLDS 13 YEAR OLDS	8-1-1996 - 7-31-1999 8-1-1995 - 7-31-1996
<u>MIDGET</u> (105-160 lbs Regular) (105-140 lbs Older/Lighter)	11, 12, 13 & 14 YEAR OLDS 15 YEAR OLDS	8-1-1994 - 7-31-1998 8-1-1993 - 7-31-1994
DATE OF BIRTH	LEAGUE AGE	POSSIBLE TEAM ASSIGNMENT (depending upon weight)
Between 8-1-2003 and 7-31-2004	5	Cat & Cub Flag, Tiny Mites
Between 8-1-2002 and 7-31-2003	6	Cat & Cub Flag, Tiny Mites
Between 8-1-2001 and 7-31-2002	7	Cub Flag, Tiny-Mite, Jr Mitey-Mites, Mitey-Mites
Between 8-1-2000 and 7-31-2001	8	Jr Mitey-Mites, Mitey-Mites, Jr Pee Wee
Between 8-1-1999 and 7-31-2000	9	Mitey-Mites, Jr Pee Wee, Pee Wee
Between 8-1-1998 and 7-31-1999	10	Jr Pee Wee, Pee Wee, Jr Midget
Between 8-1-1997 and 7-31-1998	11	Jr Pee Wee (O/L), Pee Wee, Jr Midget, Midget
Between 8-1-1996 and 7-31-1997	12	Pee Wee (O/L), Jr Midget, Midget
Between 8-1-1995 and 7-31-1996	13	Jr Midget (O/L), Midget
Between 8-1-1994 and 7-31-1995	14	Midget
Between 8-1-1993 and 7-31-1994	15	Midget (O/L)

WALTER T. ROHRER STADIUM FIELD RULES

- Walter T. Rohrer stadium field has a synthetic surface from “Field Turf” and is a lighted facility that seats 2100 spectators.
- Walter T. Rohrer stadium field has permanent field markings with the following dimensions:
Football - 120 yds (360 ft) x 53.5 yds (160 ft) - white lines
- All appropriate types of athletic shoes may be worn by all teams.
- To insure the proper care of the surface absolutely **NO gum, tobacco, soft drinks, food or seeds of any kind are permitted on the turf.**
- Sport drinks and water are the only beverages allowed inside the playing area.
- Please **do not dump ice or beverage** containers / coolers onto the track surface or the turf surface at any time.
- **No spikes of any kind** are permitted on the track surface.
- Team gear, personal gym bags/clothing must remain behind the team benches at all times.
- All teams must enter the turf playing area utilizing the rubber walk off matting which is located at the each end of the synthetic track.
- Stadium Restrooms are located under the home side bleachers.
- A concession stand is located under the home side bleachers.
- The team bench area for visiting football teams is located on the south side of the turf field.
- Absolutely **no chemical ice bags** allowed on the turf / track synthetic surfaces at any time.
- **No pets** of any kind are permitted inside the stadium facility.
- Please advise parents, fans and spectators that they are **NOT permitted** on the track or field prior to, during or after the athletic contests.
- Finally, we ask your cooperation in keeping the Walter T. Rohrer Stadium Field clean. Please clean-up all debris left during the event. Dispose of trash in receptacles provided.
- **Surveillance Cameras** are in place to monitor the facility and all activities.