



BYRON TOWNSHIP RECREATION ROCKET FOOTBALL 3RD-6TH GRADE 2026-2027 SCHOOL YEAR

Registration Location: Byron Township Community Center, 2120 76th Street **Office Hours:** M-F 7am-7pm
Sat 8am-Noon

Registration Fees: ***NOW*** \$115 Resident / \$125 Non-Resident
* registration closes on August 1st

Teams: 3rd-4th Grade (Fall 26)
5th-6th Grade (Fall 26)

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

GAMES, PRACTICES and EQUIPMENT

First Practice: Monday August 10, 2026 **Practice Time:** 6:00-8:00pm **Practice Location:** Whistlestop Park
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 (Aug 22nd?) **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 at the BC Varsity Stadium.

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. Jersey will be provided.**

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 * www.byrontownshiprec.org * crystal@byrontownship.org

Player Name: _____ Birthdate: ____/____/____

Address: _____ Fall '26 Grade/School: _____

City: _____ Zip: _____ Phone: _____

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

Emergency Contact: _____ Cell Phone: _____

Years of Football Playing Experience _____ Jersey Size: fitting will be at youth camp _____

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

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: _____