

ALL APPLICATIONS MUST BE MAILED:

P.O. Box 131

Stokesdale, NC 27357

(336) 880-3091

See www.ayfnet.net/syfa_nc & www.rcyouthfootball.com



partnering with the



2007 Flag Football Registration

Date of Birth cutoff: September 15

Deadline for registration: September 7th, 2007

_____ 6 & Under Flag _____ Weight: _____ School District _____
((\$65, per participant))

Name: _____ Age: _____ Date of Birth: _____
(as of September 15, 2007)

Address: _____ City, Zip: _____

Home Phone: _____ Email Address: _____

Parent/Guardian: _____ Work Phone: _____

Cell Phone: _____ Other Emergency contact: _____

Please list 3 jersey #s desired: _____ Summer Conditioning Camp (yes/no)? _____

Volunteer? (Yes/No) _____ If yes, what type of volunteer (coach, fundraising, etc.)? _____

A copy of the player's birth certificate must be received before your child can be allowed to participate.

Indicate any health condition participant may have:

___ Allergies _____ Diabetes _____ Epilepsy _____ Hyperactivity
___ Heart Disease _____ Kidney Disease _____ Physical Disorder _____ Learning Disability
___ Emotional Disability _____ Other (Explain) _____

Is participant on Medication? ___ If so, explain _____

Participant's Doctor: _____ Phone: _____

All participants must have their own medical coverage. The league provides only excess coverage after your insurance policy has been utilized. Participants will not be allowed to play unless the following information is submitted and the form signed by the parent or guardian of the participant.

Insurance Company: _____ Policy #: _____

I, the undersigned, hereby certify that I am the parent or legal guardian of the participant. I hereby give permission for the staff of RCYFL &/OR SYFA to seek appropriate medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the leagues excess medical coverage policy.

I, the undersigned, hereby acknowledge and understand that RCYFL &/OR SYFA is a privately run recreational league, and is not operated by or through Rockingham or Guilford County School Systems. The league is neither sponsored, controlled, nor supervised by the Rockingham or Guilford County School System but rather is under the sole sponsorship, control and supervision of the football league directors.

(Parent/Guardian)

(Date)

Parent's Code of Conduct

1. I will not force an unwilling child to participate in sports.
2. I will teach my child that honest effort is as important as victory, so that the result of each game is accepted without too much disappointment.
3. I will remember that children learn best by example. I will applaud good plays by our team and by any member of the opposing team.
4. I will encourage my child to play by the rules.
5. I will try to turn a defeat into a victory by helping my child work towards over-all development and good sportsmanship. I will never ridicule nor yell at my child for making a mistake or losing a game.
6. I will not publicly question the official's judgment and never their honesty.
7. I will support all efforts to remove verbal and physical abuse.
8. I will recognize the value and importance of volunteer coaches. If I am dissatisfied with a coach, I will talk with him privately.
9. I will strive to support my child's involvement in sports and to maintain a realistic expectation about his environment.
10. I will remember that I am a youth sport parent, and that the game is for the children, not the adults.
11. I agree to help each of my children participate in at least one fundraiser to help the SYFA pay for equipment, officials, & uniforms.
12. SYFA requires that all students possess a minimum of a 2.0 GPA to play in this league. I understand that I must provide the SYFA a copy of my child's last report card by August 18th, 2007.
13. I agree to provide a copy of a birth certificate of the above-named participant to local SYFA officials.

(Parent or Guardian)

(Date)

Parent's Liability Waiver

Proof of physical by a medical doctor is required. 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, PERMANANT 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 AYP, RCYFL, or SYFA, 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.

(Parent or Guardian)

(Date)

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.

(Parent or Guardian)

(Date)

PAYMENT INFORMATION

Fee(s): \$65 per participant

Deadline for Registration: September 7th, 2007

Payments are to be made by Check or Money order ONLY!

ALL PAYMENTS MUST BE MAILED To;

SYFA

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