

**ALL APPLICATIONS MUST BE MAILED TO:**  
**RCYFL/WENTWORTH**  
**3130 NC HWY 14**  
**Reidsville, NC 27320**  
 (336) 342-5298  
[mmoore66@triad.rr.com](mailto:mmoore66@triad.rr.com)  
[www.rcyouthfootball.com](http://www.rcyouthfootball.com)  
[www.wentworthfootball.com](http://www.wentworthfootball.com)  
[www.facebook.com/WentworthFootball](http://www.facebook.com/WentworthFootball)



## 2011 Flag Football Registration

**Date of Birth cutoff: September 15<sup>th</sup>**

\_\_\_\_\_ 6 Years & Under Flag      Weight: \_\_\_\_\_      Age: \_\_\_\_\_  
 (\$25, per participant)      (As of September 15, 2011)

Name: \_\_\_\_\_      Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_      City, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Email Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_      Other Emergency contact: \_\_\_\_\_

**\*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 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 is a privately run recreational league, and is not operated by or through the Rockingham County School System. The league is neither sponsored, controlled, nor supervised by the Rockingham 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 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.

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(Parent or Guardian)

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(Date)

## **PAYMENT INFORMATION**

**Fee(s): \$25 per participant**

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

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