

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



2010 Tackle Football Registration
Date of Birth cutoff: September 15th

Check Appropriate League 9 & Under Tackle 1 12 & Under Tackle 2 Age:
 (\$60, \$30 for each additional participant per Family) (As of September 15, 2010)

Participant's Name: _____ Date of Birth: _____

Address: _____ City, Zip: _____

Best Phone: _____ Email: _____

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 in the RCYFL must provide for 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 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.

** **Effective beginning with the 2008 season**

- ❖ No refunds will be given after the third week of practice
- ❖ Except for extenuating circumstances, the RCYFL will not award a trophy to players that do not complete the season

 (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.

(Parent or Guardian)

(Date)

PAYMENT INFORMATION

Fee(s): First Participant \$60, \$30 each additional participant per family

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

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