

**ALL APPLICATIONS MUST BE MAILED:**  
**P.O. Box 131**  
**Stokesdale, NC 27357**  
 (336) 880-3091  
 See [www.syfanc.org](http://www.syfanc.org) & [www.rcyouthfootball.com](http://www.rcyouthfootball.com)

<b>SYFA Use:</b>	
Date of Postmark	_____
Method of Payment	_____
Name on check	_____
Check # & Total	_____
'09 Registration Fee \$	_____
'08 Fundraiser Opt-out \$	_____
'09 Fundraiser Opt-out \$	_____
Processed by	_____



**2009 Flag Football Registration**  
**Date of Birth cutoff: September 15**  
**Deadline for registration: September 7th, 2009**

\_\_\_\_\_ 6 & Under Flag      Weight: \_\_\_\_\_      School District \_\_\_\_\_  
 (\$65 per participant, less \$5 for each additional Flag or Cheer participant per Family)

Name: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (as of September 15, 2009)

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

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

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

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

2008 Fundraiser (2008 Participants check one): This section is mandatory for former participants. 2008 Donors are exempt.       I did participate in the Fundraiser.       I will pay the \$25 fundraising opt-out fee today.

2009 Fundraising Option (check one):  I will participate in the Fundraiser.       I will pay a \$25 fundraising opt-out fee today.

Please list 3 jersey #s desired: \_\_\_\_\_

**\*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, 2009.
13. I agree to provide a copy of a birth certificate of the above-named participant to local SYFA officials.
14. I agree not to use any tobacco or alcohol products around any youth at any SYFA events.

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(Parent or Guardian)

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(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, 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 AYF, 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.

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(Parent or Guardian)

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(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.

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(Parent or Guardian)

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(Date)

### PAYMENT INFORMATION

**Fee(s): \$65 per participant, less \$5 each additional flag or cheer participant per family**

**Deadline for Registration: September 7th, 2009**

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

**ALL PAYMENTS MUST BE MAILED To;**

**SYFA**

**P.O. Box 131**

**Stokesdale, NC 27357**

**(336) 880-3091**

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