



Rockford Recreation Association

P.O. Box 16 – Rockford, OH 45882
www.RockfordRec.com

2021 ROCKFORD RECREATION CO-ED FLAG FOOTBALL

Please complete this form to register your child for the Rockford Recreation Association Fall Co-Ed Flag Football League. Age groups are by school grade. Students entering grades 1 thru 6 are eligible to play.

Registration fee is \$25.00 and due at the time of registration. Each player will receive a t-shirt and one mouth guard as part of their registration fee.

Each player MUST wear a mouthguard at all practices and games to participate

PLAYER'S NAME _____ MALE/FEMALE Circle Grade (2020-2021)
(circle one) 1 2 3 4 5 6

HOME PHONE _____ *There will be two different grade divisions only if numbers allow

EMERGENCY PHONE _____ CELL PHONE _____ **

EMAIL ADDRESS (if checked regularly): _____ **please check if texting is available; include phone number

STREET ADDRESS _____

CITY, STATE, ZIP _____

T-SHIRT SIZE: YOUTH: S M L ADULT: S M L XL XXL

Yes, I am interested in coaching NAME _____ Ph. # _____

I, the parent/guardian of the above named athlete, give my permission for his/her participation in any and all program activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities and do here by waive, release, absolve, indemnify, and agree to hold harmless the local organizers, sponsors, participants, coaches, and persons transporting my child to or from and/or claims arising out of injury to my child whether the result of negligence or for any other cause.

Signature of Parent or Guardian _____ Date _____

Regular season games will be played on Monday evenings in September-October at Shane's Park on Diamond #3 & 4.

DEADLINE FOR SIGN UP IS AUG 5th

** LATE REGISTRATIONS RISK NOT RECEIVING A TEAM JERSEY**

Registration form, fees, and medical forms can be mailed to: Rockford Recreation - P.O. Box 16 - Rockford, OH 45882
Or dropped off at the Rockford Village Office - including the night drop box located at the SE corner.
If dropping off at Village Office, clearly indicate "ROCKFORD REC" on the outside of your envelope.



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If you have any questions, contact Nick Hayes (419)305-8469 or Ryan Thompson (419)305-0426.

EMERGENCY MEDICAL CONSENT FORM

Child's Name		Male / Female
Date of Birth		
Chronic Illnesses or Conditions		
Allergies		
Current Medications		
Date of last Tetanus Shot		
Other Medical Information		

Parent Information

	Name	Telephone	Employer	Work Phone
Mother				
<i>Step-Father</i>				
Father				
<i>Step-Mother</i>				
Other Emergency Contact				

Medical Providers

	Name	Telephone
Physician		
Dentist		
Medical Specialist		
Hospital		
Other		

Medical Insurance Information *(optional)*

<i>Medical Insurance Provider</i>	<i>Member #</i>	<i>Group #</i>	<i>Telephone</i>

In the event your child needs emergency medical care and you are not available to provide formal consent to medical authorities, care may become unnecessarily delayed. In the event of a medical emergency, this form should be provided to responding medical personnel and accompany your child to the hospital/clinic so that medical treatment can be rendered.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent to (1) the administration of any treatment deemed necessary by the above name doctor(s), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover any major surgery unless the medical opinions of two other licensed physicians or dentists, concurring for such surgery, are obtained prior to the performance of such surgery.

Parent / Guardian Signature

Date