

FALL FLAG FOOTBALL

DIVISION 1: 1ST & 2ND GRADE

DIVISION 2: 3RD & 4TH GRADE



\$50

IMPORTANT DATES

- Preseason meeting for coaches and volunteers
- First day of practice
- First Game
 - A full schedule will be released in late July
- Final Game
- Regional Flag Football Tournament

AUGUST 2nd
AUGUST 5th
AUGUST 17th

SEPTEMBER 21st
DATE TBD

CONTACT US WITH ANY QUESTIONS
hornetfootballsummercamps@gmail.com

Andrew Troxel, HFSC PRESIDENT
(319) 316-2927

Chris Clerkin, YOUTH DIRECTOR
(608) 341-9571



Athlete Registration Information

Register on or before **August 1st**



There are 2 ways to register.

RYZER
EVENTS

Option 1
online registration

Register online at the RYZER event page. That can be found at <https://www.rchornetfootball.com/forms>

Would you be willing to coach a flag football team this fall?

YES NO

Option 2
paper registration

Send registration and make payments to:
Richland Center Youth Football
1761 Allison Park Drive, Richland Center, WI 53581

ATHLETE LAST NAME:		FIRST NAME:	
ADDRESS:		AGE:	
CITY:		GRADE (Fall):	4 5 6
STATE & ZIP CODE:		SHIRT SIZE:	<u>YS</u> <u>YM</u> <u>YL</u> <u>YXL</u> <u>S</u> <u>M</u> <u>L</u> <u>XL</u> <u>2X</u>
FATHER / GUARDIAN		MOTHER / GUARDIAN	
TELEPHONE:	() -	TELEPHONE:	() -
EMAIL:		EMAIL:	

STATEMENT OF UNDERSTANDING (Please Initial)

I hereby give my permission for my child to participate in any and all activities of the Forward Youth Tackle Football League. _____ I understand that the nature of the game of football involves risk and possible injury due to collisions and contact involved. _____ I understand that the Forward Youth Football League, Hornet Football Summer Camps, Inc., USA Football, and any volunteer coaches assume no responsibility or liability for any medical expenses incurred. _____

STATEMENT OF UNDERSTANDING (Please Initial)

I hereby waive, release, absolve, indemnify, and agree to hold harmless the Forward Youth Football League, Hornet Football Summer Camps, Inc., USA Football, coaches, agents, and persons transporting my child to and from competitions and practices or from any claim arising out of an injury incurred while participating in league activities. _____ I hereby appoint the coaching staff as my agent and representative for the purpose of authorizing medical treatment and/or hospital care of my child for any illness or injury that may occur at the camp while I am away, on vacation, or otherwise not available to provide such consent. _____

PARENT / GUARDIAN NAME:

SIGNATURE:

/ / 20