

# RACCOON VALLEY YOUTH FOOTBALL LEAGUE, INC., LLC

## Player Registration Form **RVYFL - DEDICATION/SPORTSMANSHIP/FUNDAMENTALS**

### Athlete Information

<i>Last Name</i>	<i>First Name</i>	<i>Date of Birth</i>
<i>Grade in Fall</i>	<i>School in Fall</i>	<i>League Participation:</i>
		<input type="checkbox"/> New Participant <input type="checkbox"/> Returning Player (    )
<i>Football Experience:</i> ( Please check all that apply )		
<input type="checkbox"/> None <input type="checkbox"/> Sandlot <input type="checkbox"/> Flag <input type="checkbox"/> 1 year of full-contact <input type="checkbox"/> 2 or more years of full-contact <input type="checkbox"/> Participated in another full-contact League		

### Address and Contact Information

<i>Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>E-mail Address(es)</i>			
<i>Parent / Guardian #1</i>	<i>Relationship to player</i>	<i>Home Number</i>	<i>Day or C-Phone</i>
<i>Parent / Guardian #2</i>	<i>Relationship to player</i>	<i>Home Number</i>	<i>Day or C-Phone</i>
<i>Primary Emergency Contact Name</i>	<i>Relationship to player</i>	<i>Home Number</i>	<i>Day or C-Phone</i>

### Waiver and Medical Information

The undersigned individual, by and through his parent or legal guardian, in consideration of participation in the Raccoon Valley Youth Football League, Inc. (RVYFL), covenants and agrees to hold harmless, RVYFL, its agents, team organizations, coaches and all league administrators, against all liabilities, expenses, costs, and claims arising from or in connection with any suit, claim, or demand of any kind and character brought or maintained in connection with the individual's participation in the RVYFL and any associate member team. The program includes the use of football player's equipment, and the preparation for participation in tackle football games, a contact sport under the instruction and supervision of adults. RVYFL hereby informs both the player and parents/guardians that there are risks inherent in athletic competition. By signing below the player and parent/guardians acknowledge this information and give their consent to participate.

I/We the undersigned agree to the above and agree to return all equipment assigned to my/our child. **I/We also understand that this program requires participants to have independent and adequate medical insurance coverage for participation.** In the event of serious accident or illness concerning my/our child, I understand the League will make a good faith effort to contact me based on the information provided above. If I can not be reached, I authorize the RVYFL to contact the medical doctor indicated below and follow his/her instructions. If the Doctor can not be reached, I then authorize the RVYFL to take whatever steps it may deem necessary for the health, security and comfort of my/our child. I realize there is a risk of being injured in all sports. I understand the risks include severe injuries such as, but not limited to, fractures, brain injuries, paralysis, or even death. I further understand that the RVYFL disclaims all financial responsibility for the costs associated with medical treatment, hospitals, ambulances or paramedics, etc., arising from an injury to my/our child while participating in such competition or in preparation, therefore.

\_\_\_\_\_

*Signature of Parent or Guardian*

\_\_\_\_\_

*Date*

<i>Medical Coverage Policy #</i>	<i>Insurance Carrier and Agent</i>	<i>Emergency Contact Physician Name and Phone Number</i>

Please use the back of this form to comment on any special or medical conditions your child has that you want us to be made aware of.

**ADMINISTRATIVE USE ONLY**

**IMPORTANT:** FOR THIS REGISTRATION TO BE CONSIDERED COMPLETE AND VALID FOR PROCESSING, IT MUST HAVE THE **FOLLOWING DOCUMENTS ATTACHED:**

- 1) A Signed **'PARENTAL CODE OF CONDUCT'** Form Need returned by June 30, 2024
- 2) A **CHECK CASH OR PAYPAL** In The Amount Of **\$100.00** Payable To WCVYFL  
pay \$50 now and \$50 at time of equipment pickup if needed
- 3) Mail form to Heather Godwin-Pote at P.O. Box 92 Redfield Ia. 50233  
For questions call 515-480-3663 for Heather or 515-782-3764 for Craig Pote

Program Fee \_\_\_\_\_

Check No. \_\_\_\_\_

Receipt Date -----

For more info: Like us on Facebook: **WCV Youth Football**

To download forms & pay with PayPal: Go to [www.redfieldia.com](http://www.redfieldia.com) go to the Parks & Rec tab/ WCV Youth Football.