RACCOON VALLEY YOUTH FOOTBALL LEAGUE, INC., LLC Player Registration Form RIVIL-DEDICATION/SPORTSMANSHIP/FUNDAMENTALS

Atmete information				
Last Name	First Name	Date of Birth		
Grade in Fall	School in Fall	League Participation:		
		☐ New Participant ☐	Returning Player ()
Football Experience: (Pi	lease check all that apply)			
□ None □ Sandlot □ Flag □ 1 year of full-contact □ 2 or more years of full-contact □ Participated in another full-contact League				
Adduses and Contact Information				
Address and Contact Information				
Mailing Address		City	State	Zip
3		<u> </u>		1
E-mail Address(es)				
, ,				
Parent / Guardian #1		Relationship to player	Home Number	Day or C-Phone
Parent / Guardian #2		Relationship to player	Home Number	Day or C-Phone
Primary Emergency Con	tact Name	Relationship to player	Home Number	Day or C-Phone
Waiver and Medical Information				
(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 a 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 cannot be reached, I authorize the RVYFL to contact the medical doctor indicated below and follow his/her instructions. If the Doctor cannot 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 G	uardian	Date
	s form to comment on any sp	ecial or medical conditions your chi	ld has that you wan	t us to be made aware of. MINISTRATIVE 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				ogram Fee
2) A <u>CHECK CASH OR PAYPAL</u> In The Amount Of \$100.00 Payable To WCVYFL pay \$50 now and \$50 at time of equipment pickup if needed			L Ch	neck No.
3) Mail form to Troy Miller at 408 3 rd Street, Menlo, Ia. 50164 For questions call 641-740-0806 for Troy or 515-250-3324 for Brandon Pruitt			Re	eceipt Date
For more info: Like us on Facebook: WCV Youth Football				

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