



Recreational Flag Football



3rd, 4th, 5th & 6th Graders
(2019-20 school year)

Early Registration (for USD #262 residents) Ends: **Friday – August 23rd @ 5:00 p.m.**

(registrations after 8/23/19, will go up by \$10.00 per person and **SPACE AVAILABILITY**)

Registration Fee: \$60.00 per player

(fee includes the game t-shirt and 1 mouthpiece)

This program is a **recreational** and **instructional** flag football program for 3rd, 4th, 5th & 6th grade boys and girls. A **POSITIVE** learning environment which will stress **Fun**, skill development, **fun**, teamwork, **fun**, equal play opportunities, **fun** and sportsmanship will be emphasized in this program. Winning / competition are and should be de-emphasized. Trophies/awards will not be given, and standings will not be kept.

Players are selected to teams based on a **random draw** process by the coaches. Practices are at the discretion of the coaches (with input from the parent's) and it will be encouraged to limit practices to twice a week (maximum).

Each team will play 8 games. The Bel Aire Recreation (tentatively) will also have teams in this program and Valley Center will be playing some Bel Aire as well as other Valley Center teams. Games will be played at either the McKay-Petrie Sports Complex in Valley Center or Bel Aire Recreation Center (to be determined). The games are tentatively scheduled to begin around September 9th. Games will predominantly be played on Saturdays in Bel Aire and either Tuesday and/or Thursday evenings in Valley Center.

Out-of-District (those persons living outside of USD #262) registrations will not be accepted until after August 26, 2019 and will be taken only if space is available. In addition, a \$15.00 "out-of-district" fee will be assessed.

Unified School District #262 resident: **yes** **no**

Name of Player: _____

Boy Girl

Grade (19-20): _____

Date of birth: ___/___/___

School attending:

T-shirt size: _____

Youth Adult

Name of Parents: _____

Address: _____

(Mailing address)

(City)

(Zip)

Home Phone: _____

Email: _____

Mom Phone: _____

Dad Phone: _____

In case of emergency, please contact: _____

Relationship: _____ Phone: _____

I would be willing to support the program in the following manner: Referee Head Coach

Turn over - please read and sign

Release of Liability / Permission and Assumption of Risk Agreement

In consideration for my child being allowed to participate in any way in a **Valley Center Recreation Commission** class, activity and/or program, the undersigned acknowledges, appreciates and agrees that:

The risk of injury from the activities involved in this program is significant, including potential for permanent paralysis and death and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and,

I KNOWINLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, **EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES** or other and assume full responsibility for my child's participation; and,

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard(s) during my presence or my child's participation, I will remove my child from participation and bring such to the attention of the nearest official immediately; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS THE VALLEY CENTER RECREATION COMMISSION**, their officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event/activity, **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH** or loss or damages to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

From time to time photographs of the participants in our recreation programs may be taken. These pictures will be a representation of the enriching experiences offered to your child during the activity. Some of the pictures may be posted on our Facebook and web page – www.valleycenterrecreation.com.

Refund Policy

Requests for refunds **MUST** be made in writing and will be considered **ONLY** under the following circumstances:

- Medical - **must submit a Doctor's statement.**
- Moving out of the school district (U.S.D. #262).
- Participant no longer meeting one (1) of the "eligibility requirements", to be considered an In-District participant.
- Job or shift transfer that would conflict with the activity.
- School function (verified in writing by a Principal, Teacher or Coach) which would conflict with the activity.
- Dissatisfied with the activity.
- Death of the participant or immediate family member.

No requests for refunds will be accepted and/or considered for any reason, other than the above listed items.

A **\$5.00 per person bookkeeping charge** will be assessed to all refund requests that are approved. In addition, any league fees, insurance, uniform costs that have already been incurred prior to the request for refund, will also be deducted.

100% refund

(less \$5.00 bookkeeping charge)

A 100% refund will be issued if the written request for the refund is received in the VCRC office, **prior to the first class, practice and/or game** (whichever is applicable).

75% refund

(less \$5.00 bookkeeping charge)

A 75% refund will be issued if the written request for the refund is received in the VCRC office, **after the first class, practice and/or game BUT prior to the second class, practice and/or game** (whichever is applicable).

50% refund

(less \$5.00 bookkeeping charge)

A 50% refund will be issued if the written request for the refund is received in the VCRC office, **after the second class, practice and/or game BUT prior to the third class, practice and/or game** (whichever is applicable).

No refunds will be considered after the third class, practice and/or game (whichever is applicable).

NOTE

It is the date that the written request is actually submitted to / in the VCRC office, not the date that may be written on the letter of request. **I HAVE READ THE RELEASE OF LIABILITY / PERMISSION AND ASSUMPTION OF RISK AGREEMENT and REFUND POLICY, FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Date signed ____/____/____