

RDR Youth Coalition 2010 Football Registration Packet

2009
National Division
Football League
Champions



2009
National Division
Football League
Champions



ANKLEBITERS

INTERMEDIATES

2009
Capital Beltway League
Champions
(National Division)



JUNIORS

IMPORTANT DATES

June 28 – July 2, 2010

SEASON KICK-OFF!!!

Non-Contact Fundamental Conditioning Camp

July 5 – 29, 2010

Conditioning and Skill Development

Full Practice will begin August 2, 2010

Monday – Friday 6:00 pm to 8:00 pm

July 26th, 2010

**All Registration Fees Are DUE!
Money Orders and/or Cashiers Checks
ONLY**



2010 FOOTBALL REGISTRATION FORM

2010 Registration Fees:

\$100.00 – Football

\$40.00 – Cheerleading

PARTICIPANT'S INFORMATION

| | | | |
|-------------------------|-------------------------------------|---------------------------|--------------|
| First Name: | Last Name: | Contact Number: | |
| Date of Birth MM/DD/YY: | Age as of 7/31/10: (Tackle Only) | Name of School Fall 2010: | Grade Level: |

PARENT | LEGAL GUARDIAN'S INFORMATION

| | | |
|-------------------------------|-------------------------------|-----------------------------------|
| Mother Guardian First Name: | Mother Guardian's Last Name: | Mother Guardian's Email Address: |
| Mother's Address: | | City, State, Zip: |
| Mother Guardian's Home Phone: | Mother Guardian's Work Phone: | Mother Guardian's Cell Phone: |
| Father Guardian's First Name: | Father Guardian's Last Name: | Father Guardian's E-mail Address: |
| Father's Address: | | City, State, Zip: |
| Father Guardian's Home Phone: | Father Guardian's Work Phone: | Father Guardian's Cell Phone: |

MEDICAL INFORMATION

| | | |
|--------------------------------|---------------------------------|---------------------------------|
| Primary Physician: (Full Name) | Contact Number: | Medical Insurance Carrier: |
| Emergency Contact: | Emergency Contact's Home Phone: | Emergency Contact's Cell Phone: |

I/We understand and acknowledge by allowing my/our child to participate in this activity that the risk of injury may exist. I / We understand it is my/our responsibility to provide accident and health insurance coverage for my/our child, and I/We will be financially responsible for all changes and fees for emergency medical treatment, regardless of whether my medical insurance covers such charges and fees.

X _____ Date _____ X _____ Date _____
Mother|Female Guardian Signature Father|Male Guardian Signature

PLEASE DO NOT WRITE IN SHADED AREA (Official Use Only)

Date Received: ____/____/2010

- 2010 Registration Form
- 2010 Code of Conduct
- 2010 Doctor's Consent Form or Physical
- Equipment: Uniform Number: _____ Issue Date: ____/____/2010 Return Date: ____/____/2010
- Maryland State ID# _____ CBL ID# _____
- Fee Amount Paid: \$ _____ Date Paid: ____/____/2010
- RECEIPT# _____ CHECK# _____ Money Order# _____
- Request for Scholarship (YES / NO) Request for Refund (YES / NO)
- Team Placement: MM ____ CB ____ AB ____ PN ____ MD ____ JR ____ IM ____

CODE OF ETHICS

The R&R Youth Coalition Football Program pledges to provide a safe and healthy environment for participants of the program during the upcoming season. The coaches will be required to uphold a Coaches' Code of Ethics. As part of the program, the parents and players also have certain responsibilities and conduct that must be upheld, if our program is to be successful.

Parental Code of Ethics

I hereby pledge to provide positive support, care, and encouragement for my child's participation in youth sports by following this code of ethics:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials and every game, practice, or other R/R Youth Coalition event;
- I will place the emotional and physical well being of my child ahead of my personal desire to win;
- I will see that my child plays in a safe and healthy environment;
- In support of a drug and alcohol free environment for the players, I will refrain from their use at R/R Youth Coalition Football game or event;
- I will remember that the game is for the children and not the adults;
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability;
- I will do my best to make youth sports fun for my child;
- I will be responsible for the transportation of my child/children to and from any R/R Youth Coalition Football Program activities.

Parent | Guardian signature will be on file with R&R Youth Coalition yearly.

Athlete's Responsibilities

The participants of the R/R Youth Coalition Football Program are required to abide by a code of conduct, which includes but is not limited, to the following:

- Respect coaches, team members, opponents, officials, and other volunteers/representatives involved with the R/R Youth Coalition Football Program;
- Players will take proper care of equipment used/issued to them and immediately notify their coach if the equipment becomes damaged;
- Good sportsmanship is mandatory! No profanity, tantrums, or displays of anger will be tolerated. Any such actions will result in disciplinary measures, that may include suspension from the team;
- Student-Athlete and the responsibilities that go along with it;
- Conduct yourself with pride and poise, in victory and defeat;
- Attendance at practice is required to play in the games. If you are unable to make practice or a game, you must notify your coach.

Athlete's signature will be on file with R&R Youth Coalition yearly.

Athlete's Signature

Date

Parent | Guardian's Signature

Date

Registration Requirements for DC and Maryland Residents

1. All participants must provide their original birth certificates.

2. All participants must have a current physical.

3. DC residents **Photo ID cards \$5.00**

- A. DC residents must bring proof of residency and birth certificates. See the list of approved documents below.
- B. All DC residents are required to have new ID's this year.
- C. You must bring \$5 on ID date (August).
- Utility bill (Water, Gas, Electric, Oil, or Cable) with name and address, issued within the last sixty (60) days.
 - Telephone bill (no cell phone, wireless, or pager bills acceptable) reflecting applicant's name and current address, issued within the last sixty (60) days.
 - Deed or settlement agreement.
 - Unexpired lease or rental agreement with the name of the applicant listed as the lessee or renter.
 - DC Property Tax bill.
 - Unexpired homeowner's insurance policy reflecting name and address.
 - Letter with picture from Court Services and Offender Supervision Agency (CSOSA) or DC Department of Corrections certifying name and residence.
 - DC DMV [Proof of Residency Form*](#) signed by the person owning the residence and a copy of this person's unexpired DC driver's license or DC identification card.

4. Maryland residents **Photo ID cards \$5.00**

Maryland Residents must go to MVA to obtain their ID cards.

Applicant must bring original documents or copies certified by the issuing agency. Photocopies, notarized copies, and documents with alterations or erasures will not be accepted. If any document is damaged, torn, overly worn, etc. the applicant may be required to obtain a replacement. Please refer to the information below for [identity and residency requirements](#).

Proof of age, name, identity and residence

All applicants for an initial MD Driver's License, Learner's Permit, or ID Card must present the following documents (choose from A, B, or C, plus D):

A. [Birth certificate](#), court change of name order, or valid foreign passport or valid INS document, **plus** one additional [primary source](#) of identification with the applicant's signature; **OR**

B. [Birth certificate](#), court change of name order, valid foreign passport or valid INS document, **plus** two additional [secondary sources](#) of identification, one of which must contain the applicant's signature; **OR**

C. A document or documents with the applicant's full name and signature if digital image is on file with the MD MVA and is retrievable for identification purposes; **PLUS**

D. Two [proofs of Maryland residence](#).

For more information visit MVA website at: www.marylandmva.com

IMPORTANT DATES

June 28th – July 2, 2010

Non-Contact Fundamental Conditioning Camp
SEASON KICK-OFF!!!

July 5th – July 29th, 2010

Conditioning and Skill Development
Monday – Thursday 6:00pm to 8:00pm

July 26th, 2010

Registration Fees due
Money Orders and Cashiers Checks Only
There is a \$25 returned check fee

July 30th & 31st, 2010

Distribution of Equipment
(All Fees must be Paid in Full upon receiving equipment)

TBA, 2010

Identification Day
Bring \$5 (cash only)
Location: TBA

TBA 2010

*******Weigh-in Date *******

Every participant must be present – late weigh-in fee is \$45.00

September 11th, 2010

2010 Capital Beltway League Football Season Begins

R&R Youth Coalition Football

2010 Season – Registration Refund Policy

To qualify for a full or partial refund, the parent of the participant must contact the Administrator via email to start the process prior to the dates/activities listed in the guidelines below. They may do this by filling out the form in the left hand menu entitled "**Parent Refund Request.**" There will be a \$10 assessment fee.

GUIDELINES

Refunds are granted within the guidelines and time frames listed below:

1. Refunds are not provided to players on Select teams once team formation takes place.
2. Prior to the dates below, usually roughly coinciding with the first league-scheduled practice, or other significant date for the sport...full amount paid, less any processing fees.
3. Players that are more than 5lbs overweight during the first week of practice, who cannot move up to the next weight class. **Refunds for this scenario MUST be requested within one week of the weigh-in date.**
4. Players that are within 5lbs of the weight limit during the first week of practice, who later, do not make weight at the official Capital Beltway League (CBL) weigh-in, and cannot move up to the next weight class. **Refunds for this scenario MUST be requested within one week of the CBL weigh-in date.**
5. Players who pre-register but never show up for practice. **Refunds for this scenario MUST be requested within one week of the start of practice.**

Full Refund Cut-off Dates (Minus any fees)

- Football - Prior to start of practices/tryouts

NO REFUND:

- Players that are more than 5lbs over the weight limit during the first week of practice, that insist on practicing in an effort to lose weight (i.e., because they cannot move up to the next weight class), and during the CBL weigh-in, do NOT make weight.
- Players who quit **for any reason** after the season begins (after the first game).
- Players who fall into the scenarios above, under the Full Refund section, but fail to request their refund in a timely fashion. As the parent of a potential R/R Youth Coalition football player, I understand and will abide by the above policy.

For any sport that loans or rents equipment to the participant, no refund will be issued until said equipment has been verified as returned.

No refunds will be issued after the dates listed under sections 2 and 3.

Parent Signature: _____ Date: _____

R&R Youth Coalition reserves the right to change this policy at any time and to deny or approve a refund for any reason. We strive for consistency and fairness and will evaluate every request objectively. However, there may be circumstances, that RRYC did not foresee when forming this refund policy that may require us to deny or approve a particular refund request or to change the refund policy.

R&R YOUTH COALITION DOES NOT ISSUE CASH REFUNDS