



## **RICH CITY SPIDERS HOLIDAY BOWL 4**

### **RULES AND REGULATIONS**

- *There will be a 20 minute running clock (the clock will only stop for extra point, change of possession, and time out)*
  - *An incomplete pass does not stop the clock*
- *A run out of bounds will stop the clock until the ball is set then the clock will begin to run*
  - *The last 2 minutes of each half will be regular game play*
    - *The championship game will be 4-8 minute Quarters – regular game clock.*

#### **6U rules:**

- *Games played on an 100 yard field*
- *No kickoff*
- *No live punts (will be a walk off)*
- *1 Coach allowed on the field*

#### **8u rules**

- *Kickoffs*
- *No live punts – ball is down where it is caught or where it stops rolling*
- *Optional for 1 Coach to be on the field*

#### **10U – 12U-14U rules**

- *Regular Game Play – Everything Live*

#### **Extra point Scoring**

- *1 point for run*
  - *1 point for pass*
  - *2 points for field goal*
- *Overtime is from 10 yards out – each team gets possession – if no score play continues – game will not end in a tie.*

*If you have any questions contact the Athletic Director – Dennis Richardson at (804)304-8378*

# 2016 Holiday Bowl 4 Locations

## Vawter Street Park "The Web"

<http://henrico.us/rec/places/vawter-street/>

- ▶ Ample Parking
- ▶ Concessions and Rest Rooms
- ▶ Lighted Fields



Located 8.3  
Miles Apart,  
less than 20  
Minutes Away

## J. Sargent Reynolds Recreation Area

[http://henrico.us/assets/J\\_Sargeant\\_Reynolds.pdf](http://henrico.us/assets/J_Sargeant_Reynolds.pdf)

- ▶ Ample Parking
- ▶ Concessions and Rest Rooms
- ▶ Lighted Fields

<http://holidaybowl.weebly.com/>



## RICHCITY HOLIDAY BOWL REGISTRATION FORM

(ALL PLAYERS MUST HAVE A VALID DMV ID OR WALKER ID FROM YOUR STATE)

HEAD COACH NAME: \_\_\_\_\_

HEAD COACH EMAIL: \_\_\_\_\_@\_\_\_\_\_.com

HEAD COACH CONTACT PHONE #: \_\_\_\_\_

LEAGUE YOU BELONG TO IN THE 2016 FALL SEASON: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

TEAM'S NAME: \_\_\_\_\_

NUMBER OF TEAMS ENTERING: \_\_\_\_\_

AGE GROUP: 6U 8U 10U 12U 14U

### ASSISTANT COACHES INFORMATION:

ASST. COACH NAME: \_\_\_\_\_ PHONE# : \_\_\_\_\_

ASST. COACH NAME: \_\_\_\_\_ PHONE# : \_\_\_\_\_

ASST. COACH NAME: \_\_\_\_\_ PHONE# : \_\_\_\_\_

TEAM RECORD FOR FALL 2016 SEASON: \_\_\_\_\_

DO YOU HAVE ANY KIDS THAT ARE RANKED NATIONALLY: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOU ANSWERED YES TO THE QUESTION ABOVE PLEASE COMPLETE BELOW:

PLAYER NAME: \_\_\_\_\_ AGE GROUP: \_\_\_\_\_ RANK: \_\_\_\_\_

PLAYER NAME: \_\_\_\_\_ AGE GROUP: \_\_\_\_\_ RANK: \_\_\_\_\_

PLAYER NAME: \_\_\_\_\_ AGE GROUP: \_\_\_\_\_ RANK: \_\_\_\_\_

**ALL CHECKS ARE TO BE MADE PAYABLE TO: RICHCITY SPIDERS ATHLETIC ASSOCIATION  
8379 CARDOVA RD, RICHMOND VA 23227**



## CONSENT & ACKNOWLEDGEMENT FORM

I am fully aware, understand, and give permission for my player and/or team to participate in the promotional ads of RCSAA Football League. I understand that all photographs taken will be for publicity not limited to the league website and will be used only for recognition and as a benefit and award to my player for his/her achievement.

I give consent for my player or team's photographs to be used on RCSAA website & other promotional ads for publicity of RichCity Athletics Association.

I do not give consent for my player or team's photographs to be used on RCSAA website & other promotional ads for publicity of RichCity Athletics Association.

I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by a motor vehicle. I agree to indemnify the RichCity Spiders AYFL Football Team & RichCity Athletics Association for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care outside of the AYFL required insurance, given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in this weekend's activities.

I further give my consent to that in the absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic, treatment, and operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize RichCity Spiders AYFL & RichCity Spiders Athletic Association to act on my behalf and in my absence, to use judgment on medical matters.

HEAD COACH SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# HOLIDAY BOWL OFFICIAL ROSTER

TEAM NAME: \_\_\_\_\_

AGE GROUP: \_\_\_\_\_

Head Coach	Phone#			
Assistant Coach				
Assistant Coach				
Assistant Coach				
Assistant Coach				
Assistant Coach				
NAME	JERSEY#	D.O.B		
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				

# HOLIDAY BOWL OFFICIAL ROSTER

TEAM NAME: \_\_\_\_\_

AGE GROUP: \_\_\_\_\_

---

---

31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				

**2016 RICH CITY SPIDERS HOLIDAY BOWL  
CONSENT & ACKNOWLEDGEMENT FORM**

**(ALL PLAYERS MUST HAVE THIS FORM COMPLETED) –  
FORM IS FRONT AND BACK**

I am fully aware, understand, acknowledge, and give permission for my player: \_\_\_\_\_

to participate in the promotional ads of RCSAA Football League. I understand that all photographs taken will be for publicity not limited to the league website and will be used only for recognition and as a benefit and award to my player for his/her achievement.

(please check one of the boxes below)

I give consent for my player or team's photographs to be used on RCSAA website & other promotional ads for publicity of RichCity Athletics Association.

I do not give consent for my player or team's photographs to be used on RCSAA website & other promotional ads for publicity of RichCity Athletics Association.

I understand and acknowledge that participation in the activities this weekend involves inherent risks of injury to my child including risks associated with transportation by a motor vehicle. I agree to indemnify the RichCity Spiders Coaches and Staff & the RichCity Athletics Association for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given to my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in this weekend's activities. I further give my consent that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment.

I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic, treatment, and operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize RichCity Spiders Coaches and Staff & the RichCity Athletic Association to act on my behalf and in my absence, to use judgment on medical matters.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_