



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: _____