

BRUNSWICK COUNTY YOUTH FLAG FOOTBALL

BRUNSWICK COUNTY PARKS & RECREATION

FUTURE STARS INSTRUCTIONAL YOUTH FLAG FOOTBALL TEAMS

AGES: 6 and UNDER

MUST BE 4, 5, or 6 ON OR BEFORE JULY 31, 2024
CANNOT TURN 7 BEFORE JULY 31, 2024

REGISTRATION FEE: \$45.00

COPY OF BIRTH CERTIFICATE, PAYMENT & COMPLETED REGISTRATION FORM TO BE ELIGIBLE.

TENTATIVE PRACTICE START DATE IS AUGUST 5, 2024

REGISTRATION DEADLINE IS JULY 31, 2024

DEADLINE FOR REGISTRATION WILL BE JULY 31, 2024

LIMITED SPACE PRACTICE TENTATIVELY BEGINS AUGUST 5, 2024



FLAG BRUNSWICK FOOTBALL

LEAGUE CONTACT

DEVONTA BEST @ 910.253.1747 or

devonta.best@brunswickcountync.gov

WEBSITE:

<http://bcparks.recdesk.com/recdeskportal/>

VOLUNTEERS:

Parents who apply to coach a team are cleared, and assigned to a team, will have their registration refunded.

Email [DEVONTA](#) if Interested.



SCAN QR Code to REGISTER ONLINE

YOU CAN REGISTER ONLINE @ <https://bcparks.recdesk.com/Community/Program>

2024 BRUNSWICK COUNTY YOUTH **FLAG FOOTBALL** REGISTRATION

(FORM MUST BE FILLED OUT COMPLETELY WITH BIRTH CERTIFICATE & FEE PAID TO BE ELIGIBLE)

PLEASE PRINT NEATLY OR TYPE & FILL OUT COMPLETELY

PARTICIPANT: _____
(FIRST) (MIDDLE) (LAST)

MAILING ADDRESS: _____
(P.O. BOX or STREET) (CITY) (ZIP)

PHYSICAL ADDRESS: _____
(P.O. BOX or STREET) (CITY) (ZIP)

HOME PHONE: (910) - _____ EMERGENCY: (910) - _____

MOM CELL: (910) - _____ DAD CELL: (910) - _____

EMAIL: _____ @ _____ WEIGHT: _____

BIRTHDATE: ____/____/____ AGE AS OF JULY 31ST: _____

PREVIOUS TEAM (IF ANY) _____ SCHOOL: _____

ANY PHYSICAL LIMITATIONS: _____

PARENTAL CONSENT: PLEASE READ & SIGN: APPLICATION MUST BE SIGNED BY AT LEAST ONE PARENT/GUARDIAN FOR PARTICIPANT TO BE ELIGIBLE. BY SIGNING THIS REGISTRATION, YOU ARE STATING THAT YOU UNDERSTAND AND AGREE TO FOLLOW THE TERMS AND CONDITIONS BELOW.

I/WE, the Parents/Guardians of the above-named candidate for a position on any of the BFL Youth Flag Football teams, hereby give MY/OUR approval to his/her participation in all BFL Youth Flag Football activities during the current season. I/WE assume all risks and hazards incidental to such participation including transportation to and from such activities, and I/WE do hereby waive release, absolve, indemnity and agree to hold harmless the Brunswick County Parks & Recreation, BFL Youth Flag Football League and its Associations, the sponsors, supervisors, participants, volunteers and persons transporting MY/OUR child to and from activities for any claim arising out of illness, injury, accidental death or damage to personal property sustained in the above activity to MY/OUR child. I/WE and participant agree to abide by the BFL Rules of Conduct.

YOUR CHILD MUST PLAY FOR THE TEAM IN THE DISTRICT IN WHICH YOUR PHYSICAL ADDRESS FALLS. IF THERE IS NOT A TEAM FROM THAT DISTRICT, HE/SHE WILL BE ABLE TO PLAY FOR THE TEAM IN THE NEXT CLOSEST DISTRICT.

RETURNING PLAYERS ARE ASSIGNED TO THE TEAM PLAYED FOR UNLESS THEY REGISTER AFTER DEADLINE AND THEN THEY MAY BE PUT ON A WAITING LIST OR ASSIGNED TO ANOTHER TEAM. ...YOU ARE NOT GUARANTEED TO BE ON THE SAME TEAM PREVIOUSLY PLAYED FOR IF YOU REGISTER AFTER THE DEADLINE...NO REQUESTS

AS A PARENT OR GUARDIAN, I ASSUME ALL RESPONSIBILITY FOR ANY UNIFORM / EQUIPMENT THE ABOVE PARTICIPANT RECEIVES FOR THIS PROGRAM. **NO ALTERATIONS TO ANY UNIFORM OR EQUIPMENT ARE ALLOWED. UNIFORM / EQUIPMENT MUST BE RETURNED BY THE LAST GAME OR EVENT OF THIS PROGRAM OR I WILL PAY FOR THE UNIFORM / EQUIPMENT.**

PARENTAL MEDICAL TREATMENT AUTHORIZATION: In the event of injury to MY/OUR child, I/WE hereby grant authority to a qualified paramedic/ physician to render such medical treatment as said paramedic/physician deems necessary under the circumstances.

(BRUNSWICK COUNTY E.M.S. IS PRESENT FOR GAMES)

PICTURE CONSENT FOR FILM / WEBSITE / ADVERTISEMENTS: I/WE give permission to have my child's picture on the BCP&R/league web site, program advertisements, video for purposes of televising games and any other medium used strictly to promote the BFL.

PLEASE MAIL COMPLETED FORM TO: BCP&R ~ ATTN: DANIEL RABON ~ P.O. BOX 249 ~ BOLIVIA, NC 28422

FAX: (910) 253-2684 (REGISTRATIONS MUST BE COMPLETED & SIGNED/FEE PAID/& A COPY OF PARTICIPANTS BIRTH

CERTIFICATE RECEIVED BEFORE ANY PARTICIPATION CAN BEGIN.) I/WE have read the above and agree and understand the policies set forth above.

***** JERSEY SIZE *****

YTH. SM. YTH. MED. YTH. LG. YTH. XL

MOM/GUARDIAN _____

DAD/GUARDIAN _____

DATE: _____

DATE: _____