

LOWER LOUDOUN BOYS FOOTBALL
P.O. BOX 163 STERLING,
VA 20167

Dear Parents:

Welcome to the 2018 Flag Football program. We look forward to a fun and rewarding season. Any boy or girl age 5, 6 & 7 will be eligible to play flag football. The following information will be of importance to you and your child. We have included some information to hopefully make this an enjoyable and fun season for your entire family.

REGISTRATION FEE: The registration fee is \$70.00 and each child will receive a T-shirt and mouth guard as part of the registration fee as well as an end of the season medal. Online registration will be available through our website at llbfl.org or in person registrations. Registrations received by May 31, 2018, will be at the discount rate of \$60.00.

REGISTRATION: Registrations will be held Tuesday, May 24th from 6-8 PM, June 9th from 9 am to 11 am, Wednesday June 20th from 6 – 8 PM, and Sunday July 15th from 4 to 6 PM. All registrations will be held at Bill Allen Field at 333 S Sterling Blvd., Sterling, VA. Any 7 year old considering waiving up to the “C” league contact football must attend an in-person registration tryout.

SERVICE CHARGE: A \$30.00 service charge will be imposed on all returned checks.

SEASON START DATE: Minicamp will be August 3-6, 2018. Coaches will have team selections on August 7, 2018, and notify their teams the weekend of August 8, 2018, with the days and times for practices.

GAME SCHEDULE: Games will be from September 8-October 20, 2018, with medals awarded October 27th. The game schedule will be announced once practices begin. All games will be played at Bill Allen Field.

PICTURES: Individual and Team pictures will be taken this season. You will receive information on cost and the date and exact time for your team to arrive at Bill Allen Field once practices begin.

GATE ENTRY: Each spectator (high school through adult) entry price is \$2.00. Students ages 5-13 years \$1.00. Small bills are encouraged. Our gate fees are an important part of helping us to pay for the maintenance of the field and the cost of electricity to operate our lighting system.

SNACK BAR: Please feel free to visit our snack bar during the games. This is a fundraiser for our league and fundraisers are an important part of our league. The cost of purchasing equipment, insurance and maintaining our stadium is enormous. Each team will need 2 parent volunteers to work the snack bar window for the game before or after their child's game.

PARKING: Parking is limited to the upper parking lot. At the request of the Sterling Golf Club, anyone who is not a member may not use their parking area. Anyone in violation may be towed at the owner's expense.

L.L.B.F.L. RULES AND REGULATION:

The following rules have been established for the overall safety and enjoyment of both spectators and participants:

No use of foul or abusive language

No use of drugs or alcoholic beverages

No smoking of any kind or chew

No fighting

No skates, skateboards, roller blades, bikes, bags or backpacks will be allowed past the gate. No pets (except in handicap assistance capacity)

All players and spectators are expected to abide by all rules and regulations concerning L.L.B.F.L. and Bill Allen Field as set forth by the executive Board of Lower Loudoun Boys Football League. Any player, parent, or spectator who violates any rule, either during their game or as a spectator will face possible suspension for one (1) game or possible removal from the league without exception.

We are looking forward to an exciting and successful season. Your support is greatly appreciated.

Respectfully yours,

Bruce Barry
LLBFL Flag Coordinator

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P.O. BOX 163, STERLING, VA 20167**

2018 FLAG FOOTBALL REGISTRATION

Please complete all the information legibly and sign where applicable.

PLAYER INFORMATION: (Please list only ONE child per form.)

Name: _____ Returning Flag Player: ___ Yes ___ No

Address: _____

City & Zip: _____ Previous Team: _____

Home Phone: _____ School: _____

Birthdate: _____ Age as of 8/31/18: _____ School grade this September: _____

Siblings in L.L.B.F.L.: _____

PARENT/LEGAL GUARDIAN INFORMATION:

Father: _____ Mother: _____

HomePhone: _____ Home: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

E-Mail: _____ E-Mail: _____

Please list any pertinent medical information:

Allergies:

Emergency Contact (other than parents/guardians):

_____ Phone: _____ Relationship: _____

2018 Flag Registration Fee: \$70.00 Received before 5/31/18: \$60.00

Please make Checks Payable to **LLBFL**

LLBFL USE ONLY

Date Received: _____ **Cash/Check#:** _____ **Amount Paid: \$** _____

TEAM: _____ **COACH:** _____

Parents/Guardians Authorization to Participate: I/We the responsible party of the above named applicant to the Lower Loudoun Boys Football League hereby give my/our approval to said applicant's participation in any and all activities during the current season. The undersigned acknowledges, appreciates, and agrees that : The risk of injury to my child from the activities involved in this program is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and for myself, spouse and child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my child's participation; and I myself, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, hereby release the other participates, sponsoring agencies, sponsors, advisors, and if applicable, owners and lessors of premises used to conduct the event (releases), with respect to any and all injury, disability, death, or loss of damage to person or property incident to my child's involvement or participation in this program, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law. I, for myself, my spouse, my child and on behalf of my/our heirs, assign, personal representatives and next of kin, hereby indemnify and hold harmless all the above from any and all liabilities to my involvement or participation in the program, even if arising from their negligence, to the fullest extent permitted by law.

Rules & Regulations: I/We willingly agree to comply with the program's stated and customary terms and conditions for participation. I/We as the parent of said candidate understand it is the responsibility of the parent, candidate and team to comply with any and all Rules & Regulations of LLBFL. Any noncompliance with said rules shall be cause for disciplinary action to be taken against said candidate, parent or team by LLBFL.

Insurance Disclosure: The medical expense benefits of this plan are the "EXCESS" type benefit that picks up where other coverage's leave off. If the parent has any other Primary Coverage, whether individual, blanket or group coverage which provides benefits or services for, or by reason of, medical or dental care or treatment, then this plan, subject to the limits of the plan, will pay only the medical expenses not provided or reimbursable under your coverage. If the parent has no Primary Insurance coverage then this plan, subject to the limitations and deductibles (if any) of the plan will provide insurance coverage. If the parent has coverage with any Pre-Paid Medial Plans, such as (but not limited to) Cigna, FHP, Aetna, Kaiser, Blue Cross, the injured person must be taken to the prepaid medical facilities for treatment. All claims must be filed within 90 days of the injury/accident.

Emergency Medical Release: I/We the parents of applicant give our permission for any emergency treatment necessary either on the practice field or on the game field. I/We authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any scheduled LLBFL function including the supervised travel to and from said functions.

Parent's Acknowledgement: I/We certify,, that to the best of my/our knowledge, all of the above information is accurate and correct and that any false information may be cause for disqualification of the applicant. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without inducement.

Signature of Parent/Legal Guardian

Date Printed Name of Parent/Legal Guardian