



Rockford Recreation Association

P.O. Box 16 – Rockford, OH 45882
www.RockfordRec.com

2026 ROCKFORD RECREATION CO-ED FLAG FOOTBALL

Please complete this form to register your child for the Rockford Recreation Association Fall Co-Ed Flag Football League. Age groups are by school grade. Students entering grades 1 thru 6 are eligible to play.

Registration fee is \$50.00 and due at the time of registration. Each player will receive a t-shirt and one mouth guard as part of their registration fee. (Bad Checks=\$25 Fee)

Each player MUST wear a mouthguard at all practices and games to participate

PLAYER'S NAME MALE/FEMALE Circle Grade (2026-2027)
(circle one) 1 2 3 4 5 6

HOME PHONE *There will be three different grade divisions if numbers allow

EMERGENCY PHONE CELL PHONE **

EMAIL ADDRESS (if checked regularly): **please check if texting is available; include phone number

STREET ADDRESS

CITY, STATE, ZIP

T-SHIRT SIZE: YOUTH: S M L ADULT: S M L XL XXL

Yes, I am interested in coaching NAME Ph. #

I, the parent/guardian of the above named athlete, give my permission for his/her participation in any and all program activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve, indemnify, and agree to hold harmless the local organizers, sponsors, participants, coaches, and persons transporting my child to or from and/or claims arising out of injury to my child whether the result of negligence or for any other cause.

Signature of Parent or Guardian

Date

Regular season games for 1st-6th grade will be played on Sunday afternoon/evenings starting September 13th till the end of October at Shane's Park on Diamond 4. The 5th/6th grade division will be playing Convoy and Middle Point this year so some travel will be required for this age division game!

DEADLINE FOR SIGN UP IS: July 17th

** LATE REGISTRATIONS RISK NOT RECEIVING A TEAM JERSEY**

Registration form, fees, and medical forms can be mailed to:

Rockford Recreation - P.O. Box 16 - Rockford, OH 45882

Or dropped off at the Rockford Village Office – including the night drop box located at the SE corner.

If dropping off at Village Office, clearly indicate "ROCKFORD REC" on the outside of your envelope.



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Printed forms also available at The Rockford Carnegie Library



If you have any questions, contact Joel Henkle at 419-790-9305

Child's Name		Male / Female
Date of Birth		
Chronic Illnesses or Conditions		
Allergies		
Current Medications		
Date of last Tetanus Shot		
Other Medical Information		

Parent Information

	Name	Telephone	Employer	Work Phone
Mother				
<i>Step-Father</i>				
Father				
<i>Step-Mother</i>				
Other Emergency Contact				

Medical Providers

	Name	Telephone
Physician		
Dentist		
Medical Specialist		
Hospital		
Other		

Medical Insurance Information *(optional)*

<i>Medical Insurance Provider</i>	<i>Member #</i>	<i>Group #</i>	<i>Telephone</i>

In the event your child needs emergency medical care and you are not available to provide formal consent to medical authorities, care may become unnecessarily delayed. In the event of a medical emergency, this form should be provided to responding medical personnel and accompany your child to the hospital/clinic so that medical treatment can be rendered. In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent to (1) the administration of any treatment deemed necessary by the above name doctor(s), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover any major surgery unless the medical opinions of two other licensed physicians or dentists, concurring for such surgery, are obtained prior to the performance of such surgery.

Parent/Gaurdian signature

Date