

NORWALK PARKS & REC YOUTH FLAG FOOTBALL Fall 2024



Coed Age 5 – 3rd grade

(Students participating on other organized teams are ineligible for this program).

**PROGRAM INFORMATION SUBJECT TO
CHANGE AT ANY TIME.**

5 yrs – 3rd grade

- **Clinic** : Sept 7, Time TBA
- **Practices**: TBA by coaches
- **Games**: Saturday mornings starting Sept. 14

Games & Clinics at Sofios Park

Clinics will be held indoors if inclement weather, 419-663-6775 x2

Registration 8/1 – 9/1

\$35 Norwalk City residents/students & Members

\$45 Out of town students

Late Registration 9/2 until teams full

\$40 Norwalk City residents/students & Members

\$50 Out of town students

RETURN FEE & FORM TO:

**Ernsthausen Recreation Center
100 Republic Street**

Checks payable to 'City of Norwalk.'

The Park & Rec. will not refuse participation due to an inability to pay, contact the center for more information.

REQUIREMENT FOR PLAYERS

A new state law, known as "Lindsay's Law," calls for pre-participation education and training for families & coaches, with guidelines for recognizing and dealing with the symptoms of **Sudden Cardiac Arrest**. It aims at raising awareness of **Sudden Cardiac Arrest** to ensure preparedness and proper response in the event of medical emergencies.

Here are the REQUIRED steps:

- 1) Watch short **SCA** video @ **norwalkrec.com**.
- 2) Sign the **REQUIRED SCA** form on back.
- 3) Return signed form at time of registration.

NO CHILD MAY PARTICIPATE WITHOUT COMPLETED SCA SIGNATURE FORM.



YOUTH FLAG
2024

Circle Grade K 1 2 3

Member Male Female

Child's Name _____ School _____

Age: _____ Birthdate ____/____/____

Height _____' _____" Weight _____

Address _____

City _____ Phone _____

Parent email _____

Circle Shirt Size: Yth S Yth M Yth L Ad S Ad M Ad L

Mother's Name _____

Employer _____

Phone# _____ Work# _____

Father's Name _____

Employer _____

Phone# _____ Work# _____

Alt person to be contacted _____

Phone# _____

Facts concerning your child's medical history including allergies, medications being taken, and any physical impairments that would be beneficial for this department to be aware of:

I agree that I will hold harmless and indemnify any rights and claims for damages against the Norwalk Parks & Recreation Dept. or the City of Norwalk for any injuries incurred during activities my child is participating in including but not limited to exposure to or illness resulting from COVID-19. I assume all responsibility as a result of my child being permitted to participate in the programs. The alternates listed above are hereby authorized in my absence to consent for treatment to be given to my child. In the absence of myself and all alternates listed above, I hereby give my consent for treatment deemed necessary by any acting physician or dentist.

I give permission for my child to be photographed for use by the Norwalk Parks & Recreation Department for marketing purposes.

Parent/Guardian Signature _____ Date _____

I do NOT give permission for my child to be photographed for use by the Norwalk Parks & Recreation Department for marketing purposes.

Interested in helping coach a team?

New Coach Returning Coach

Name _____ Phone _____

Social Security # ____/____/____ Birthdate ____/____/____

Email _____

I _____ give permission to the Norwalk Parks & Recreation Dept. to perform the necessary background screenings, which may include driving history, criminal conviction history, and general public history.

Volunteer Signature _____ Date _____

**Requests to be with certain players or coaches
will not be made except in same household!!!**

RN: _____ Date _____ Amt. Pd. _____ Initials _____ SCA FORM