

IMPORTANT DATES

- Preseason meeting for coaches and volunteers
- First day of practice
- First Game
 - A full schedule will be released in late July
- Final Game
- Regional Flag Football Tournament

CONTACT US WITH ANY QUESTIONS

hornet football summer camps @gmail.com

Andrew Troxel, HFSC PRESIDENT (319) 316-2927

Chris Clerkin, YOUTH DIRECTOR (608) 341-9571 AUGUST 2nd AUGUST 5th AUGUST 17th

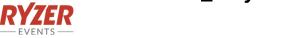
SEPTEMBER 21st DATE TBD



Athlete Registration Information

Register on or before August 1st

There are 2 ways to register.





Register online online at the RYZER event page. That can be found at https://www.rchornetfootball.com/forms

Would you be willing to coach a flag football team this fall?

Includes equipment rental, liability insurance, and league fees.

YES NO

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paper registration							

Send registration and and make payments to:
Richland Center Youth Football
1761 Allison Park Drive, Richland Center, WI 53581

AIHLEIE LASI NAME:				FIRST NAME:					
ADDRESS:				AGE:					
CITY:				GRADE (Fall):	4	4	5	6	
STATE & ZIP CODE:				SHIRT SIZE:	YS YM YL YXL S M L XL 2X				
FATHER / GUARDIAN				MOTHER / GUARDIAN					
TELEPHONE:	()	-	TELEPHONE:	()	-		
EMAIL:				EMAIL:					
I hereby give my permission for my child to participate in any and all activities of the Forward Youth Tackle Football League I understand that the nature of the game of football involves risk and possible injury due to collisions and contact involved I understand that the Forward Youth Football League, Hornet Football Summer Camps, Inc., USA Football, and any volunteer coaches assume no responsibility or liability for any medical expenses incurred STATEMENT OF UNDERSTANDING (Please Initial) I hereby waive, release, absolve, indemnify, and agree to hold harmless the Forward Youth Football League, Hornet Football Summer Camps, Inc., USA Football, coaches, agents, and persons transporting my child to and from competitions and practices or from any claim arising out of an injury incurred while participating in league activities I hereby appoint the coaching staff as my agent and representative for the purpose of authorizing medical treatment and/or hospital care of my child for any illness or injury that may occur at the camp while I am away, on vacation, or otherwise not available to provide such consent PARENT / GUARDIAN NAME: SIGNATURE:									
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