



# NCC Sports and Athletics

Department of Community Services  
77 Reads Way • New Castle, DE 19720  
(302) 395-5890 (office) • (302) 395-5892 (fax)



Matthew Meyer  
County Executive

[nccdesports.com](http://nccdesports.com)

 [@nccdesports](https://twitter.com/nccdesports)

## 2019 FALL NFL YOUTH FLAG FOOTBALL LEAGUE

New Castle County is excited to offer **co-ed** youth flag football leagues at two locations: Delcastle Park and **\*NEW THIS SEASON\*** Glasgow Park. Program highlights are listed below.

**Coaches and officials needed!**



<b>Locations</b>	Delcastle Recreation Park, 968 McKennans Church Road, Wilmington, DE 19808 Glasgow Regional Park, 2275 Pulaski Hwy, Newark, DE 19702
<b>Registration</b>	<i>Online and mail in registration opens June 19<sup>th</sup></i> All participants must complete a <b>two-step registration process</b> : <ul style="list-style-type: none"> <li>• Submit this registration form and concussion waiver along with payment to the New Castle County Sports Office, or register online with a credit card payment at <a href="http://www.nccdesports.com">www.nccdesports.com</a>, and</li> <li>• Register your child(ren) through the NFL FLAG website at <a href="https://nflflag.com/parents">https://nflflag.com/parents</a> - select "NCC Youth Flag Football League", then create an account and register your child.</li> </ul>
<b>Format</b>	Four one-hour clinics (over 2 weeks), 6-8 games, and playoffs.
<b>Dates/Times</b>	Program will begin the week of Mon, Aug 19. Practice/Clinic sessions are from 6:00-7:00pm. The Glasgow league will meet on Mon/Wed, and the Delcastle league will meet on Tue/Thu. Following two weeks of practices/clinics, games will begin on Saturday, September 7 (all games played on Saturdays). Season runs August 19 – November 2, 2019.
<b>Program Highlights</b>	Open to boys & girls, 6-14 years old (Must turn 6 by December 31). Age divisions will be split based on registration numbers. Up to ten players will be drafted onto each team. <i>All players will be given an equal opportunity to play.</i> Reversible jersey w/ NFL team colors & logo and NFL flag belt included with registration. Individual awards for first and second place team members.
<b>Fee</b>	\$95 per child



For real-time program updates and announcements, follow the Sports Office on Twitter [@nccdesports](https://twitter.com/nccdesports).



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## 2019 FALL NFL YOUTH FLAG FOOTBALL LEAGUE REGISTRATION FORM

Registrations not accepted without payment (credit cards or checks / money orders made payable to New Castle County). Checks (no cash, please) should be made payable to "NCC". Registrations should be mailed to: New Castle County • ATTN: Sports and Athletics • 77 Reads Way • New Castle, DE 19720  
**Register online at [nccdesports.com](http://nccdesports.com) (payment required at time of registration)**

Name		Birth Date		Gender	Home Phone			
Address				City, State, Zip Code				
Mother / Guardian 1	Work Phone	Cell Phone		Email				
Father / Guardian 2	Work Phone	Cell Phone		Email				
Location (circle one)	Delcastle Park			Glasgow Park				
Jersey Size* (circle one)	YS	YM	YL	YXL	AM	AL	AXL	A2X
<p>*NFL FLAG Jerseys are not sized like a normal t-shirt. Please review the sizing chart link below prior to selecting the size for your child (chart also available on NCC Sports website):  <a href="https://bit.ly/2ZABdG7">https://bit.ly/2ZABdG7</a></p>								
Select Grade for 19-20 School Yr. (circle one)	K	1 <sup>st</sup> -2 <sup>nd</sup>	3 <sup>rd</sup> -4 <sup>th</sup>	5 <sup>th</sup> -6 <sup>th</sup>	7 <sup>th</sup> -8 <sup>th</sup>	9 <sup>th</sup>		
Interested in coaching and/or officiating? (circle one)	Coaching		Officiating		Both			

### Participation Agreement

I give permission for my child to participate in a Recreation Program sponsored by New Castle County that he/she is currently registering for with the Department of Community Services. I agree that my child will abide by all rules and regulations adopted and published by New Castle County relating to the operation and conduct of the program and the use of the facilities provided for the program. I understand that the failure of my child to observe these rules and regulations may result in his/her being excluded from participation in the program.

I represent that my child is physically able to participate in the program. I fully understand that his/her participation may entail the risk of physical injury. I agree to waive any claim of any kind whatsoever, whether resulting from an injury or otherwise, and further agree to release, indemnify, and hold harmless the program, New Castle County, and their respective directors, officers, employees, agents and/or representatives from any and all liability occurring as a result of his/her participation in the program. I will be personally responsible for any financial costs incurred as a result of his/her participation in the program, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Furthermore, I understand that New Castle County assumes no liability for lost, misplaced, stolen, and/or damaged property and I hereby agree to release New Castle County from such liability.

***The undersigned has/have read and voluntarily signed this waiver / participation agreement.***

List any Physical Limitations

Parent / Guardian Name (print)

Signature

Date

For Office Use	Date	Amount	Check Name	Check No. / Bank No.
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CHECK HERE to pay with a credit card. You will be contacted by phone for payment information.  
American Express, Discover Card, MasterCard, and Visa are accepted



State Council for Persons with Disabilities

**Parent/Player Concussion Information Form**

**Background:**

Delaware law requires athletes under age 18 and their parents to review and sign this sheet prior to participation in covered activities sponsored by a club, league or association. Covered activities include football, rugby, soccer, basketball, lacrosse, field or ice hockey, martial or combative sports, wrestling, volleyball, gymnastics, baseball, softball, and cheerleading. This signed form should be given to the sponsoring organization prior to participation, and, for multi-year activities, on a yearly basis.

You can get detailed information about the law at our [SCPD Website](http://SCPD.delaware.gov) at <http://SCPD.delaware.gov>.

**What is a concussion?**

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. A concussion changes how the brain normally works. An athlete does not have to lose consciousness (black out) to get a concussion. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his / her head directly.

**Signs and symptoms of a concussion:**

Concussions can affect children and teens differently. Below are common symptoms they might report or that might be observed. It can take days for symptoms to appear following the initial hit /fall.

Experienced by Children and Teens	Observed by Parents, Coaches, or Teammates
<ul style="list-style-type: none"> <li>• Headache or “pressure” in the head</li> <li>• Nausea or Vomiting</li> <li>• Dizziness or balance problems</li> <li>• Blurred or double vision</li> <li>• Light or noise sensitivity</li> <li>• Ringing in ears</li> <li>• Difficulty concentrating or remembering</li> <li>• Confusion</li> <li>• Feeling slowed down</li> <li>• Feeling sad, irritable, or more emotional</li> <li>• Being tired, or a change in sleep</li> <li>• Just not “feeling right” or “feeling down”</li> </ul> <p><b>Younger children may not be able to report symptoms, and so decisions should be based on adult observation.</b></p>	<ul style="list-style-type: none"> <li>• Loss of consciousness</li> <li>• Appears dazed or confused</li> <li>• Responds slowly / answers questions slowly</li> <li>• Change in behavior, mood, or personality, including irritability or aggressive</li> <li>• Can’t recall events prior to or after the hit/fall</li> <li>• Loses focus on current activities</li> <li>• Moves clumsily/ Appears off balance</li> <li>• Slurred speech</li> <li>• Is more restless or appears more tired than usual</li> <li>• Change in sleep pattern</li> </ul>

## **What should happen if my child/teen might have a concussion?**

The athlete must leave the game, practice or activity **immediately**. **This is Delaware law and is in place to protect your child.** They should not re-enter play **until seen and evaluated by a physician**. When in doubt, the athlete sits out. Remember, it is better to miss one game than to miss the whole season. If an athlete continues to play when he or she might have a concussion, there could be serious medical consequences, even death (Second Impact Syndrome). Also, if a concussion has occurred or is suspected the CDC advises that you ask your (child's/teen's) health care provider when they can safely return to other activities, e.g. school, drive a car and/or ride a bike.

Athletes should not be left alone. Concussions can have a more serious effect on the young, developing brain-whose development extends into young adulthood. Be aware that sometimes athletes try to hide their symptoms so that they can stay in play. Have your child seen by a physician, even if symptoms resolve. Do not try to judge the severity of the injury yourself.

### **To return to play:**

**Delaware law requires that your child be seen and given medical clearance by a physician before return to play.** Your physician may either complete a form or supply a letter certifying clearance. Provide the form or letter to the sponsoring organization. If the physician limits school-related activities like classwork, driver's education, gym and recess, you may wish to share the form or letter with the athlete's school.

### **Additional websites:**

If you have additional questions regarding concussion or concussion management, we recommend the following websites:

[CDC Headsup Website](#)

[CDC Concussion Information](#)

[Moms Team Concussion Safety](#)

[Brainline Organization](#)

I affirm: (1) I have read the above information; and (2) if the athlete could not independently read it due to reading ability, I have shared its key points with the athlete.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/guardian printed name

\_\_\_\_\_  
Date

I affirm: that I have read the above information or been told its key points by my parent/guardian.

\_\_\_\_\_  
Athlete signature

\_\_\_\_\_  
Athlete printed name

\_\_\_\_\_  
Date

\* We recommend printing and keeping a copy of this form for your records.