



NASSAU COUNTY YOUTH FOOTBALL LEAGUE

JUNE 2004

WWW.NCYFL.ORG

BUSINESS MANAGER'S BOOKLET

SPECIAL NOTES:

- ALL QUESTIONS SHALL BE REFERRED TO YOUR TOWN DIRECTOR.
- COACHES MEETING SCHEDULED FOR TUESDAY, AUGUST 3, 2004 AT MARJORIE POST PARK IN MASSAPEQUA AT 7:00 PM. HEAD COACHES FROM EACH TEAM MUST BE PRESENT.
- **PHYSICIAN'S CERTIFICATION ON PRD FORM MUST BE DATED AFTER MAY 30, 2004.**
- ALL WEIGH-INS SCHEDULED FOR AUGUST 30 – SEPTEMBER 3, 2004, LOCATIONS TO BE ANNOUNCED.
- **FINAL REGISTRATION DOCUMENTS DUE AT TIME OF SCHEDULED WEIGH-IN.**
- OPENING DAY IS SEPTEMBER 12, 2004

THIS PACKAGE IS AVAILABLE ON THE NCYFL WEBSITE.

INSTRUCTIONS FOR COMPLETING PLAYER REGISTRATION DOCUMENT (PRD)
(DOWNLOAD FORM FROM NCYFL SITE)

One (1) copy of the Player Registration Document (PRD) shall be completed per the following instructions and be presented at the scheduled weigh-in. **ALL INFORMATION TO BE TYPED (EXCEPT SIGNATURE).**


- A. **ORGANIZATION NAME** - Name of Member town and Nickname.
- B. **DIVISION AGE** - (DO NOT USE PEEWEE, PEANUTS, JV, etc. - USE 6, 8, 9, 10, 11, 12.)
- C. **PLAYER NAME** - Last Name First, First Name second.
- D. **DATE OF BIRTH** - Month (spelled out), day, year.
- E. **ADDRESS** - Where player lives, including house number, street name, apartment number (if applicable), town, and zip code.
- F. **PHONE** - Provide full telephone number including area code.
- G. **SCHOOL ATTENDING** - Name of school attending (as of September of this playing season).
- H. **SCHOOL DISTRICT #** - Insert district number of the school attending. **If player is going to a private school, insert the district number of the school where he/she would attend if going to a public school in the area he/she lives.**
- I. **EMERGENCY CONTACT** - Name of person to contact in an emergency, Relationship to player, and phone numbers where they can be reached.
- J. **HAS PLAYER PLAYED IN THE NCYFL?** - Indicate by inserting "Yes" or "No" in the block as applicable.
- K. **WHERE** - If "Yes" to "HAS PLAYER PLAYED IN THE NCYFL? Name of town(s).
- L. **WHEN** - If "Yes" to "HAS PLAYER PLAYED IN THE NCYFL? What Years played.
- M. **CONSENT OF PARENT OR GUARDIAN** - Signature of parent or guardian(s), relationship and date signed.
- N. **PHYSICIAN'S CERTIFICATION** - To be completed by examining physician. A physician certified (with doctor's rubber stamp and ID) note that the player is cleared to play "CONTACT SPORTS" is an acceptable alternate and the original must be attached to the PRD. The terms "Cleared to play CONTACT SPORTS" **must** appear on the note. **MUST BE DATED, BY PHYSICIAN, AFTER MAY 30, 2004.**
- O. **PHYSICIAN'S STAMP** - To be stamped by the Physician and to include his/her **DEA/ID number.**
- P. **DIRECTOR'S APPROVAL** - Signature of the director of the town and the date signed.
- Q. **NCYFL APPROVAL** - Leave Blank - To be completed by NCYFL Official.

**INSTRUCTIONS FOR COMPLETING NCYFL OFFICIAL REGISTRATION CARD
(DOWNLOAD FORM FROM NCYFL SITE)**

ALL INFORMATION TO BE TYPED (EXCEPT SIGNATURE). COMPLETE TWO (2) CARDS FOR EACH PLAYER.

- A. All NEW cards are to have DIVISION (Age Group) of player in NUMBERS followed by the YEAR that the card is produced. USE 6, 8, 9, 10, 11, 12. Do not use PEEWEE, PEANUT, JV, etc. (ie. 6-01, 8-01, 9-01, 10-01, 11-01, 12-01)
- B. Photo 1-1/2 x 1-1/2 identification type, **Not Polaroid**. Pictures **MUST** be current, Not a Baby photo. Attach 1 photo to each card with staples. Do not use glue or tape. Oversized photos covering information on the card will not be accepted.
- C. **NAME** - Last Name first, First Name second.
- D., E., F. **ADDRESS** - Where player lives, Including house number, street name, apartment number (if applicable), town, and zip code.
- G. **TEAM NAME** - Town and Nickname of team playing for.
- H. **DATE OF BIRTH** - Month (abbreviated spelling, day, year . (e.g. Mar 23, 1989)
- I. **SCHOOL ATTENDING** - Name of school attending (as of September of this playing season).
- J. **SCHOOL DISTRICT NUMBER** - Insert district number of the school attending. **If player is going to a private school, insert the district number of the school where he/she would attend if going to a public school in the area he/she lives.**
- K. **NCYFL OFFICIAL'S SIGNATURE** - Leave Blank for NCYFL Official.

NCYFL OFFICIAL REGISTRATION		DIVISION	A
C		B	
Name			
D			
Street Address			
E	F		
Town		Zip	
G		H	
Team Name		Date of Birth	
I		J	
School Attending		School District Number	
K			
NCYFL Official's Signature			

NCYFL OFFICIAL REGISTRATION		DIVISION	49-01
JOHN Q. PUBLIC			
Name	12345 JEFFERSON DAVIS HIGHWAY, APT. 1234		
Street Address			
NEW BRUNSWICK TOWN	11645		
Town	Zip		
NEW BRUNSWICK DEVILS	Dec 31, 1950		
Team Name	Date of Birth		
NEW BRUNSWICK PREP SCHOOL		25	
School Attending		School District Number	
NCYFL Official's Signature			

PLEASE BEAR IN MIND THAT THIS IS ONLY A SAMPLE CARD TO DEPICT WHERE THE VARIOUS INFORMATION GOES ON THE CARD.

AREAS TO TYPE IN ARE IN THE FORM OF CELLS OF A TABLE WHICH ALLOWS FOR CONVENIENT ALIGNMENT AND SETTING OF TEXT.

WHEN YOU INSERT A PICTURE, YOU MAY HAVE TO ENLARGE IT TO FIT THE SQUARE PROVIDED.

IN ANY CASE, DO NOT EXCEED THE SIZE OF ANY CELL AS IT MAY CAUSE UNEXPECTED RESULTS.

INSTRUCTIONS FOR COMPLETING ROSTER FORM
(DOWNLOAD FORM FROM NCYFL SITE)

Two (2) copies of the Roster Form shall be completed per the following instructions and be presented at the scheduled weigh-in **ALL INFORMATION TO BE TYPED (EXCEPT SIGNATURE)**.

- A. **ORGANIZATION NAME** - Name of Member town and Nickname.
- B. C. **JERSEY COLOR** - Home Color (Dark Color); Away Color (Light Color, in most cases white).
- D. **AGE** - The Division Age shall typed in a bold font in the largest possible size to fit the block. (DO NOT USE PEEWEE, PEANUTS, JV, etc. - USE 6, 8, 9, 10, 11, 12.) (Bold handwritten age is acceptable.)
- E. **JERSEY NUMBER** - Game number. Put applicable jersey numbers under each of the "H" and "A" columns. (NOTE: Two (2) spare Jersey numbers for each of Home and Away must be identified following the last player listed on the roster. In the Name column, indicate "SPARE". If there is no room following the last player, list the numbers at the bottom of the roster under the "Coaches" section.)
- F. **PLAYER'S NAME** - Last Name First, First Name Second.
- G. **WEIGHT** - LEAVE BLANK. This will be filled in by the NCYFL Official conducting your weigh-in. Any player within 5 pounds of the division weight or over the division weight will have his/her weight circled by the NCYFL Official.
- H. **DOB** - If player date of birth is inserted prior to weigh-in, it will be VERIFIED by the NCYFL Official at your scheduled weigh-in based on the submitted proof of birth. If it is not inserted, it will be inserted by the NCYFL Official at your scheduled weigh-in based on submitted proof of birth.
- I. **I.D.** - LEAVE BLANK. This will be filled in by the NCYFL Official conducting your weigh-in. This will be filled in only after the Official has verified the correct date of birth and permission to play has been completed properly.
- J. **PRD** - LEAVE BLANK. This will be filled in by the NCYFL Official conducting your weigh-in. This will be filled in only after the Official has verified that the PRD complete and acceptable including required medical documentation.
- K. **HEAD COACH/ASSISTANT** - First Name First; Last Name Second of the head and assistant coaches.
- L. **ADDRESS** - Mailing address of each coach listed on the form.
- M. **PHONE** - Home number of each coach, including area code. **(NOTE: IF IT IS DETERMINED THAT THE NUMBERS PROVIDED ARE NOT VALID, THERE WILL BE LEAGUE IMPOSED SANCTIONS.)**
- N. **DIVISION WEIGHT** -The Weight for the division shall be typed in a bold black font in the largest possible size to fit the block. This is to be the weight listed in the playing rules for the division without any scale, equipment or growth allowances. (6 - 65, 8 - 85, 9 - 95, 10 - 105, 11 - 115, 12 - 130) (Bold handwritten weight is acceptable.)

ANY LINES NOT USED ARE TO BE LEFT BLANK. THEY WILL BE SUITABLY CROSSED OUT BY THE NCYFL OFFICIAL CONDUCTING YOUR WEIGH-IN. THE OFFICIAL NCYFL STAMP ALONG WITH THE SIGNATURE OF THE NCYFL OFFICIAL WILL BE PLACED ON THE ROSTER FORM AT THE COMPLETION OF WEIGH-INS.