



City of Iona

Flag Football League

Thank you so much for coaching!!! We are excited for this fall youth flag football in Iona. We look forward to helping you and your players have a fun learning opportunity in a great environment. This league is a six (6) game season beginning **August 28th and going through October 1st**. Games will be played on Monday and Tuesday evening with Wednesday and Thursday being optional if necessary due to team volume and inclement weather.

Please turn in your packet complete with the following:

- Roster by division
 - Kindergarten (8 player minimum)
 - 1st/2nd grade (8 player minimum)
 - 3rd/4th grade (8 player minimum)
 - 5th/6th grade (8 player minimum)
- All player fees
 - Fee: \$50 per player. Includes jersey. You must wear the jersey provided to you. Coaches may purchase a team shirt for \$10 paid at registration.
 - \$25 fee for the one (1) child of the Head Coach. Thank you so much for coaching!!!
- Signed waivers from each player's parent
- Background check form
- Signed Code of Conduct and Facilities Agreement at registration.

Drop-off Registration: Registration is open Aug 1st - Aug 3rd. Please contact me. Please drop off your completed packet at the Iona City Building. 3548 N. Main St., Iona, ID 83427 from 9:00 am to 5:00 pm.

Pickup player list: If you are not able to fill your roster, please check our City of Iona Sports Facebook page for players still looking for a team. Players must play at grade level or play up, but will not be permitted to play down a level. Practices are held at each coach's discretion. Game schedules will be available online and emailed to you when completed.

Disclaimer: If the season is canceled prior to start date a refund will be issued minus a \$5 administration fee and \$10.00 jersey per player.

Registration guidelines:

- Space is limited so please register early. Preference will be given to Iona teams.
- DO NOT use staples on your packet together. Please use paper clips or a manila envelope to secure your paperwork.
- Please provide only 1 check per team. Team members should pay the coach and the coach can write a check for the entire team to the City of Iona.
- Background checks are required for head coaches unless you completed one for the 2022 season.
- If you are coaching 2 teams, be sure to fill in the required information on the Team Roster. We will accommodate schedule conflicts for coaches with no more than two teams. We WILL NOT accommodate other special scheduling requests (personal activities, sports tournaments, etc...)
- Please let the league director know if your team is unable to attend a game so we can make arrangements for another team to play in your time slot. Missed games will not be made up and considered a forfeit.
- Make a copy of your roster to keep for yourself, as well as a copy of the rules. Rules are found on the City of Iona website. Please turn in your team registration packet, complete with team roster, one check, signed waivers, background checks (required for head coaches unless you completed one for the 2022 City of Iona softball/baseball season and signed code of conduct to the city office building before the closing date. We are not accepting individual registrations. No early, late or incomplete packets will be accepted. Please don't tell your team members to come sign up individually.

For additional questions please contact Randy @ 208-716-8907 or sports@cityofiona.org

City of Iona

Flag Football League Rules and Regulations

With this league being in its infancy this page will be updated with modifications to the rules with what's best for the players in mind. You can expect the following:

League rules will be based on the [NFL Flag Rules](#) with modifications.

Each division will play 5v5. (Kindergarten division will play with the coach as quarterback)

Laterals and Pitches are allowed

Stiff arming is allowed but must be done above the waist/flag area and cannot be to the face. Any stiff arming down in the flag area/face will be called a flag guarding and the ball will be down at the spot of the foul.

No Blocking. Blocking is defined as any interference with the defense.

Rules may change at Director's discretion. Please be compliant.

Flag Football Team Roster

Team Name: _____

Coach: _____

Address: _____

Cell Phone# _____ Email: _____

Coaching another team? Please include name/age group: _____

Team Skill Level- K 1st/2nd 3rd/4th 5th/6th

(Please CIRCLE the level your team would like to play in. Players must play at grade level or up.)

Player Name	Grade	Shirt Size – Circle one (youth s,m,l or adult sizes)
1		YS YM YL AXS AS AM AL AXL
2		YS YM YL AXS AS AM AL AXL
3		YS YM YL AXS AS AM AL AXL
4		YS YM YL AXS AS AM AL AXL
5		YS YM YL AXS AS AM AL AXL
6		YS YM YL AXS AS AM AL AXL
7		YS YM YL AXS AS AM AL AXL
8		YS YM YL AXS AS AM AL AXL
9		YS YM YL AXS AS AM AL AXL
10		YS YM YL AXS AS AM AL AXL
11		YS YM YL AXS AS AM AL AXL
12		YS YM YL AXS AS AM AL AXL

13		YS	YM	YL	
		AXS	AS	AM	AL AXL
TOTAL (Coach, please write total for each size):		YS	YM	YL	
		AXS	AS	AM	AL AXL

Release of liability: I am the parent or legal guardian of the participant _____, a minor child. I understand that participation in youth athletics programs inherently involves risk of bodily harm and that injuries may occur despite the best efforts of the sponsors. I represent that participants physically fit and has no physical condition that would materially limit his or her involvement in the program or create an unusual risk of bodily harm through participation in the program. In consideration for the City's agreement to allow participant's involvement in the program, I release and forever discharge the City of Iona and District 93, along with their representatives from all actions, causes of action and claims for damages, injury or loss to person or property, including attorney's fees and costs, that may be sustained during or as a result of participants' participation or involvement in the program. I further consent to and agree to allow participant to receive emergency first aid treatment for injuries suffered during program activities and I agree to hold the City and its officers, agents, and employees harmless from any and all claims arising out of the delivery of such emergency first aid treatment. This release is signed in behalf of my spouse and in behalf of such minor participant. **Rules, Policies, and Regulations:** I acknowledge and represent that I have read and understand the City's rules, policies and regulations concerning the program and that on behalf of myself and participant. I understand that the goals and objectives of the City of Iona's Sports Program are based on fun, fair-play, skill development and team work. The use of obscenities, abusive language or improper conduct can result in being asked to leave the premises. I agree to abide by such rules. I also understand that participant's right to participate in the program may be withdrawn in the event of any material violation thereof.

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CRIMINAL BACKGROUND CHECK WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that by agreeing to allow the City of Iona to investigate your criminal background, you will be waiving and releasing all claims for damages you might sustain out of the criminal background check and review.

I understand that a successful criminal background check is a condition of my employment/volunteerism with the City of Iona. Furthermore, I understand that providing false information will result in a negative background check and you will not be allowed to be an employee or volunteer for the City of Iona.

I agree to waive and relinquish all claims I may have against the City of Iona and their officers, agents, servants and employees, as a result of participating in the criminal background check.

I do hereby fully release and discharge the City of Iona, their respective officers, agents, servants and employees from any and all claims from damages which I may have or may occur to me on account of the results of any aspect of the criminal background check.

I understand I will not be able to work or volunteer in any manner until this background check is complete and approval is confirmed through the Iona Police Department.

I understand background checks for employment/volunteerism with the Iona Sports Program will be valid for the current calendar year, the positive check was completed, and the following calendar year.

I have read and fully understand this Waiver and Release of All Claims.

Please read carefully and print clearly.

First Name:_____ Middle Name:_____ LastName:_____

Date of Birth

(00/00/0000) Sex (M or F) Social Security Number

Current Email address:_____

Address City Zip code

Signature: _____ Date: _____

City of Iona

Participant/Coach/Spectator Code of Conduct

Participants (Coaches, Parents, Spectators and Players) WILL:

Be respectful to teammates, coaches, opposing coaches, members of the other team, officials, fans, spectators and City of Iona/District 93 property.

Never place the value of winning above the value of instilling the highest ideals of character.

Respect the decisions of the referee's/umpires, even when their calls do not go in your favor.

Remember that this is a recreational league to teach skills and enjoyment of the game, and to have fun.

Help ensure that the game environment, including City of Iona and District 93 property, is free of illegal drugs, tobacco and alcohol.

Participants (Coaches, Parents, Spectators and Players) WILL NOT:

Exhibit unsportsmanlike conduct toward players, referees/umpires, spectators and opposing team members.

Use abusive, obscene, profane or damaging language.

Begin or engage in verbal or physical threats or abuse aimed at any coach parent, player, participant, referee/umpire, City of Iona staff or any other attendee.

Cheer or chant against the opposing team.

Rights of the City of Iona

The City of Iona reserves the right to eject any offender from the game premises, or to suspend the offender from future City of Iona/District 93 games, who violates any standard of the City of Iona Code of Conduct. This is solely to the discretion of the City of Iona staff. The City of Iona reserves the right to conduct a background check on any coaches as the City of Iona sees necessary.

Acknowledgement

By submitting my team's registration for the City of Iona/District 93 Flag Football league, I agree:

My team (parents included) and I have read and will abide by the City of Iona Code of Conduct.

My team (parents included) and I will report unaddressed violations of the City of Iona Code of Conduct to City of Iona staff.

Signature: _____ Date: _____