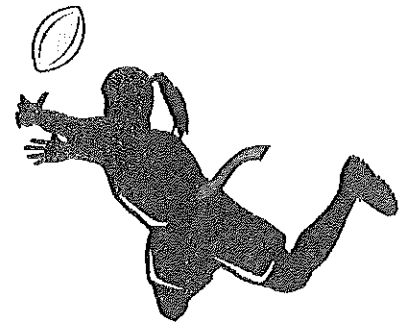


Recreation

Flag Football

**Sponsored by the Lakehurst Police Association and the
Lakehurst Youth and Recreation**



For grades 5th thru 8th. Held at the Lakehurst Baseball Field on Chestnut and Myrtle every Monday and Thursday starting October 24, 2022 thru November 2022 at 4:00 p.m.

All participants must register by filling out and turning in the registration form. Registration forms can be picked up at the Lakehurst Police Department Monday thru Thursday from 9 a.m. to 4 p.m. or at our website. This form must be brought on the first day of attendance.

(www.lakehurstpolice.org/community-affairs-events/)

For any further questions contact Lt. Iain James at (732) 657-7812 ext. 202 or at ijames@lakehurstpolice.org

FLAG FOOTBALL

START OF THE GAME

- Teams will be picked prior to the start of the game.
- Each game will start with a coin toss between the teams and the winner will have choice to whether they will play offense (receive) or defense.

GAME TIME

- There will be 4 quarters of 10 minutes each, with an intermission of 5 minutes between halves and 2 minutes between quarters.

PASSING

- All players are eligible to receive a pass.

FUMBLES

- All fumbled balls touching the ground are dead immediately at the spot the ball is and put into play at that spot.
- Any player catching a passed or fumbled ball that does not touch the ground can advance that ball.
- The offensive team may not fumble a ball forward in mid-air to advance the ball.

FLAG BELTS AND LEGAL "TACKLES"

- Each player must wear a flag belt and each team will have a different color. Every player must have their shirt tucked in their pants.
- If a player loses his/her flag belt and has possession of the ball, the defense must touch them with one hand between the shoulder and knees to make the legal "tackle".
- A legal "tackle" is made when a defensive player detaches the flag belt from the ball carrier.
- A shielding infraction will be called if a ball carrier uses his/her hands, arms, the ball or clothing to hide or prevent an opponent from pulling the flag belt.
- Any ball carrier caught wearing the belt illegally will result in penalty.
- The ball is dead if either knee of the ball carrier touches the ground at any time.

EQUIPMENT

- Only sneakers allowed (no cleats)
- No jewelry is to be worn when playing.

NUMBER OF PLAYER

- There is a minimum of 6-man teams and a maximum of 8-man teams

PUNTING/KICKING

- The referee will ask the offensive team on all fourth downs if they intend to punt or "go for it". There are no fakes allowed.
- All players must remain at the line of scrimmage until the ball is kicked. Defensive players may attempt to block the punt as long as they do not cross the line of scrimmage.
- On a bad snap, the ball is dead where it first touches the ground.
- The kicking/punting team can never gain possession on a kick/punt. If this happens the ball will be declared dead at that spot.
- If a kickoff goes out of bounds, the receiving team has the choice of a 5-yard penalty and re-kick or it may take possession of the ball at the spot where the kickoff went out of bounds.

BLOCKING

- All blocking must be made with the blocker in an upright position with both hands clasped in front of or behind their backs or directly at their sides.
- No players may use his/her hands to go through, over, or around an opponent.
- No body blocks, roll blocks, or shoulder blocks allowed at any time.
- Offensive players may not keep their elbows out when blocking, they must be against the body.

TOUCHBACKS

- If a team intercepts a pass in the end zone and does not advance the ball out of the end zone it is a touchback. The ball is put in play on the 10 yard line.
- If a team receives a punt in the end zone and does not advance the ball out of the end zone it is a touchback. The ball is put in play on the 10 yard line.

OFFENSE

- Downs: If the offense fails to advance the ball to the next zone in 4 downs, it shall lose possession of the ball at the spot where the line of scrimmage was after the fourth down.
- To start any offensive play, including punts, the ball must be passed between the legs of the center to a teammate.
- The ball carrier may not run into a defender in an effort to prevent his flag from being removed.
- The ball carrier may not hurdle or dive in order to advance the ball. If he does the ball will be declared dead at that spot.

DEFENSE

- Defenders shall not impede the progress of the ball carrier in an attempt to remove the flag.
- It shall be illegal to dive at the ball carrier from the front. Diving from the sides and behind is legal.
- Defensive players may not contact an offensive player with extended arms.

Lakehurst Police Association & Lakehurst Youth and Recreation Youth Recreation Registration Forms

All lines must be filled in completely

Child's Name: Last			First	Middle	Birth Date
Street Address		City		Zip Code	
1. Child's Parent/Guardian Name		Home Phone Number		Work Phone Number	
Home Street Address <i>(leave blank if same as above)</i>		City		Zip Code	
Work Address		City		Zip Code	
1. Child's Parent/Guardian Name		Home Phone Number		Work Phone Number	
Home Street Address <i>(leave blank if same as above)</i>		City		Zip Code	
Work Address		City		Zip Code	
<u>Please List Other People to Notify In Case of Emergency</u>					
<i>Name</i>		<i>Address</i>		<i>Phone Number</i>	
Relationship:				Work: Home:	
Relationship:				Work: Home:	

(Office Use Only)

Program Name:		T-Shirt Size:		Fee:	
Received by:	Date:	Amount Paid:			
		Cash:		Check #:	

Child's Health History

Date of last physical examination:	Child's Doctor:	Phone Number:
Street Address:	City:	Zip Code:

Does your child have any allergies including drug reactions? If so what?

Does your child have any special health or developmental problems and/or other pertinent health? We should know?

Any other issues or concerns about your child's health you would like to share?

Child's Medical Insurance Coverage

1. Insurance Company's Name	Member/Policy Number
Policy Holder's Name	Employer' Name
2. Insurance Company's Name	Member/Policy Number
Policy Holder's Name	Employer' Name

Parental/Guardian Assumption of Risk, Waiver and Release

(I/we am/are the parent(s) or legal guardian of _____
Participant's Name

who desires to be a participant in any Lakehurst Police Association/Lakehurst Youth and Recreation sponsored recreational activity.

I/we understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences, which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the Lakehurst Police Association/Lakehurst Youth and Recreation allowing my child to participate in this sponsored activity and/or use of the Lakehurst Borough facilities I/we, on behalf of my/ourselves and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of the Lakehurst Borough facilities. I/we further agree, individually and on behalf of the above-named child, to release and hold harmless the Lakehurst Borough, its officials, employees and agents and agree to waive any rights of recovery that I/we may have to bring claim to lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the child's voluntary participation in this activity. I/we grant my/our full and voluntary consent for the above-named child to participate in the activity described above.

Print Parent/Guardian Name: _____

Signature Parent/Guardian Name: _____ Date: _____

Print Parent/Guardian Name: _____

Signature Parent/Guardian Name: _____ Date: _____

Consent to Medical Care and Treatment

I hereby give permission that my child, _____, may be given
Emergency treatment by a qualified provider at, _____
(Name of facility)

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be preformed for my child by a licensed physician, health care provider, hospital when deemed necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance to an emergency center for treatment.

I certify (or declare) under penalty of perjury under the laws of the State of New Jersey that the forgoing is true and correct.

Print Parent/Guardian Name: _____

Signature Parent/Guardian Name: _____ Date: _____

Authorized pick up or release

A. Parents/Guardians/Custodians with whom the child resides:

1. Name	Relationship to child
Address	Employer
Home Phone	Work Phone
2. Name	Relationship to child
Address	Employer
Home Phone	Work Phone

B. Persons who are authorized to pick up child if parents are unavailable:

1. Name	Relationship to child
Address	Employer
Home Phone	Work Phone
2. Name	Relationship to child
Address	Employer
Home Phone	Work Phone
3. Name	Relationship to child
Address	Employer
Home Phone	Work Phone

C. Custody restrains/person(s) who MAY NOT pick up your child:

1. Name	Relationship to child
2. Name	Relationship to child

D. Authorization to release child to walk home after program:

Name	Relationship to child	Signature	Date
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