

ALL COUNTY CONFERENCE FOOTBALL LEAGUE APPLICATION

THIS AREA FOR OFFICIAL LEAGUE USE ONLY						
OFFICIAL LEAGUE WEIGHT		GAME JERSEY NUMBER				
INITIALS OF REP TEA	M		DATE			
OLDER/LIGHTER	YES (CIR	CLE ONLY IF 1	4 BEFORE MAY 1)			
Child's Name			Date of Birth			
Address		City	ZIP			
Ph#	Text?	Alternate Ph# _				
Email Address						
On May 1 of the current year, my child was/will be years of age.						
My child currently resides in the			School District.			
Has your child ever participated in an ACCJFL Organization other than the one you are						
registering for? YES NO If YE	S , where?					

Having been informed of the intent of the ALL COUNTY CONFERENCE JUNIOR FOOTBALL LEAGUE (ACCJFL) to provide supervised football games for youths, I/we, the parents/guardian of the above, do hereby give my/our approval to his/her participation in any or all activities during the current season. I/we do assume all risks and hazards incidental to the conduct of the activity, the transportation to and from the activity, and I/we further release, absolve, indemnify, and hold harmless the ACCJFL, the organizers, sponsors and supervisors appointed by them. I/we hereby waive all claims against the organizers, sponsors, and any supervisors appointed by them. I/we release from responsibility any person transporting my/our child to and from the activity.

I/We will return all equipment and uniforms used by my/our child by a specific date set by team officials or pay for the replacement of the same.

I/We are in a position to furnish, upon request of conference officials, an original copy of the child's birth certificate.

By signing below, I certify all information is true and correct to the best of my knowledge. I certify that I have read the above information. Any questions concerning this form have been discussed. My signature also certifies my understanding of, and agreement, with the above policies.

Parent/Guardian Signature		Date	
	(must be signed and dated after printing)	_	