



## REGISTRATION CHECKLIST

**PARTICIPANT NAME:** \_\_\_\_\_

### **REQUIRED ITEMS TO BE COMPLETED:**

**( ) Completed Registration Form**

- Including Participant & Parent/Guardian Signature
- Including valid and legible contact information

**( ) Signed Inherent Risk Form**

**( ) Completed & Signed Consent for Emergency Treatment Form**

**( ) Signed Zero Tolerance Policy**

**( ) Valid Proof of Participant Name & Age**

- Birth Certificate
- Passport
- Government Issued ID
- Medical Card (with name and birth date)
- School Profile (with name and birth date)
- Other: \_\_\_\_\_

**( ) Registration Weight: \_\_\_\_\_ lbs.**

**( ) Payment Received: Amount \$ \_\_\_\_\_**

- Payment Method: CASH **\_\_\_\_\_ CARD OTHER**

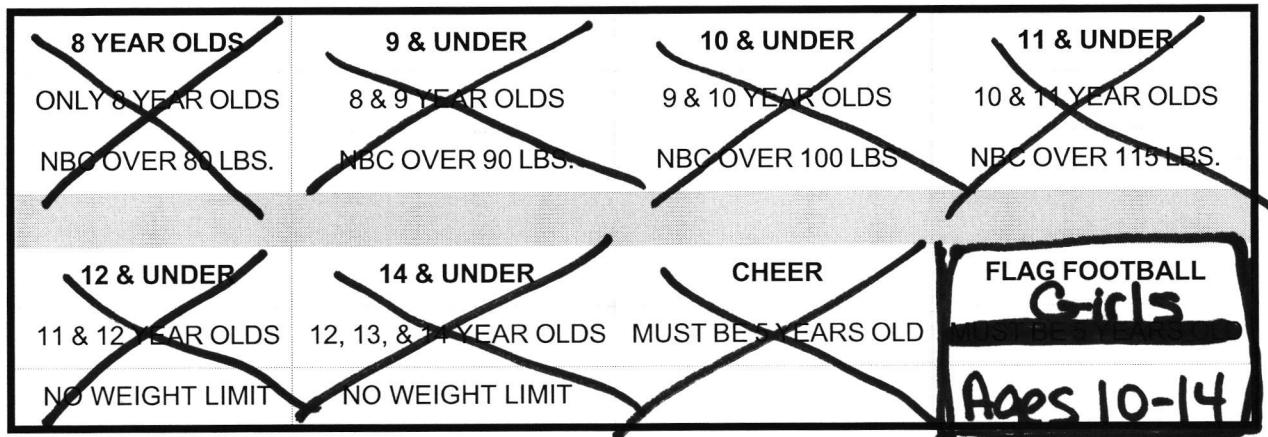
*\*This checklist must be completed before participation will be allowed\**



## REGISTRATION FORM

TACKLE FOOTBALL - FLAG FOOTBALL - CHEERLEADING

PARTICIPANT NAME	AGE AS OF SEPT 1	
DOB		
ADDRESS		
CITY	STATE	ZIP
PHONE	EMAIL	



I hereby give my permission for the above-named student to participate in a JFLOCI program and to accompany JFLOCI coaches and representatives to and from all JFLOCI sanctioned activities. I am aware that with the participation in the programs comes the risk of injury to the above-named participant. I understand that the participant/family must have medical insurance and that the JFLOCI is not responsible for submitting insurance claims. I agree to be responsible for the safe return of all athletic equipment issued to the above-named participant or reimburse JFLOCI for any damage or loss caused by misuse of the equipment. Only Certified Coaches will be provided by the JFLOCI. NOCSAE approved playing equipment, strict adherence to the rules of the game, and proper physical conditioning will be used at all times. However, severe injury may occur accidentally as a result of participation in any of the JFLOCI programs, football, flag football, or cheerleading. I give permission and authorization to JFLOCI and its member areas to use photographs or other likeness of the above-named participant for publicity, marketing, and promotion of the JFLOCI and its member areas.

Parents shall inform the Area Director of any preexisting medical condition or injury occurring outside of JFLOCI activities. The Area Director may require written medical clearance from the participant's physician before being allowed to participate, compete, or practice. I have read and understand the information contained above and certify that all information provided about the above-named participant is true and correct to the best of my knowledge. I have read, signed, and understand the ZERO TOLERANCE POLICY, INHERENT RISK FORM, & PARENT CONSENT FOR EMERGENCY TREATMENT FORM.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

TACKLE FOOTBALL

FLAG FOOTBALL

CHEERLEADING



## Parent Consent for Emergency Treatment

In the event I/we, (Parent's Name), cannot be reached in an emergency, I/we give permission by written consent to have my/our child, (Player's Name) treated by ambulance and/or emergency medical services personnel in the event he/she requires prompt emergency medical treatment during a JFLOCI sanctioned activity. I/we hereby give permission to physicians selected by the JFLOCI to hospitalize, treat, administer injections and/or anesthesia and/or surgery for the child.

SIGNATURE OF MOTHER (Legal Guardian) \_\_\_\_\_

SIGNATURE OF FATHER (Legal Guardian) \_\_\_\_\_

### IMPORTANT INFORMATION:

Please list any health conditions/problems that might be significant to a physician evaluating your child in case of an emergency:

---

---

---

Has the child been prescribed an inhaler or EpiPen? \_\_\_\_\_

Is the student taking any medication? \_\_\_\_\_ If so, what type? \_\_\_\_\_

Does the student wear contact lenses? \_\_\_\_\_ REDACTED \_\_\_\_\_

List any allergies (including medications): \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Hospital \_\_\_\_\_ Name: \_\_\_\_\_ City: \_\_\_\_\_

Present Insurance Carrier: \_\_\_\_\_

Emergency: Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Contact \_\_\_\_\_ Relationship: \_\_\_\_\_



## REGISTRATION FORM

### TACKLE FOOTBALL - FLAG FOOTBALL - CHEERLEADING

<b>PARTICIPANT NAME</b>		<b>AGE AS OF SEPT 1</b>	
DOB			
<b>ADDRESS</b>			
<b>CITY</b>		<b>STATE</b>	<b>ZIP</b>
<b>PHONE</b>		<b>EMAIL</b>	

<b>8 YEAR OLDS</b>	<b>9 &amp; UNDER</b>	<b>10 &amp; UNDER</b>	<b>11 &amp; UNDER</b>
ONLY 8 YEAR OLDS	8 & 9 YEAR OLDS	9 & 10 YEAR OLDS	10 & 11 YEAR OLDS
NBC OVER 80 LBS.	NBC OVER 90 LBS.	NBC OVER 100 LBS	NBC OVER 115 LBS.
<b>12 &amp; UNDER</b>	<b>14 &amp; UNDER</b>	<b>CHEER</b>	<b>FLAG FOOTBALL</b>
11 & 12 YEAR OLDS	12, 13, & 14 YEAR OLDS	<del>12-14 YEARS OLD</del>	<del>12-14 YEARS OLD</del>
NO WEIGHT LIMIT	NO WEIGHT LIMIT		

I hereby give my permission for the above-named student to participate in a JFLOCI program and to accompany JFLOCI coaches and representatives to and from all JFLOCI sanctioned activities. I am aware that with the participation in the programs comes the risk of injury to the above-named participant. I understand that the participant/family must have medical insurance and that the JFLOCI is not responsible for submitting insurance claims. I agree to be responsible for the safe return of all athletic equipment issued to the above-named participant or reimburse JFLOCI for any damage or loss caused by misuse of the equipment. Only Certified Coaches will be provided by the JFLOCI. NOCSAE approved playing equipment, strict adherence to the rules of the game, and proper physical conditioning will be used at all times. However, severe injury may occur accidentally as a result of participation in any of the JFLOCI programs, football, flag football, or cheerleading. I give permission and authorization to JFLOCI and its member areas to use photographs or other likeness of the above-named participant for publicity, marketing, and promotion of the JFLOCI and its member areas.

Parents shall inform the Area Director of any preexisting medical condition or injury occurring outside of JFLOCI activities. The Area Director may require written medical clearance from the participant's physician before being allowed to participate, compete, or practice. I have read and understand the information contained above and certify that all information provided about the above-named participant is true and correct to the best of my knowledge. I have read, signed, and understand the ZERO TOLERANCE POLICY, INHERENT RISK FORM, & PARENT CONSENT FOR EMERGENCY TREATMENT FORM.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

**TACKLE FOOTBALL**

**FLAG FOOTBALL**

**CHEERLEADING**



## **WARNING OF INHERENT RISKS AND PARTICIPATION AGREEMENT**

The JFLOCI offers tackle football, flag football, and cheerleading. These sports often involve forceful contact with the ground or another athlete. These sports are also frequently played during hot, humid weather conditions. Because of these conditions inherent to the sports, participation exposes the athlete to many risks of injury. Those include, but are not limited to, death; paralysis due to serious neck and back injuries; brain damage; damage to internal organs; serious injuries to the bones, ligaments, joints, and tendons; and general deterioration of health. Such injuries can result not only in temporary loss of function, but also in serious impairment of future physical, psychological, and social abilities, including the ability to earn a living.

In an effort to make our sports as safe as they can be, each Area's coaching staff has been certified and approved by the Junior Football League of Central Illinois. They will be instructing your child concerning the rules and correct mechanics of all fundamental skills required to participate in the sport. It is vital that athletes follow coach instruction, training rules, and team policies to decrease the possibility of serious injury.

We also understand that there is a possibility of coming in contact with an illness such as COVID-19 at one of our events and certify that we will follow all governmental guidelines with regard to such.

We have read the information above concerning the risks of participating in a JFLOCI sport. We understand and assume all risks associated with trying out, practicing, or playing. We further agree to hold the Junior Football League of Central Illinois and its representatives, coaches, volunteers, and general agents harmless in any and all liability actions, claims, or legal actions in connection with participation in any activities related to JFLOCI sports.

In signing this form, we assume the inherent risks of JFLOCI sports and waive future legal action by our heirs, estate, executor, assignees, administrator, family members, and ourselves.

---

**Athlete Name**

---

**Signature of Mother (or legal guardian)**

---

**Signature of Father (or legal guardian)**

---

**Date**



## **ZERO TOLERANCE POLICY**

The purpose of the Junior Football League of Central Illinois (JFLOCI) is to provide an environment that teaches sportsmanship in youth sports. Sportsmanship is essential in all of our Area programs and includes positive behavior and attitude from players, coaches, officials, parents, cheerleaders, and fans.

In an effort to encourage sportsmanship in our local communities, the JFLOCI has adopted a Zero Tolerance Policy. The goal of this policy is not only to promote sportsmanship, but also to encourage positive, effective communication between Area Boards, coaches, players, officials, and parents.

**Coaches, Directors, Family Members, and Spectators that demonstrate behavior detrimental to any Area program may be removed from that respective program. Detrimental behavior is defined as physical and/or verbal abuse toward anyone in attendance at any time.**

### **Vulgar Language, Physical Abuse, or Gestures WILL NOT BE TOLERATED.**

Everyone is expected **and required** to conduct themselves in a manner consistent with good sportsmanship. Violators during JFLOCI functions will be ejected. If it is a Coach or Director, the responsible parties will be brought before the Infractions Committee for action up to expulsion. Areas will receive League fines for spectator ejections and may require payment to be made by the ejected person, with failure to comply potentially resulting in banishment from all JFLOCI and/or Area events indefinitely. The JFLOCI reserves the right to remove any person at any time deemed necessary and will solicit local law enforcement if needed.

I hereby pledge to provide positive support, care, encouragement, and sportsmanship for all players, coaches, Area Directors, officials, and fans at every game, practice, or other JFLOCI or Area event. I will always remember that the game is for children; NOT the adults.

**I have read the JFLOCI Zero Tolerance Policy and will implement and abide by these rules at all times.**

**Player Name:** \_\_\_\_\_

**Mother's Signature (or Legal Guardian):** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Father's Signature (or Legal Guardian):** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_