

Team: Berwick

Jersey Number: _____

WVJFC USE ONLY: FORM COMPLETE | BIRTH CERTIFICATE | PHYSICAL

7U-Team 5, 6 & 7 yr old 9U-Team 7, 8 & 9 yr old 11U-Team 9, 10 & 11 yr old 13U-Team 11, 12, & 13 yr old

2018 WYOMING VALLEY JR. FOOTBALL CONFERENCE INC. OFFICIAL REGISTRATION FORM

Participant Information:

COPIES OF THE PARTICIPANT'S BIRTH CERTIFICATE AND MEDICAL CLEARANCE ARE REQUIRED PRIOR TO ANY ACTIVITY.

First Name: _____ Middle Initial: _____ Last Name: _____ Suffix: _____

Date of Birth: Age on August 1, 2018:

Football Cheerleading

Street Address: _____ City, State and Zip Code: _____

Guardian Information:

Guardian 1 Full Name: _____ Relationship to Participant: _____

Email Address: _____ Cell Phone Number: _____

Guardian 2 Full Name: _____ Relationship to Participant: _____

Email Address: _____ Cell Phone Number: _____

In case of an emergency, the name and number to call is: _____

Please answer the following questions. Within the past year has the participant been treated for any of the following?

	Please check below	If the answer is <input checked="" type="checkbox"/> Yes, then you must give an explanation below.
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Concussion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hernia	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Knee Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Joint Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heat Exhaustion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dizziness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fainting Spells	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shortness of Breath	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Broken Bones	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Neck Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Head Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Epileptic Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heart Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the participant currently take medication(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the participant currently wear eyeglasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the participant currently wear contact lenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Having been informed of the organization, the Wyoming Valley Junior Football Conference Inc., to provide supervised activities during the season, I do assume all the risk and hazards incidental to the conduct of the activity and I do further release, absolve, indemnify, and hold harmless the Wyoming Valley Junior Football Conference Inc., the organizers, sponsors, or any of the supervisors appointed by them. I likewise release responsibility to any person transporting my child to and from an activity. As the guardian, I will furnish, upon request of the conference by-laws, a certified copy of the birth certificate of the above-named candidate and current sports physical. The Insurance that the Wyoming Valley Junior Football Conference Inc., carries is only secondary insurance. Please be advised that your Family Insurance is the Primary Insurance Coverage in case of Injury.

Please select the correct box and confirm with your initials: My Child IS / IS NOT covered by Health Insurance. Initials: _____

Insurance Carrier: _____ Insurance Plan: _____ Insurance Group #: _____

Hospital of choice in non-emergency treatment is: _____ In case of emergency, injured party will be taken to nearest hospital.

I agree to the above and affirm that the above answers are accurate and represent an overall general state of my child's health. In the event of injury to my child, I hereby give the ambulance association, any licensed care provider or facility, permission to treat my child, and to do all and anything that is medically necessary for the treatment of my child including transportation to the nearest hospital for emergency treatment and any and all treatment that is necessary.

Parent/Guardian Signature: _____ Date: _____