



# 2019 Jr. Chiefs Football and Cheerleading Application



Name \_\_\_\_\_ D-B Team: Age (on 8/1/19) \_\_\_\_\_ A Team: Age (on 5/1/19) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Grade in Sept. '19 \_\_\_\_\_ Birth Date: \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Email \_\_\_\_\_ Football: Jersey # choices (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Years already with the Jr Chiefs \_\_\_\_\_

The Lakeland Junior Chiefs organization provides supervised football/cheerleading for boys and girls. I/We, the parents of the above applicant, so hereby give our/my son/daughter approval for his/her participation in any and all of the activities during the current season. I/We do assume all the risks and hazards incidental to the conduct, absolve, indemnify and hold blameless the LAKELAND JUNIOR CHIEFS ASSOCIATION, the organizers, sponsors, or any persons transporting my/our son/daughter to and from the activities. I/We understand that the conference sponsored insurance coverage is only coverage after our own insurance. I/We also agree to hold blameless any property owner on whose property any activities are scheduled.

Some equipment is provided to the girls/boys. The cost for the replacement of this equipment is \$350 to \$500 dollars. If anything should happen to the equipment or it is not returned by date assigned, I/we will be responsible for the cost.

I/We are responsible for purchasing uniforms chosen by the organization. These items may include lollipops, cheerleading sneakers, socks, bow and white body suit.

I/We understand that the cheerleading squads participate in one competition yearly and as a member of the squad, my daughter is expected to participate. **Practices are important and are to be attended even after competition. The season is not over until the last football game is played.**

**A parent/guardian from each registered child is expected to work the concession stand for up to 2 home games during the season. I/We understand if I/we cannot work a game assigned, I/we will find a replacement person to work that game. The concession stand is completely separate from fundraising.**

**I/We understand that I/we must participate in all fund-raisers sponsored by the Lakeland Jr. Chiefs Association.**

**By signing this I/we, as parent(s) agree to abide by the rules of the By-laws of the Lakeland Jr. Chiefs organization.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration fee paid: \$ \_\_\_\_\_ Cash  Check #  Jersey paid for

Football       A-Team     B-Team     C-Team     D-Team

Cheerleading - I/We understand that a parent, guardian, or designated chaperone must stay with D-Team girls at all practices



## MEDICAL AND LIABILITY RELEASE FORM

Participant's Name: \_\_\_\_\_ Participant's Date of Birth: \_\_\_\_\_

I understand that my signature is for both medical and liability release.

In the event of an emergency in which my child is in need of immediate hospitalization, medical attention, or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given to any coach, advisor or other member of this organization"

It is understood that my child will obey all regulations and follow instructions of the leaders.

I understand that this organization's insurance is only secondary insurance, and that if the participant has medical insurance, that carrier will be billed for medical charges in the case of illness or injury while participating in this organization's activities.

By signing this form, I agree to assume and accept all risks and hazards inherent in sports activities including transportation to and from activities. I also agree that I will not hold the All County Conference Junior Football League or its employees or volunteer assistants liable for damages, losses or injuries to the person named on this form.

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Participant's Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Company's Phone Number: \_\_\_\_\_

**In case of emergency, contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Mr./Mrs./Ms. \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Parent/Guardian Signature



# All County Conference Junior Football League HEALTH QUESTIONNAIRE AND AUTHORIZATION FORM



PARTICIPANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

IN CASE OF AN EMERGENCY NAME AND PHONE # TO CALL: \_\_\_\_\_

**WITHIN THE PAST YEAR HAS THE PARTICIPANT BEEN TREATED FOR: PLEASE ANSWER THE FOLLOWING QUESTIONS!**

	PLEASE CHECK BELOW		PLEASE CHECK BELOW
ASTHMA	<input type="checkbox"/> YES <input type="checkbox"/> NO	BROKEN BONES	<input type="checkbox"/> YES <input type="checkbox"/> NO
CONCUSSION	<input type="checkbox"/> YES <input type="checkbox"/> NO	NECK INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
HERNIA	<input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO
KNEE INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO	ALLERGIES	<input type="checkbox"/> YES <input type="checkbox"/> NO
JOINT INJURY	<input type="checkbox"/> YES <input type="checkbox"/> NO	EPILEPTIC SEIZURES	<input type="checkbox"/> YES <input type="checkbox"/> NO
HEAT EXHAUSTION	<input type="checkbox"/> YES <input type="checkbox"/> NO	DIABETES	<input type="checkbox"/> YES <input type="checkbox"/> NO
DIZZINESS	<input type="checkbox"/> YES <input type="checkbox"/> NO	HEART CONDITIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO
FAINTING SPELLS	<input type="checkbox"/> YES <input type="checkbox"/> NO	WEAR EYEGLASSES	<input type="checkbox"/> YES <input type="checkbox"/> NO
SHORTNESS OF BREATH	<input type="checkbox"/> YES <input type="checkbox"/> NO	WEARING CONTACT LENSES	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<b>Medication</b>	<b>Medication Dosage</b>
			<b>Frequency of Dosage</b>
<b>TAKING MEDICATION</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		

I 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, TO TREAT MY CHILD, AND TO DO THAT IS 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 \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_ PLAN \_\_\_\_\_ GROUP # \_\_\_\_\_

HOSPITAL OF CHOICE IF NON EMERGENCY TREATMENT IS NEEDED \_\_\_\_\_

**IN CASE OF EMERGENCY, INJURED PARTY WILL BE TAKEN TO NEAREST HOSPITAL.**





Building Character Through Athletics  
Support ACC JUNIOR FOOTBALL



## ALL COUNTY CONFERENCE CHEERLEADING LEAGUE APPLICATION

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Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_ Text \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ Other Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

On August 1<sup>st</sup> of the current season, my child was/will be \_\_\_\_\_ years of age,  
grade this September \_\_\_\_\_

My child currently resides in the \_\_\_\_\_ School District

Has your child ever participated in another cheerleading organization other than  
the one you are registering for? Check one, Yes\_\_ No\_\_ If yes, Where \_\_\_\_\_

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Having been informed of the intent of the ALL COUNTY CONFERENCE JUNIOR FOOTBALL LEAGUE (ACCJFL) to provide supervised football games for youth's. I/We the parents of the above, do hereby give my/our approval to his/her participation in any and all activities during the current season. I/we do assume the entire 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 persons transporting my/our child to and from the activity.

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

I/We are in a position to furnish, upon request of conference officials, an original copy of the 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 \_\_\_\_\_

Revision E  
Dated: March 2016

**League Use Only**  
Amount Paid \_\_\_\_\_  
Date \_\_\_\_\_  
Check# \_\_\_\_\_