



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 (1st, 2nd, 3rd) _____, _____, _____

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

		Medication	Medication Dosage	Frequency of Dosage
TAKING MEDICATION	<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.



ALL COUNTY CONFERENCE JUNIOR FOOTBALL
MOVING A CHILD TO A or B -TEAM AUTHORIZATION FORM

Child's name_____Date of Birth_____

Address_____Phone#_____

My Child is now_____ Years of age.

My son/daughter _____has my permission to move
up to A or B Team, please check one below.

A-Team. I confirm he/she is willing and able to play up and is turning 12 between
May 1st and September 1st

B-Team. I confirm he/she is willing and able to play up and is turning 10 between
May 1st and September 1st

I understand He/She cannot be moved back down once He/She is moved up,
unless the team folds for any reason.

Parent or Guardian Signature _____

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.

Parent or Guardian Signature _____



Building Character Through Athletics
Support ACC JUNIOR FOOTBALL



ALL COUNTY CONFERENCE FOOTBALL LEAGUE APPLICATION

This area for official league use only		
Official League Weight _____	Game Jersey Number _____	
Initials of Rep _____	Team _____	Date _____
Older/Lighter Y (Circle Yes only if 14 before May 1st)		

Child's Name _____ Date of Birth _____

Address _____ City _____

ZIP _____ Phone Number _____ TEXT

Other Phone Number _____ Email Address _____

On August 1st of the current season, my child was/will be _____ years of age.

My child currently resides in the _____ School District

Has your child ever participated in an ACCJF organization other than the one you are registering for?
If YES, 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 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 _____
(must be signed and dated after printing)

Revision F
Dated: March 2016

League Use Only
Amount Paid _____
Date _____
Check# _____