

**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 _____