



**MODIFIED ACTIVITY REGISTRATION FORM**  
**FOOTBALL & CHEERLEADING**

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

I hereby give my permission for the above-named athlete to participate in the JFLOCI modified activity schedule 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 any equipment issued to the above-named participant or reimburse JFLOCI for any damage or loss caused by misuse of the equipment. Only approved coaches will be provided by JFLOCI Areas. NOCSAE approved playing equipment, strict adherence to IDPH guidelines, and proper physical conditioning will be used at all times. However, severe injury may occur accidentally as a result of participation in the JFLOCI program. 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 pre-existing medical condition or injury occurring outside of JFLOCI activities. The Area Director may require written medical clearance before allowing participation. 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 also certify that I have read, signed, and understand the INHERENT RISK FORM & PARENT CONSENT FOR EMERGENCY TREATMENT FORM.

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

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