



JEFFERSON DISTRICT YOUTH FOOTBALL REGISTRATION

Participant's Legal Name (Print): _____ Participant's Date of Birth: ____/____/____
League Age (as of 4/1): ____ Grade Level as of 4/1: ____ Public High School Participant will attend: _____
Address: _____ City: _____ Zip Code: _____ County: _____
Parent/Legal Guardian #1: _____ Phone: (H) _____
(C) _____ (W) _____ E-mail: _____
Parent/Legal Guardian #2: _____ Phone: (H) _____
(C) _____ (W) _____ E-mail: _____
Emergency Contact: _____ Telephone: _____
Primary Care Physician: _____ Telephone: _____
Known Allergies or Medical Conditions: _____

Regular Season Fees: \$ _____ **Scholarship Athlete:** \$ _____

Amount Paid: \$ _____ () Check* Check # _____ () Cash () Scholarship - Need based

***Returned Check Fee is \$ _____ per occurrence. If your check is returned due to insufficient funds, your player will not be allowed to play until your registration check clears and the Returned Check Fee is paid.**

I, the undersigned parent/guardian of the above child, hereby give my permission for him/her to participate in the Jefferson District Youth Football League. I submit that all information given in this registration form is true and accurate. I understand that if false information is submitted, my child shall not be eligible to participate in the Jefferson District Youth Football League, and the registration fee is forfeited. I realize football is a contact sport where serious injury may occur, and I release, absolve, indemnify, and hold harmless, the JDYFL, its sponsors agents, directors or officers, or anyone else involved with the JDYFL from claims, lawsuits, judgments, etc. Further, I hereby acknowledge that if I fail to return any part of the equipment and uniforms issued to the child named above, or if the equipment or uniform are damaged beyond normal use. I agree to pay the JDYFL any and all costs associated with the collection and/or replacement of the equipment and uniform. I understand all JDYFL games are played at high school stadiums or fields, therefore, no smoking, no alcohol, no cursing and no drugs are allowed on the football practice or game fields. I understand anyone in attendance of JDYFL practice or games violating this policy will be asked to leave and not allowed to attend future JDYFL games and/or events.

INITIALS IN AGREEMENT: _____ DATE: ____/____/____

PRINTED NAME PARENT/GUARDIAN: _____ SIGNATURE: _____