

2023 JCYFL REGISTRATION FORM

PARTICIPANT INFORMATION				
NEW <input type="checkbox"/>	RETURNING <input type="checkbox"/>	PLAYER <input type="checkbox"/>	CHEERLEADER <input type="checkbox"/>	SPRING REGISTRATION
Do you have siblings registering for this season? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CHILD'S FIRST NAME		CHILD'S LAST NAME		NICK NAME
PRIMARY PHONE		SECONDARY PHONE		PARENT/GUARDIAN EMAIL ADDRESS***
IMPORTANT EMAIL ADDRESSES WILL BE USED TO NOTIFY PARENTS OF LEAGUE INFORMATION, PRACTICE SCHEDULES, CANCELLATIONS				
ADDRESS		CITY, STATE, ZIP		
AGE VERIFICATION				
DATE OF BIRTH:		CHILD'S AGE AS OF AUGUST 1 2022:		ALL NEW PARTICIPANTS MUST SHOW BIRTH CERTIFICATE VERIFIED BY:
PICTURE RELEASE				
<p>JCYFL WILL BE TAKING PICTURES OF OUR PLAYERS/CHEERLEADERS DURING LEAGUE EVENTS AND WOULD LIKE TO PROMOTE OUR LEAGUE AND EVENTS ON OUR WEBSITE/NEWSPAPERS/PROMOTIONAL FLYERS/ETC. YOUR PERMISSION TO USE YOUR CHILD'S PICTURES IS REQUESTED. JCYFL AGREES TO USE THESE IMAGES IN A RESPONSIBLE MANNER KEEPING THE SAFETY OF OUR PARTICIPANTS IN THE HIGHEST REGARD. PLEASE INITIAL YOUR RESPONSE.</p> <p>I GIVE MY PERMISSION: _____ I DO NOT GIVE MY PERMISSION: _____</p>				
LEAGUE FUNDRAISER				
<p>IN ORDER TO KEEP OUR REGISTRATION COSTS DOWN WE HEAVILY DEPEND ON LEAGUE FUNDRAISERS AND WANT TO BE SURE THAT EVERY PARENT AND PARTICIPANT ARE AWARE OF THEIR IMPORTANCE. EACH PARTICIPANT IS REQUIRED TO PARTICIPATE IN LEAGUE FUNDRAISERS AND IS RESPONSIBLE FOR SELLING THE MINIMUM REQUIRED QUANTITY/AMOUNT. BE ADVISED THAT INDIVIDUAL TEAM FUNDRAISERS MAY ALSO RUN IN CONJUNCTION WITH LEAGUE FUNDRAISERS.</p>				
RETURNED CHECK FEE				
<p>A \$35.00 FEE WILL BE CHARGED FOR EACH RETURNED CHECK. ALL FEES MUST BE PAID IN FULL PRIOR TO THE FIRST DAY OF PRACTICE OR MAY RESULT IN PARTICIPANT NOT BEING ABLE TO PARTICIPATE UNTIL FEES ARE COLLECTED.</p>				
PARENT APPROVAL / MEDICAL RELEASE				
<p>I HEREBY GIVE MY APPROVAL FOR THE CHILD NAMED ABOVE TO PARTICIPATE IN ANY AND ALL ACTIVITIES THIS SEASON. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF ACTIVITIES AS WELL AS TRANSPORTATION TO AND FROM THE EVENTS. I DO HEREBY RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS THE JEFFERSON COUNTY YOUTH FOOTBALL LEAGUE, ITS ORGANIZERS, SPONSORS OR ANY OTHER SUPERVISORS APPOINTED BY THEM. I FURTHER UNDERSTAND THAT JCYFL DOES NOT REQUIRE A PHYSICAL TO PARTICIPATE BUT THAT THE LEAGUE HIGHLY RECOMMENDS THAT ONE BE OBTAINED PRIOR TO STARTING ANY SPORT. WITH THAT SAID IT IS MY OPINION THAT THE CHILD NAMED ABOVE IS PHYSICALLY ABLE TO FULLY PARTICIPATE. I FURTHER UNDERSTAND JCYFL ONLY CARRIES SECONDARY INSURANCE AND IT IS MY RESPONSIBILITY TO PROVIDE MEDICAL COVERAGE IN THE EVENT OF AN INJURY TO MY CHILD. IN THE EVENT JCYFL'S SECONDARY INSURANCE IS NEEDED IT IS MY RESPONSIBILITY TO INSURE ALL FORMS ARE FILLED OUT AND TURNED INTO A JCYFL OFFICIAL WITHIN THE REQUIRED TIME LIMITS. IN THE EVENT OF AN EMERGENCY AND MY FAMILY PHYSICIAN CANNOT BE REACHED I HEREBY AUTHORIZE MY CHILD TO BE TREATED BY THE PHYSICIAN ON DUTY AT THE NEAREST MEDICAL FACILITY.</p>				
PARENT/GUARDIAN SIGNATURE				DATE
PRINT PARENT/GUARDIAN FULL NAME				RELATIONSHIP TO PARTICIPANT