

2021 JCYFL REGISTRATION FORM

PARTICIPANT INFORMATION			Requested Jersey Numbers
NEW <input type="checkbox"/>	RETURNING <input type="checkbox"/>	PLAYER <input type="checkbox"/>	CHEERLEADER <input type="checkbox"/>
Do you have siblings registering for this season? YES <input type="checkbox"/> NO <input type="checkbox"/>			1st Choice
			2nd Choice
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 2021:	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



WWW.JCYFL.NET
JEFFERSON COUNTY
 YOUTH FOOTBALL LEAGUE

MEDICAL/EMERGENCY INFO

It is very important that you provide us with complete details about your child's health and or medical conditions to ensure that coaches are prepared to handle any emergency situation that may arise during practice, scrimmage and or games.

MEDICAL INFORMATION

CHILDS' FULL NAME:

Physician's Name:

Phone #:

List of Allergies:

Please List Medical Conditions:

CHECK IF APPLICABLE: ASTHMA DIABETES SEIZURES FAINTING KNEE/ANKLE INJURY NECK INJURY

OTHER: (PLEASE PROVIDE DETAILED INFORMATION FOR ANY RELATED INJURY/ILLNESS NOT LISTED ABOVE THAT MAY BE USEFUL TO JCYFL)

LIST OF KNOWN ALLERGIES

LIST OF MEDICATION TAKEN ON A DAILY BASIS

EMERGENCY CONTACT INFORMATION: (OTHER THAN PARENT/GUARDIAN ON FIRST PAGE OF THE REGISTRATION FORM)

RELATIONSHIP:

RELATIONSHIP:

NAME:

NAME:

PRIMARY PHONE:

PRIMARY PHONE:

SECONDARY PHONE:

SECONDARY PHONE:

PARENT AUTHORIZATION

Although JCYFL does not require a physical for participant's, it is highly recommended prior to commencement of any sport. In my/our opinion the above named child is physically able to participate in the Jefferson County Youth Football League. In case of an emergency and if my family physician cannot be reached I hereby authorize my child to be treated by the physician on duty at the nearest medical facility. I fully understand that it is my responsibility to report any and all injuries to league and to insure that all the proper forms are filled out in the event the use of the league's insurance is needed. If this is not done I hereby release JCYFL of all liability.

PARENT SIGNATURE

DATE

PRINT NAME

RELATIONSHIP TO CHILD



WWW.JCYFL.NET
JEFFERSON COUNTY
 YOUTH FOOTBALL LEAGUE

ACCOUNTING FORM

PARENT/GUARDIAN FILL THIS SECTION ONLY

CHILD'S FULL NAME	PRIMARY PHONE
PARENT/GUARDIAN FULL NAME	SECONDARY PHONE

RETURNED CHECK FEE STATEMENT

A \$35.00 fee will be charged for all returned checks. All fees must be paid in full prior to beginning of practice or may result in participant not being able to participate.

Initial here _____

LEAGUE FUNDRAISERS

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.

Initial here _____

PARENT/GUARDIAN SIGNATURE	DATE

JCYFL Use Only

Registration Fee:		Price	Extended Amount
\$75.00/child			
Uniform Fee			
Grand Total:			
Amount Paid:			

Paid by: (Check Payment Type) Check - Check No. _____ Cash _____

LEAGUE NOTES/COMMENTS
