

2022 JCYFL REGISTRATION FORM

PARTICIPANT INFORMATION

NEW
 RETURNING
 PLAYER
 CHEERLEADER

Please mark if you are registering for spring, fall or both

Do you have siblings registering for this season? YES NO

SPRING
 FALL
 BOTH

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

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.

I GIVE MY PERMISSION: _____

I DO NOT GIVE MY PERMISSION: _____

LEAGUE FUNDRAISER

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.

RETURNED CHECK FEE

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.

PARENT APPROVAL / MEDICAL RELEASE

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.

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

Participant Name _____

JCYFL Use Only

Registration Fee:		Price	Extended Amount
Fall Tackle Football/Cheer		\$75.00	
Grand Total:			
Amount Paid:			

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

LEAGUE NOTES/COMMENTS

