

## ALL COUNTY CONFERENCE CHEERLEADING LEAGUE APPLICATION

Child's Name	Date of Birth		
Address		_ City	ZIP
Ph#	Text?	_ Alternate Ph# _	
Email Address			
On August 1 of the current year, my child was/will be years of age.			
My child will be in	grade <b>this Sept</b>	ember.	
My child currently resides in the			School District.
Has your child ever participated in an ACCJFL Organization other than the one you are			
registering for? YES NO	If <b>YES</b> , where?		

Having been informed of the intent of the ALL COUNTY CONFERENCE JUNIOR FOOTBALL LEAGUE (ACCJFL) to provide supervised football games for youths, I/we, the parents/guardian of the above, do hereby give my/our approval to his/her participation in any or all activities during the current season. I/we do assume all risks and hazards incidental to the conduct of the activity, the transportation to and from the activity, and I/we further release, absolve, indemnify, and hold harmless the ACCJFL, the organizers, sponsors and supervisors appointed by them. I/we hereby waive all claims against the organizers, sponsors, and any supervisors appointed by them. I/we release from responsibility any person transporting my/our child to and from the activity.

I/We will return all equipment and uniforms used by my/our child by a specific date set by team officials or pay for the replacement of the same.

I/We are in a position to furnish, upon request of conference officials, an original copy of the child's birth certificate.

By signing below, I certify all information is true and correct to the best of my knowledge. I certify that I have read the above information. Any questions concerning this form have been discussed. My signature also certifies my understanding of, and agreement, with the above policies.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_