



RIVERSIDE JUNIOR VIKINGS

Football & Cheer Organization

Cheerleader Registration Packet



Documents Included

Forms to Complete:

(Hand in at Registration)

- ☐ ACC Cheerleading League Application
- ☐ ACCJFL Health Form
- ☐ RJV Contact Form
- ☐ RJV Signature Form
- ☐ RJV Photo & Video Release Form

Additional Required Documents:

Please BRING a **COPY** of the following for each child: *(No copies can be made at registration)*

- ☐ birth certificate
- ☐ health insurance card
- ☐ recent photo *(like a recent school photo)*
- ☐ registration fee *(Cash, Check or Venmo @rjvikings)*



League use only:
Amount Paid _____
Check # _____ Date _____

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 **this September**.

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 **YES**, 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 _____
(must be signed and dated after printing)

ACCJFL HEALTH QUESTIONNAIRE AND MEDICAL LIABILITY RELEASE

PARTICIPANT NAME _____ DATE OF BIRTH _____

GUARDIAN NAME _____ CELL PHONE# _____

ADDRESS _____ CITY _____ ZIP _____

GUARDIAN NAME _____ CELL PHONE# _____

ADDRESS _____ CITY _____ ZIP _____

EMERGENCY CONTACT _____ CELL PHONE# _____

FAMILY PHYSICIAN _____ PHONE # _____

INSURANCE CARRIER _____ PHONE # _____

GROUP # _____ PARTICIPANT ID# _____

NON-EMERGENCY HOSPITAL PREFERENCE _____

IN CASE OF EMERGENCY, INJURED PARTY WILL BE TAKEN TO THE NEAREST HOSPITAL

WITHIN THE PAST YEAR HAS THE PARTICIPANT BEEN TREATED FOR ANY OF THE FOLLOWING?

ALLERGIES	YES	NO	EPILEPTIC SEIZURES	YES	NO	JOINT INJURY	YES	NO
ASTHMA	YES	NO	FAINTING SPELLS	YES	NO	KNEE INJURY	YES	NO
BROKEN BONES	YES	NO	HEAD INJURY	YES	NO	NECK INJURY	YES	NO
CONCUSSION	YES	NO	HEART CONDITION	YES	NO	SHORTNESS OF BREATH	YES	NO
DIABETES	YES	NO	HEAT EXHAUSTION	YES	NO	WEARS CONTACT LENSES	YES	NO
DIZZINESS	YES	NO	HERNIA	YES	NO	WEARS EYEGLASSES	YES	NO

TAKING MEDICATION? ___YES ___NO NAME/DOSAGE _____

- I AFFIRM THAT THE ABOVE ANSWERS ARE ACCURATE AND REPRESENT THE OVERALL GENERAL STATE OF MY CHILD'S HEALTH. IN THE EVENT OF INJURY TO MY CHILD, I HEREBY GIVE THE AMBULANCE ASSOCIATION AND ANY LICENSED CARE PROVIDER OR FACILITY PERMISSION TO TREAT MY CHILD, AND DO ALL AND ANYTHING THAT IS MEDICALLY NECESSARY FOR THE TREATMENT OF MY CHILD, INCLUDING TRANSPORTATION TO THE NEAREST HOSPITAL FOR EMERGENCY TREATMENT.
- I UNDERSTAND THAT MY SIGNATURE IS FOR BOTH MEDICAL AND LIABILITY RELEASE. IN THE EVENT OF AN EMERGENCY IN WHICH MY CHILD IS IN NEED OF IMMEDIATE HOSPITALIZATION, MEDICAL ATTENTION, OR SURGERY, AND AFTER REASONABLE EFFORTS HAVE BEEN MADE TO CONTACT ME OR ANOTHER LEGAL GUARDIAN AND WE CANNOT BE LOCATED FOR THE PURPOSE OF CONSENTING THERETO, CONSENT FOR THE EMERGENCY ATTENTION MAY BE GIVEN TO ANY COACH, ADVISOR, OR OTHER MEMBER OF THIS ORGANIZATION. IT IS UNDERSTOOD THAT MY CHILD WILL OBEY ALL REGULATIONS AND FOLLOW INSTRUCTIONS OF THE LEADERS.
- I UNDERSTAND THAT THIS ORGANIZATION'S INSURANCE IS ONLY SECONDARY INSURANCE, AND THAT IF THE PARTICIPANT HAS MEDICAL INSURANCE THAT CARRIER WILL BE BILLED FOR MEDICAL CHARGES IN THE CASE OF ILLNESS OR INJURY WHILE PARTICIPATING IN THIS ORGANIZATION'S ACTIVITIES. BY SIGNING THIS FORM, I AGREE TO ASSUME AND ACCEPT ALL RISK AND HAZARDS INHERENT IN SPORTS ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES. I ALSO AGREE THAT I WILL NOT HOLD THE ACCJFL OR ITS EMPLOYEES OR VOLUNTEERS LIABLE FOR DAMAGES, LOSSES, OR INJURIES TO THE PARTICIPANT NAMED ON THIS FORM.

PARENT/GUARDIAN SIGNATURE _____ DATE _____



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Contact Form

Child's Name:

_____ D.O.B. ____ / ____ / ____

Address:

Parent(s) Name(s):

Phone: _____ Email: _____

Child's Size:

Shirt: _____

Pants: _____

Shoes: _____

Socks: _____

Does your child have any medical or pre-existing conditions the organization should be aware of? YES ____ NO ____ *If yes, please fill out the Medical Authorization Form.*

To be filled out by Organization Representative:

Football: (Circle) A B C I Age (as of May 1): _____

Cheerleading: (Circle) A B C I Grade (2025-2026): _____

Registration Fee: \$ _____ PAID: Yes / No Payment Method: Cash / Check / Venmo

Board Member Initials: _____ Date: _____



RIVERSIDE JUNIOR VIKINGS

Football & Cheer Organization

Signature Form

Child's Name: _____

Sport: *(Circle One)* Football or Cheerleading

Team/Squad Level: *(Circle One)* A B C I

Parent Name:

Print: _____

Social Media Policy

Signature: _____

Parent / Guardian's Code of Conduct

Signature: _____

Player's Code of Conduct *(Child's Signature if able)*

Signature: _____



RIVERSIDE JUNIOR VIKINGS

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Photo and Video Release Form

I, _____ hereby authorize the Riverside Junior Vikings Football and Cheer Organization to use, reproduce, and/or publish photographs and/or video that may pertain to my child— including image, likeness and/or voice. I understand that this material may be used in local newspapers, on the Riverside Junior Vikings website or Public Social Media outlets including but not limited to Facebook, Snapchat, Tik Tok and Instagram for any lawful purpose, including publicity.

This material may also appear in connection with the organization's sponsor's website and social media outlets including but not limited to Facebook, Snapchat, Tik Tok and Instagram.

This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, the Riverside Junior Vikings Football and Cheer Organization may publish my child's name and photograph in any manner that the Riverside Junior Vikings Football and Cheer Organization deems appropriate in order to promote/publicize events and the organization.

_____ I **AGREE** to the above

_____ I **DO NOT AGREE** and do not wish by child's photograph or likeness used

Child's Name: _____

Sport: *(Circle One)* Football or Cheerleading

Team/Squad Level: *(Circle One)* A B C I

Parent's Signature: _____

Date: _____