



# RIVERSIDE JUNIOR VIKINGS

## Football & Cheer Organization

### Football Registration Packet



#### Documents Included

##### Forms to Complete:

*(Hand in at Registration)*

- ☐ ACC Football 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 FOOTBALL LEAGUE APPLICATION

THIS AREA FOR OFFICIAL LEAGUE USE ONLY	
OFFICIAL LEAGUE WEIGHT _____	GAME JERSEY NUMBER _____
INITIALS OF REP _____	TEAM _____ DATE _____
OLDER/LIGHTER YES (CIRCLE ONLY IF 14 BEFORE MAY 1)	

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Ph# \_\_\_\_\_ Text? \_\_\_\_\_ Alternate Ph# \_\_\_\_\_

Email Address \_\_\_\_\_

On **May 1** of the current year, my child was/will be \_\_\_\_\_ years of age.

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 \_\_\_\_\_



# RIVERSIDE JUNIOR VIKINGS

## Football & Cheer Organization

### 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

## Football & Cheer Organization

### 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:** \_\_\_\_\_