

DOWNRIVER JUNIOR FOOTBALL LEAGUE REGISTRATION FORM

PLEASE PRINT

NAME

ADDRESS

CITY

ZIP CODE

PHONE

BIRTH DATE

AGE

SCHOOL DISTRICT & NAME OF SCHOOL CHILD ATTENDS

NAME OF PARENT / GUARDIAN

EMAIL ADDRESS (OPTIONAL): _____

Did your child play football or cheer last year?

YES

NO

If yes, on what unit? _____

And what team? _____

I / we, the parent(s) of _____ a candidate for a position on a team of the Downriver Junior Football League, hereby give my / our approval to his participation in any and all of the League's activities during the current season. I / we assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I / we do hereby waive, release, indemnify, and agree to hold harmless the local team, the Downriver Junior Football League, the organizers, sponsors, supervisors, participants, and persons transporting my / our child to or from activities from any claim arising out of any injury to my / our child, except to the extent covered by accident or liability insurance. I / we also grant consent to the home team physician to render whatever emergency medical care he has deemed necessary in the event of an injury to my / our child.

I / we hereby certify that the birth certificate or other proof of age used in the registration of my / our child is true and correct. I / we fully understand that should other wise be proved true, all of the games in which my / our child participates will be forfeited.

FURTHER, I / we agree that, if my / our child makes the team and is issued team equipment, I / we will be responsible for said equipment as follows: Immediate return of all issued equipment upon demand. Further, I / we will pay for (at team cost) any and all equipment lost, destroyed or not returned.

FURTHER, I / we agree to furnish my / our child with the prescribed shoes, socks, and supporter and such other personal equipment as is necessary for his / her health and safety,

NOTE: Must be signed by parent or guardian.

PARENT / GUARDIAN

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CONSENT FOR MEDICAL TREATMENT

MEDICAL CONSENT

I, _____ parent of _____ a minor child, hereby voluntarily consent to the administration of such anesthetics and the performance of such operations on said minor child as the anesthetist-in-charge and the surgeon-in-charge, respectively, may deem necessary, or advise, when said minor child is admitted to any hospital or clinic for emergency medical treatment.

Subscribed and sworn to before me on this _____ day of _____ 20_____

NOTARY PUBLIC
_____ County, Michigan

My commission expires _____

Parent / Guardian

REGISTRATION INFORMATION

League Age _____ Weight _____ Unit and Team Assignment _____

Number of Previous Seasons of Participation _____

I have examined the birth record of this child and find it accurate as indicated.

Registrar

PHYSICIAN AUTHORIZATION

I have examined this child and it is my considered opinion that he / she does not have any physical defect or impairment which will prevent him / her from participating in the sport of football or cheerleading.

Name and address of Physician

Signed _____

Examining Physician

Date _____

EQUIPMENT ISSUE

Practice Jersey _____ Game Jersey _____ Helmet _____

Parka _____ Game Pants _____ Practice Pants _____ Game Socks _____

Should Pads _____ Knee Pads _____ Thigh Pads _____ Girdle Pads _____

Skirt _____ Pants _____ Sweater _____ Shoes _____

Date Returned _____

Parent / Guardian

Date _____