



Building Character Through Athletics
Support ACC JUNIOR FOOTBALL



ALL COUNTY CONFERENCE FOOTBALL LEAGUE APPLICATION

This area for official league use only	
Official League Weight _____	Game Jersey Number _____
Initials of Coach _____	Team _____ Date _____

Child's Name _____ Date of Birth _____

Address _____ Phone Number _____

City _____ ZIP _____ Other Phone Number _____

Email Address _____ **Text: Y N**

On July 1st of the current season, my child was/will be _____ years of age.

My child currently resides in the _____ School District

Has your child ever participate in an organization other than the one you are registering for?

YES _____ NO _____ If Yes, Where? _____

Parent / Guardian Signature _____ Date _____

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

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

Revision C
Dated: Jan. 2006

League Use Only
Amount Paid _____
Date: _____
Check Number: _____