



ALL COUNTY CONFERENCE FOOTBALL LEAGUE APPLICATION

This area for official league use only		
Official League WeightGame Jersey Number		
Initials of Rep	Team	Date
Older/Lighter Y (Circle Yes	only if 14 before May 1st	

Address		
ZIP Phone Number		
Other Phone Number Email Address		
On August 1st of the current seas	son, my child was/will be	years of a ge.
My child currently resides in the		School District
Has your child ever participated in an ACCJF organization other than the one you are registering for? If YES, where?		
FOOTBALL LEAGUE (ACCJ FL guardian of the above, do hereby g during the current season. I/ we do activity, the transportation to and from harmless the ACCJ FL, the organizer) to provide supervised footh give my/our approval to his/h assume all risks and haza m the activity, and I/we furth rs, sponsors and supervisors a nsors, and any supervisors a	COUNTY CONFERENCE JUNIOR coall games for youths, I/we, the parents/er participation in any or all activities and incidental to the conduct of the ner release, absolve, indemnify, and hold appointed by them I/we hereby waive expointed by them I/we release 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.		
If we are in a position to furnish, upon request of conference officials, an original copy of the birth certificate.		
	ion. Any questions concerni	orrect to the best of my knowledge. I cert ng this form have been discussed. My h the above policies.
Parent / Guardian Signature (must be	signed and dated after print	Date
Revision F		League Use Onl

Dated: March 2016

League Use Only
Amount Paid______
Date_____
Check#_____