



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)