WAIVER________

# ELKTON YOUTH FOOTBALL
# CECIL COUNTY JUNIOR FOOTBALL LEAGUE

Registration / Membership Form

FOOTBALL______ CHEERLEADER______ PRIOR YRS IN LEAGUE_____

**(PLEASE PRINT)**

PARTICIPANT'S NAME:_______________________________________________

ADDRESS: ______________________________ PHONE #:_____________________

CITY:________________________ STATE:_______ ZIP:____________________

MIDDLE SCHOOL DISTRICT:____________________ GRADE: __________________
**(NEXT SCHOOL YEAR)**

SCHOOL CURRENTLY ATTENDING:________________________________________

DATE OF BIRTH:____________ WEIGHT:________ HEIGHT:___________
(MM/DD/YY)

I, the undersigned, as a parent of ______________________________ do hereby consent to his / her participation in the CECIL COUNTY JUNIOR FOOTBALL LEAGUE program, and in giving consent, do acknowledge that participating in contact football / cheerleading, may result in serious injuries and that protective equipment does not always prevent all injuries to players, and do hereby waive, release, absolve, indemnity and agree to hold harmless the CECIL COUNTY JUNIOR FOOTBALL LEAGUE, INC., the organizer, sponsors, supervisors, coaches, participants and persons transporting my child to and from activities for any claim arising out of injury to my child weather the result be of negligence or any other cause while participating in the program. It is also understood that the CECIL COUNTY JUNIOR FOOTBALL LEAGUE, INC. will not provide hospitalization / medial insurance for my child, and such coverage will be my responsibility. Each football player / cheerleader is required to have a physical examination by a licensed physician before being allowed to participate in any practice or game.

I agree to return, upon request, the uniform and other equipment issued to my child in as good condition as when received except for normal wear and tear.

I will furnish a certified birth certificate and proof of address for the above named child to League Officials.

I certify that all information contained on this form is correct, and otherwise, my child will be ineligible to participate in CECIL COUNTY JUNIOR FOOTBALL for the duration of the season.

________________ ________________________________________
DATE PARENT / GUARDIAN SIGNATURE

PARENT CELL #:___________________EMAIL ADDRESS:________________

NAME OF HOSPITALIZATION / MEDICAL PLAN________________________

POLICY NUMBER_________________________________________________

EMERGENCY CONTACT (OTHER THAN PERSON LISED ABOVE)

NAME:____________________RELATION:_____________________________

PHONE #:_________________ALTERNATE #:___________________________

**DO NOT WRITE BELOW THIS LINE / OFFICIAL UNE ONLY**

BIRTH DATE VERIFICATION: BIRTH CERIFICATE___________
ADDRESS VERIFICATION: DRIVERS LICENSE___________
SCHOOL VERIFICATION: BUS SCHEDULE_____________

REGISTERED BY:______________________________________________

**Must Complete All Lines** **After 2009**