



Registration Form

Player Name _____

Current Grade _____

Address _____

Birth Date _____

School Attending _____

Phone # _____

Cell or Emergency # _____

Other Sports/Activities participating in during this season _____

REGISTRATION / CONSENT FORM

All rules and requirements for acceptance into the JAYF program are uniform, and are applied and enforced uniformly without regard to race, color, sex, religion or national origin.

I/We the parent(s)/guardian(s) of the child above, give my/our consent to his/her participation during all practices and games. I/We agree to the JAYF requirements of discipline and physical training as necessary for football. I/We agree to hold harmless Jackson Area Youth Football Foundation and its members for any claim arising from injury or property damage. I/We the parent(s)/guardian(s) of the player for whom this form is completed acknowledge the risk of playing tackle football and that injuries do happen and freely allow the child to participate. In that connection I/We agree to be responsible for all health and injury issues involving the child. I/We acknowledge that the league does not provide health or accidental injury coverage. I/We acknowledge that I/We or our personal health insurance coverage will be solely responsible for covering any medical expenses incurred as a result of the child's participation.

In case of an emergency, I/We authorize a licensed physician in attendance, other than our family physician, to render care.

Dr. _____, Phone# _____ to treat the child named above.

EVERY CHILD MUST BE INSURED

Insurance Carrier _____

Insurance # _____

Primary Insured _____

Allergies _____

Preexisting Conditions _____

I am interested in coaching Y or N

Father's Signature _____

Mother's Signature _____

Guardian Signature _____

(At least one parent or guardian must sign, however we require full names for both parents)

JAYF USE ONLY:

Taken by: _____

Weight _____

Helmet _____

Shoulder Pads _____

Pants _____

Hip Pads _____

Fee: Cash Check
#

Thigh Pads _____

Knee Pads _____