



The JCYFL Registration Form can be auto-completed by you filling out the yellow highlighted blocks in the forms below.

You will need to do this for each child (football and cheerleader). After completing the forms and signing each page, please print out the ENTIRE package (there will be duplicate pages) and bring them to one of the registration dates (you can find these on the website or on the last page of the Registration Form package). Thank you and we look forward to another wonderful JCYFL season.



2010 REGISTRATION FORM

WWW.JCYFL.NET
JEFFERSON COUNTY
 YOUTH FOOTBALL LEAGUE

JCYFL USE ONLY

PARTICIPANT NUMBER:	SIBLING PARTICIPANT NUMBERS	TEAM ASSIGNMENT
	PLAYER: _____ CHEERLEADER: _____	
Weight (fooball players only):	Date:	Raffle Ticket #'s:

PARENTS START COMPLETING FORM HERE

NEW	RETURNING	PLAYER	CHEERLEADER
TEAM		DIVISION	
Only if a returning player:		Only if a returning player:	
CHILD'S FULL NAME:		HOME PHONE:	PARENT NAME:
ADDRESS:		CELL/WORK#:	
CITY:		STATE:	ZIP:
DATE OF BIRTH:		CHILD'S AGE AS OF Aug 1, 2010:	ALL NEW PARTICIPANTS MUST SHOW BIRTH CERTIFICATE VERIFIED BY:
EMAIL ADDRESSES WILL BE USED TO NOTIFY PARENTS OF LEAGUE INFORMATION, PRACTICE SCHEDULES, CANCELLATIONS			
WOULD YOU LIKE TO VOLUNTEER TO HELP THE LEAGUE:		YES _____	NO _____
I CAN HELP BY VOLUNTEERING FOR : COACHING _____ GATE _____ FIELD CLEAN UP _____ OTHER _____			
PICTURE RELEASE			
JCYFL WILL BE TAKING PICTURES OF OUR PLAYERS/CHEERLEADERS DURING LEAGUE EVENTS AND WOULD LIKE TO PROMOTE OUR LEAGUE AND EVENTS ON OUR WEBSITE. YOUR PERMISSION TO PLACE YOUR CHILD'S PICTURES ON OUR WEBSITE OR MARKETING LITERATURE IS REQUESTED. JCYFL AGREES TO USE THESE IMAGES IN A RESPONSIBLE MANNER KEEPING THE SAFETY OF OUR PARTICIPANTS IN THE HIGHEST REGARD. PLEASE INITIAL YOUR RESPONSE: I GIVE MY PERMISSION: _____ I DO NOT GIVE MY PERMISSION: _____			
EQUIPMENT POLICY			
I (WE) UNDERSTAND THAT ALL LEAGUE EQUIPMENT AND UNIFORMS MUST BE RETURNED TO THE LEAGUE AT THE END OF THE SEASON OR WITHIN 7 DAYS OF MY CHILD DECIDING NOT TO CONTINUE TO PARTICIPATE IN THE LEAGUE. I FURTHER UNDERSTAND THAT IF NOT RETURNED I WILL BE RESPONSIBLE TO PAY FOR THE COST OF THE EQUIPMENT/UNIFORMS WHICH IS \$175.00 AND IF ANY COLLECTION FEES ARE NECESSARY I WILL BE RESPONSIBLE FOR THEM AS WELL. INITIAL: _____			
PARENT/GUARDIAN SIGNATURE:			DATE:
PRINT NAME:			RELATIONSHIP TO PARTICIPANT:



MEDICAL/EMERGENCY INFO

WWW.JCYFL.NET
JEFFERSON COUNTY
YOUTH FOOTBALL LEAGUE

JCYFL ONLY CARRIES SECONDARY INSURANCE

It is very important that you provide us with complete details about your child's health and or medical conditions to ensure that coaches are prepared to handle any emergency situation that may arise during practice, scrimmage and or games.

MEDICAL INFORMATION

CHILD'S FULL NAME:	HOME PHONE NUMBER:

CHILD'S HOME ADDRESS:

CITY:	STATE:	ZIP CODE:

CHILD'S PRIMARY INSURANCE CARRIER:	ID#	GROUP#

CHILD'S SECONDARY INSURANCE CARRIER:	ID#	GROUP#

CHILD'S PRIMARY CARE PHYSICIAN:	PHYSICIAN'S PHONE NUMBER:

CHECK IF APPLICABLE: ASTHMA DIABETES SEIZURES FAINTING KNEE/ANKLE INJURY NECK INJURY

OTHER: (PLEASE PROVIDE DETAILED INFORMATION FOR ANY RELATED INJURY/ILLNESS NOT LISTED ABOVE THAT MAY BE USEFUL TO JCYFL).

LIST OF KNOWN ALLERGIES:

LIST OF MEDICATION TAKEN ON A DAILY BASIS:

EMERGENCY CONTACT INFORMATION: (OTHER THAN PARENT/GUARDIAN ON FRONT OF THIS FORM)

RELATIONSHIP:	RELATIONSHIP:
NAME:	NAME:
HOME PHONE NUMBER:	HOME PHONE NUMBER:
CELL/OTHER NUMBER:	CELL/OTHER NUMBER:

PARENT AUTHORIZATION:

Although JCYFL does not require a physical for participant's, it is highly recommended prior to commencement of any sport. In my/our opinion the above named child is physically able to participate in the Jefferson County Youth Football League. In case of an emergency and if my family physician cannot be reached I hereby authorize my child to be treated by the physician on duty at the nearest medical facility. I fully understand that it is my responsibility to report any and all injuries to league and to insure that all the proper forms are filled out in the event the use of the league's insurance is needed. If this is not done I hereby release JCYFL of all liability.

PARENT SIGNATURE	DATE:
PRINT NAME:	RELATIONSHIP TO CHILD:



JEFFERSON COUNTY
YOUTH FOOTBALL LEAGUE

ACCOUNTING FORM

Parents Complete This Section Only

Child's Full Name	Home Number
Parent/Guardian Name	Cell Number

Returned Check Fee Statement

A \$35.00 fee will be charged for all returned checks. All fees must be paid in full prior to beginning of practice or may result in participant not being able to participate.

Initial here _____

Uniform Return Statement

If your child decides not to participate mid season all league provided equipment must be returned within one week of last participating date. All full season participants will be required to return equipment by a specific day issued by the league. If equipments is not returned as requested above a \$175.00 invoice will be sent to parent/guardian. Upon receipt of invoice, equipment can be returned or payment made. If payment is not received within 15 days from the invoice date the invoice will be placed into collections and may incur additional fees that are the responsibility of the parent/guardian.

Initial here _____

League Fundraisers

In order to keep our registration costs down we heavily depend on league fundraisers and want to be sure that every parent and participant are aware of their importance. **Each participant is REQUIRED to participate in league fundraisers and is responsible for selling the minimum required quantity/amount.** Be advised that individual team fundraisers may also run in conjunction with league fundraisers.

Initial here _____

Parent/Guardian Signature Required

Parent/Guardian Signature _____ Date _____

JCYFL Use Only

Registration Fee:	Quantity	Price	Extended Amount
\$60.00/child	1	\$60.00	
Fundraiser	1	\$50.00	
Miscellaneous:	Quantity	Price	
Grand Total:			
Amount Paid:			

Paid by: (Check Payment Type) Check - Check No. _____ Cash _____

League Notes/Comments:








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 YOUTH FOOTBALL LEAGUE

EQUIPMENT FORM

TEAM:	DIVISION:
CHILD'S FULL NAME:	

PARENT NAME:	EMAIL:
ADDRESS:	PHONE:
CITY:	CELL PHONE:

FOOTBALL EQUIPMENT ISSUED

SHOULDER PADS	HELMET	CHIN STRAP	PRACTICE PANTS	7-PIECE PAD SET
				
REC'D: _____	REC'D: _____	REC'D: _____	REC'D: _____	REC'D: _____

ACKNOWLEDGEMENT

I acknowledge receipt of the above equipment and do hereby agree to return the equipment belonging to JCYFL at the end of the season or within 7 days of my child deciding not to continue to participate in the league. If equipment is not returned I understand I will be responsible to pay for the cost of the equipment which is \$175.00 and any collection fees that are necessary.

PARENT SIGNATURE:	DATE:

JCYFL USE ONLY

EQUIPMENT RETURNED

Shoulder Pads	Helmet	Chin Strap	Practice Pants	7-piece pad set
REC'D: _____	REC'D: _____	REC'D: _____	REC'D: _____	REC'D: _____

EQUIPMENT NOT RETURNED ACTIONS

Please list all equipment NOT returned:

VALUE:	ACTION TAKEN	DATE ACTION TAKEN



CITY OF RANSON

PARKS & RECREATION DEPARTMENT REGISTRATION & PARTICIPANT WAIVER FORM

*** NOTE: Participant(s) or legal guardian must complete waiver form in its entirety before participating in activity.**

LAST NAME: _____ EMAIL: _____
ADDRESS: _____ PHONE: (H): _____ (W): _____
CITY: _____ ZIP: _____

PARTICIPANT'S NAME	BIRTH DATE	GRADE	CLASS/PROGRAM	START DATE
			JCYFL Football	1 Aug 2010

Complete the following emergency information on whom to contact immediately should the need arise.

Name: _____ Phone: _____

CITY OF RANSON PARTICIPANT'S WAIVER, RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of the acceptance of my application for entry into the above event/program, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which hereafter accrue to me, against the City of Ranson as a result of my participation in the event. This release is intended to discharge the City of Ranson, the City of Ranson Parks and Recreation, its officers, officials, employees and volunteers from and against any and all liability arising out of or connected in any way with my participation in the event/program. I further understand that accidents and injuries can arise out of the event: knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who, through negligence or carelessness, might otherwise be liable to me or my heirs or assigns for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

The City of Ranson Parks and Recreation Department reserves the right to photograph facilities, activities and program participants for potential future use. All photos remain the property of the City of Ranson Parks and Recreation Department and may be used for publicity and promotional services.

Date: _____ Signature of Participant (**Only if Adult – over 18**): _____

If the participant in the activity is a minor, I, as the parent or guardian of the participant, acknowledge that I have read this Waiver, Release, Assumption of Risk and Indemnity Agreement and sign it on behalf of the participant with full knowledge and understanding of its contents.

Date: _____ Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____

PLEASE RETURN FORM TO COACH/SUPERVISOR SO THAT FORM MAY BE RETURNED TO:

CITY OF RANSON PARKS AND RECREATION
312 SOUTH MILDRED STREET
RANSON, WEST VIRGINIA 25438-1621