

Lea	ague use only:
Amou	ınt Paid
Check #	Date

ALL COUNTY CONFERENCE CHEERLEADING LEAGUE APPLICATION

Child's Name	_	Date of Birth	
Address	City	ZIP	
Ph# Te:	xt? Alternate Ph#		
Email Address			
On August 1 of the current year, my ch	ild was/will be	years of age.	
My child will be in grade th	is September.		
My child currently resides in the		School District.	
Has your child ever participated in an A	CCJFL Organization other	er than the one you are	
registering for? YES NO If YES, v	vhere?		
my/our approval to his/her participation in any risks and hazards incidental to the conduct of the l/we further release, absolve, indemnify, and ho supervisors appointed by them. I/we hereby was supervisors appointed by them. I/we release from the activity. I/We will return all equipment and uniform or pay for the	ne activity, the transportation bld harmless the ACCJFL, the constitution which is a second side of the constitution which is a second seco	to and from the activity, and organizers, sponsors and any anizers, sponsors, and any transporting my/our child to and	
I/We are in a position to furnish, upon requ	est of conference officials, an certificate.	n original copy of the child's birth	
By signing below, I certify all information is tro read the above information. Any questions co certifies my understanding of, and agreement	ncerning this form have bee		
Parent/Guardian Signature		Date	



All County Conference Junior Football League HEALTH QUESTIONAIRE AND AUTHORIZATION FORM



GUARDIAN'S NAME: ADDRESS: CELL PHONE # HOME PHONE #: GUARDIAN'S NAME: ADDRESS: CELL PHONE # ADDRESS: CELL PHONE # HOME PHONE #: IN CASE OF AN EMERGENCY NAME AND PHONE # TO CALL: WITHIN THE PAST YEAR HAS THE PARTICIPANT BEEN TREATED FOR: PLEASE ANSWER THE FOLLOWING QUESTION PLEASE CHECK BELOW ASTHMA YES NO BROKEN BONES YES NO CONCUSSION YES NO NECK INJURY YES NO HEAD INJURY YES NO KNEE INJURY YES NO HEAD INJURY YES NO DIALERGIES YES NO HEAT EXHAUSTION YES NO DIABETES YES NO SHORTING SPELLS YES NO WEAR EYEGLASSES YES NO WEARING CONTACT LENSES Frequ	ADDRESS: CELL PHONE # HOME PHONE #: RDIAN'S NAME: ADDRESS: CITY: ADDRESS: CITY: CELL PHONE # HOME PHONE #: CELL PHONE # WITHIN THE PAST YEAR HAS THE PARTICIPANT BEEN TREATED FOR: PLEASE ANSWER THE FOLLOWING QUESTIONS! PLEASE CHECK BELOW HMA YES NO BROKEN BONES YES NO CUSSION YES NO NIA YES NO NIA YES NO HEAD INJURY YES NO ALLERGIES YES NO TEXHAUSTION YES NO DIABETES YES NO WEAR REYEGLASSES YES NO RTNESS OF BREATH YES NO Medication Medication Dosage Frequency of Dosage Frequency of Dosage	CELL PHONE # HOME PHONE #: LUARDIAN'S NAME: LUARDIAN'S NAME: ADDRESS: CITY: LUARDIAN'S NAME: LUARDIAN'S NAME: ADDRESS: CITY: LUARDIAN'S NAME: LUARDIAN'S	GUARDIAN'S NAME:						ZIP CODE:
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AFFIRM THAT THE ABOVE ANSWERS ARE ACCURATE AND REPRESENT AN OVERALL GENERAL STATE OF MY CHILD'S HEALTH. IN TI JURY TO MY CHILD I HEREBY GIVE THE AMBULANCE ASSOCIATION, ANY LICENSED CARE PROVIDER OR FACILITY, TO TREAT MY CH									
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All County Conference Junior Football League **HEALTH QUESTIONAIRE AND AUTHORIZATION FORM**



PARTICIPAN'S NAME:	

- I AFFIRM THAT THE ABOVE ANSWERS ARE ACCURATE AND REPRESENT THE OVERALL GENERAL STAITE OF MY CHILD'S HEALTH. IN THE EVENT OF INJURY TO MY CHILD, I HEREBY GIVE THE AMBULANCE ASSOCIATION AND ANY LICENSED CARE PROVIDER OR FACILITY PERMISSION TO TREAT MY CHILD, AND DO ALL AND ANYTHING THAT IS MEDICALLY NECESSARY FOR THE TREATMENT OF MY CHILD, INCLUIDING TRANSPORTATION TO THE NEAREST HOSPITAL FOR EMERGENCY TREATMENT.
- I UNDERSTAND THAT MY SIGNATURE IS FOR BOTH MEDICAL AND LIABILITY RELEASE. IN THE EVENT OF AN

EMERGENCY IN WHICH MY CHILD IS IN NE	ED OF IMMEDIATE HOSPITALIZATION, MEDICAL ATTENTI ON, OR
SURGERY, AND AFTER RESONABLE EFFORT	S HAVE BEEN MADE TO CONTACT ME OR ANOTHER LEGAL
GUARDIAN AND WE CANNOT BE LOCATED	FOR THE PUTOOSE OF CONSENTING THERTO, CONSENT FOR
THE EMERGENCY ATTENTION MAY BE GIVE	EN TO ANY COACH, ADVISOR, OR OTHER MEMNER OF THEIS
ORGANIZATION. IT IS UNDERSTOOD THAT	MY CHILD WILL OBEY ALL REGULATIONS AND FOLLOW
INSTRUCTIONS OF THE LEADERS.	
 I UNDERSTAND THAT THIS ORGANIZATION 	I'S INSURANCE IS ONLY SECONDARY INSURANCE, AND THEAT IF
THE PARTICIPANT HAS MEDICAL INSURANCE	CE THAT CARRIER WILL BE BILLED FOR MEDICAL CHARGE S IN
THE CASE OF ILLNESS OR INJURY WHILE PA	ARTICIPATING IN THIS ORGANIZATION'S ACTIVITIES. BY SIGNING
THIS FORM, I AGREE TO ASSUME AND ACC	EPT ALL RIST AND HAZARDS INHERENT IN SPORTS ACTIVITIES.
INCLUDING TRANSPORTATION TO AND FRO	OM ACTIVITIES. I ALSO AGREE THAT I WILL NOT HOLD THE
ACCIFL OR ITS EMPLOYEES OR VOLUNTEER	RS LIABILE FOR DAMAGES, LOSSES, OR INJURIES TO THE
PARTICIPANT NAMED ON THIS FORM.	
DARFAIT (CHARDIAN CICHATURE	
PARENT/GUARDIAN SIGNATURE	DATE

Social Media Policy

SECTION T. SOCIAL MEDIA The ACCIFL will enforce zero tolerance for any derogatory comments made on social media, team websites, or any public forum, by all ACCIFL members. Allegations of violation of the ACCIFL social media policy shall be presented to the Board for investigation. The Board at a special meeting called for that purpose shall make a determination, and when appropriate sanctions as prescribed in the bylaws up to and including a permanent ban from participation with any ACCIFL organization shall be imposed (see Article X VII Penalties).

The ACC Board of Directors reserves the right to impose any penalty it determines to be appropriate based on the severity a violation of any provision of these Bylaws.

TEAM: 1. Forfeiture of Game

COACH: 1. Verbal Reprimand 2. One Game Suspension 3. Suspension for remainder of season (Not Less Than Three (3) Games) Suspension(s) may carry into following season. 4. Expulsion from ACCJF. (requires a 2/3 two-thirds affirmative vote of the Board) Any coach that is verbally reprimand three (3) times during a season shall receive a one game suspension.

OTHERS: Parents, Team Officials, Spectators, Volunteers, Players, Cheerleaders ETC.

Parents Signature

1. Expulsion from attending ACCJF games or functions.

WJB Document of Agreement

The specific objectives of the WJB are to familiarize all participants with the fundamentals of football and all c heerleaders with the fundamentals of cheerleading, to provide an opportunity to participate in a supervised, organized and safety oriented manner, and to keep the welfare of participants free of any adult ambitions and personal aggrandizements.

behavior which results in the defamation of the league, or damage to the leag statements that are untrue or otherwise reflect badly, or shall bring disgrace u action including, but not limited to, ejection from the WJB. The Board of Dirwill be final. I/We understand and agree. Initials	ue equipment, or who shall public by make pon this league, shall be subject to disciplinary
I/we understand and agree that all registration fees must be paid in full by the fulfill my/our financial obligation, I/we will speak to the league secretary and to the first gameInitials	
The WJB game schedule contains four (4) home games, and four (4) away gawithin the school district athletic parameters. I/we hereby give my approval	
participate in any and all WJB activities, including transportation to and from	· · · · · · · · · · · · · · · · · · ·
Each team participating in the WJB WILL BE REQUIRED TO WORK THE CONC CAPACITIES (CHAIN CREW, FIELD SET-UP, CLEAN-UP, ETC.). As a parent/gube required to pay \$50 volunteer deposit. Once the required hours have been a finitials	pardian of a participant, I/We understand that we will
I hereby give permission to the WJB and/or its Board of Directors to photograpublishing highlights throughout the season into all social media.	
I/We understand that a refund of the registration fee will not be given once the equipment must be brought back in good condition before refund will be issued	
I/We understand that fundraising on behalf of the WJB is ESSENTIAL.	Initials
I/We agree to promptly return, all equipment furnished by the WJB at the corthe conclusion of the season, I/We understand that the equipment must be agree to return the equipment in at least as good of condition as when issued the replacement costs Initials	returned to league officials immediately. I/We also
I/We understand the league weight limits for each tackle football division and day, he/she will not be permitted to play that day Initia	
Player/Cheerleader's Name:	
Signature of Parent /Guardian	Date: