



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)



All County Conference Junior Football League HEALTH QUESTIONNAIRE AND AUTHORIZATION FORM



PARTICIPANT'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

GUARDIAN'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

CELL PHONE # _____ HOME PHONE #: _____

GUARDIAN'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

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 QUESTIONS!

	PLEASE CHECK BELOW			PLEASE CHECK BELOW	
	YES	NO		YES	NO
ASTHMA			BROKEN BONES		
CONCUSSION			NECK INJURY		
HERNIA			HEAD INJURY		
KNEE INJURY			ALLERGIES		
JOINT INJURY			EPILEPTIC SEIZURES		
HEAT EXHAUSTION			DIABETES		
DIZZINESS			HEART CONDITIONS		
FAINTING SPELLS			WEAR EYEGLASSES		
SHORTNESS OF BREATH			WEARING CONTACT LENSES		

		Medication	Medication Dosage	Frequency of Dosage
TAKING MEDICATION	YES NO			

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

PARENT /GUARDIAN SIGNATURE: _____ Date _____

INSURANCE CARRIER: _____ PLAN _____ GROUP # _____

HOSPITAL OF CHOICE IF NON EMERGENCY TREATMENT IS NEEDED _____

IN CASE OF EMERGENCY, INJURED PARTY WILL BE TAKEN TO NEAREST HOSPITAL.





**All County Conference Junior Football League
HEALTH QUESTIONNAIRE AND AUTHORIZATION FORM**



PARTICIPANT'S NAME: _____

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- I AFFIRM THAT THE ABOVE ANSWERS ARE ACCURATE AND REPRESENT THE OVERALL GENERAL STATE 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, INCLUDING 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 NEED OF IMMEDIATE HOSPITALIZATION, MEDICAL ATTENTION, OR SURGERY, AND AFTER REASONABLE EFFORTS HAVE BEEN MADE TO CONTACT ME OR ANOTHER LEGAL GUARDIAN AND WE CANNOT BE LOCATED FOR THE PURPOSE OF CONSENTING THERTO, CONSENT FOR THE EMERGENCY ATTENTION MAY BE GIVEN TO ANY COACH, ADVISOR, OR OTHER MEMBER OF THIS ORGANIZATION. IT IS UNDERSTOOD THAT MY CHILD WILL OBEY ALL REGULATIONS AND FOLLOW INSTRUCTIONS OF THE LEADERS.
 - I UNDERSTAND THAT THIS ORGANIZATION'S INSURANCE IS ONLY SECONDARY INSURANCE, AND THAT IF THE PARTICIPANT HAS MEDICAL INSURANCE THAT CARRIER WILL BE BILLED FOR MEDICAL CHARGES IN THE CASE OF ILLNESS OR INJURY WHILE PARTICIPATING IN THIS ORGANIZATION'S ACTIVITIES. BY SIGNING THIS FORM, I AGREE TO ASSUME AND ACCEPT ALL RISK AND HAZARDS INHERENT IN SPORTS ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES. I ALSO AGREE THAT I WILL NOT HOLD THE ACCJFL OR ITS EMPLOYEES OR VOLUNTEERS LIABLE FOR DAMAGES, LOSSES, OR INJURIES TO THE PARTICIPANT NAMED ON THIS FORM.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Social Media Policy

SECTION T. SOCIAL MEDIA The ACCJFL will enforce zero tolerance for any derogatory comments made on Social media, team websites, or any public forum, by all ACCJFL members. Allegations of violation of the ACCJFL 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 ACCJFL 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.

1. Expulsion from attending ACCJF games or functions.

Parents Signature _____

WJB Document of Agreement

The specific objectives of the WJB are to familiarize all participants with the fundamentals of football and all cheerleaders 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.

If any participant, or parent/guardian of a participant, intentionally, carelessly, or negligently engages in or performs any act or behavior which results in the defamation of the league, or damage to the league equipment, or who shall publicly make statements that are untrue or otherwise reflect badly, or shall bring disgrace upon this league, shall be subject to disciplinary action including, but not limited to, ejection from the WJB. The Board of Directors decisions regarding disciplinary actions will be final. I/We understand and agree. _____ Initials

I/we understand and agree that all registration fees must be paid in full by the first game of the season. If I/we am/are unable to fulfill my/our financial obligation, I/we will speak to the league secretary and/or treasurer about payment arrangements prior to the first game. _____ Initials

The WJB game schedule contains **four (4) home games, and four (4) away games**. Away games are played within the school district athletic parameters. I/we hereby give my approval for my son/daughter to participate in any and all WJB activities, including transportation to and from the activities. _____ Initials

Each team participating in the WJB **WILL BE REQUIRED TO WORK THE CONCESSION STAND AND/OR VOLUNTEER IN OTHER CAPACITIES (CHAIN CREW, FIELD SET-UP, CLEAN-UP, ETC.)**. As a parent/guardian of a participant, I/We understand that we will be required to pay **\$50 volunteer deposit**. Once the required hours have been met, the \$50 deposit will be refunded. _____ Initials

I hereby give permission to the WJB and/or its Board of Directors to photograph my son and/or daughter for the purpose of publishing highlights throughout the season into all social media. _____ Initials

I/We understand that a refund of the registration fee will not be given once the first game of the season has been played. All equipment must be brought back in good condition before refund will be issued. _____ Initials

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 conclusion of the season. If the participant quits prior to the conclusion of the season, I/We understand that the equipment must be returned to league officials immediately. I/We also agree to return the equipment in at least as good of condition as when issued, with the exception of normal wear and tear, or pay the replacement costs. _____ Initials

I/We understand the league weight limits for each tackle football division and if my/our child exceed the weight limit on game day, he/she will not be permitted to play that day. _____ Initials

Player/Cheerleader's Name: _____

Signature of Parent /Guardian _____ **Date:** _____