



Building Character Through Athletics  
Support ACC JUNIOR FOOTBALL



**ALL COUNTY CONFERENCE FOOTBALL LEAGUE APPLICATION**

<b>This area for official league use only</b>	
Official League Weight _____	Game Jersey Number _____
Initials of Coach _____	Team _____ Date _____

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Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**On July 1<sup>st</sup> of the current season**, my child was/will be \_\_\_\_\_ years of age.

My child currently resides in the \_\_\_\_\_ School District

Has your child ever participated in an ACCJF organization other than the one you are registering for?

YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, Where? \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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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 also return all equipment and uniforms used by my/our child by a specific date set by team officials, or pay for the replacement of same.

I/we are in a position to furnish, upon request of conference officials, an original copy of the birth certificate.

Revision D  
Dated: Mar. 2007