



Building Character Through Athletics  
Support ACC JUNIOR FOOTBALL



ALL COUNTY CONFERENCE FOOTBALL LEAGUE APPLICATION

This area for official league use only		
Official League Weight _____	Game Jersey Number _____	
Initials of Rep _____	Team _____	Date _____
Older/Lighter Y (Circle Yes only if 14 before May 1st)		

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

Address \_\_\_\_\_ City \_\_\_\_\_

ZIP \_\_\_\_\_ Phone Number \_\_\_\_\_ TEXT

Other Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

On August 1st of the current season, my child was/will be \_\_\_\_\_ years of a ge.

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?  
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 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.

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)