



ALL COUNTY CONFERENCE CHEERLEADING LEAGUE APPLICATION

Child's Name _____ Date of Birth _____

Address _____ Phone Number _____ Text _____

City _____ ZIP _____ Other Phone Number _____

Email Address _____

On July 1st of the current season, my child was/will be ___ years of age, grade this September _____

My child currently resides in the _____ School District

Has your child ever participated in another cheerleading organization other than the one you are registering for? Check one, Yes___ No___ If yes, Where _____

Having been informed of the intent of the ALL COUNTY CONFERENCE JUNIOR FOOTBALLLEAGUE (ACCJFL) to provide supervised football games for youth's. I/We the parents of the above, do hereby give my/our approval to his/her participation in any and all activities during the current season. I/we do assume the entire 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 persons 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 _____

Complete only if moving a child up a level due to grade

My daughter/son _____ has my permission to move up to _____ Team. I confirm she/he is entering _____ Grade in September.

I understand She/He cannot be moved back down once She/He is moved up.

Signature _____ **Date** _____