

# JEFFERSON COUNTY YOUTH FOOTBALL LEAGUE

## 2022 FLAG REGISTRATION FORM

JCYFL USE ONLY		
PARTICIPANT NUMBER:	SIBLING PARTICIPANT NUMBERS	TEAM ASSIGNMENT
PARENTS START COMPLETING FORM HERE		
CHILD'S FULL NAME	HOME PHONE:	PARENT NAME:
ADDRESS:		CELL/WORK#
CITY:	STATE:	ZIP:
		EMAIL ADDRESS:
DATE OF BIRTH:	CHILD'S AGE AS OF August 1, 2022	ALL NEW PARTICIPANTS MUST SHOW BIRTH CERTIFICATE VERIFIED BY:
SCHOOL ATTENDING:		GRADE:
WOULD YOU LIKE TO VOLUNTEER TO HELP THE LEAGUE:      YES _____      NO _____		
I CAN HELP BY VOLUNTEERING FOR : COACHING _____ GATE _____ FIELD CLEAN UP _____ OTHER: _____		
PICTURE RELEASE		
<p>JCYFL WILL BE TAKING PICTURES OF OUR PLAYERS DURING LEAGUE EVENTS AND WOULD LIKE TO PROMOTE OUR LEAGUE AND EVENTS ON OUR WEBSITE. YOUR PERMISSION TO PLACE YOUR CHILD'S PICTURES ON OUR WEBSITE OR MARKETING LITERATURE IS REQUESTED. JCYFL AGREES TO USE THESE IMAGES IN A RESPONSIBLE MANNER KEEPING THE SAFETY OF OUR PARTICIPANTS IN THE HIGHEST REGARD. PLEASE INITIAL YOUR RESPONSE:</p>		
<p>I GIVE MY PERMISSION: _____      I DO NOT GIVE MY PERMISSION: _____</p>		
PARENT/GUARDIAN SIGNATURE:		DATE:
PRINT NAME:		RELATIONSHIP TO PARTICIPANT:
JCYFL USE ONLY		
CASH:	CHECK NO:	

# JEFFERSON COUNTY YOUTH FOOTBALL LEAGUE

## MEDICAL / EMERGENCY INFORMATION

**JCYFL ONLY CARRIES SECONDARY INSURANCE**

It is very important that you provide us with complete details about your child's health and or medical conditions to ensure that coaches are prepared to handle any emergency situation that may arise during practice, scrimmage and or games.

**MEDICAL INFORMATION**

CHILD'S FULL NAME:	HOME PHONE NUMBER:

CHILD'S HOME ADDRESS:

CITY:	STATE:	ZIP CODE:

CHILD'S PRIMARY INSURANCE CARRIER:	ID#	GROUP#

CHILD'S SECONDARY INSURANCE CARRIER:	ID#	GROUP#

CHILD'S PRIMARY CARE PHYSICIAN:	PHYSICIAN'S PHONE NUMBER:

CIRCLE IF APPLICABLE:     ASTHMA     DIABETES     SEIZURES     FAINTING     KNEE/ANKLE INJURY     NECK INJURY

OTHER: (PLEASE PROVIDE DETAILED INFORMATION FOR ANY RELATED INJURY/ILLNESS NOT LISTED ABOVE THAT MAY BE USEFUL TO JCYFL.)

LIST OF KNOWN ALLERGIES:

LIST OF MEDICATION TAKEN ON A DAILY BASIS:

**EMERGENCY CONTACT INFORMATION: (OTHER THAN PARENT/GUARDIAN ON FRONT OF THIS FORM)**

RELATIONSHIP: NAME:	RELATIONSHIP: NAME:
HOME PHONE NUMBER:	HOME PHONE NUMBER:
CELL/OTHER NUMBER:	CELL/OTHER NUMBER:

**PARENT AUTHORIZATION:**

Although JCYFL does not require a physical for participant's, it is highly recommended prior to commencement of any sport. In my/our opinion the above named child is physically able to participate in the Jefferson County Youth Football League. In case of an emergency and if my family physician cannot be reached I hereby authorize my child to be treated by the physician on duty at the nearest medical facility. I fully understand that it is my responsibility to report any and all injuries to league and to insure that all the proper forms are filled out in the event the use of the league's insurance is needed. If this is not done I hereby release JCYFL of all liability.

PARENT SIGNATURE	DATE:

PRINT NAME:	RELATIONSHIP TO CHILD: