



REGISTRATION FORM

TACKLE FOOTBALL - FLAG FOOTBALL - CHEERLEADING

PARTICIPANT NAME		AGE AS OF SEPT 1
DOB		
ADDRESS		
CITY	STATE	ZIP
PHONE	EMAIL	

8 YEAR OLDS	9 & UNDER	10 & UNDER	11 & UNDER
ONLY 8 YEAR OLDS	8 & 9 YEAR OLDS	9 & 10 YEAR OLDS	10 & 11 YEAR OLDS
NBC OVER 80 LBS.	NBC OVER 90 LBS.	NBC OVER 100 LBS	NBC OVER 115 LBS.
12 & UNDER	14 & UNDER	CHEER	FLAG FOOTBALL
11 & 12 YEAR OLDS	12, 13, & 14 YEAR OLDS	MUST BE 5 YEARS OLD	MUST BE 5 YEARS OLD
NO WEIGHT LIMIT	NO WEIGHT LIMIT		

I hereby give my permission for the above-named student to participate in a JFLOCI program and to accompany JFLOCI coaches and representatives to and from all JFLOCI sanctioned activities. I am aware that with the participation in the programs comes the risk of injury to the above-named participant. I understand that the participant/family must have medical insurance and that the JFLOCI is not responsible for submitting insurance claims. I agree to be responsible for the safe return of all athletic equipment issued to the above-named participant or reimburse JFLOCI for any damage or loss caused by misuse of the equipment. Only Certified Coaches will be provided by the JFLOCI. NOCSAE approved playing equipment, strict adherence to the rules of the game, and proper physical conditioning will be used at all times. However, severe injury may occur accidentally as a result of participation in any of the JFLOCI programs, football, flag football, or cheerleading. I give permission and authorization to JFLOCI and its member areas to use photographs or other likeness of the above-named participant for publicity, marketing, and promotion of the JFLOCI and its member areas.

Parents shall inform the Area Director of any preexisting medical condition or injury occurring outside of JFLOCI activities. The Area Director may require written medical clearance from the participants physician before being allowed to participate, compete, or practice. I have read and understand the information contained above and certify that all information provided about the above-named participant is true and correct to the best of my knowledge. I have read, signed, and understand the ZERO TOLERANCE POLICY, INHERENT RISK FORM, & PARENT CONSENT FOR EMERGENCY TREATMENT FORM.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN NAME: _____

TACKLE FOOTBALL

FLAG FOOTBALL

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