

DOWNRIVER JUNIOR FOOTBALL LEAGUE REGISTRATION

(Please Print)

Participant's Full & Legal Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Date of Birth: _____ League Age: _____

Cell Phone: _____ Email address: _____

Cell Phone: _____ Email address: _____

School District Child Attends: _____

Did your child participate in the DJFL last Season? YES NO

If YES, what Member Organization: _____

I / we, the parent(s) of _____ a candidate for a position on a team of the Downriver Junior Football League, hereby give my / our approval to his / her participation in any and all of the League's activities during the current season. I / we assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I / we do hereby waive, release, indemnify, and agree to hold harmless USA Football, Heads Up Football LLC, the local team, the Downriver Junior Football League, the organizers, sponsors, supervisors, participants, and persons transporting my / our child to or from activities from any claim arising out of any injury to my / our child, except to the extent covered by accident or liability insurance. I / we also grant consent to the home team medical professional to render whatever emergency medical care he has deemed necessary in the event of an injury to my / our child.

I / we hereby certify that the birth certificate or other proof of age used in the registration of my / our child is true and correct. I / we fully understand that should otherwise be proved true, all of the games in which my / our child participates will be forfeited.

FURTHER, I / we agree that, if my / our child makes the team and is issued team equipment, I / we will be responsible for said equipment as follows: Immediate return of all issued equipment upon demand. Further, I / we will pay for (at team cost) any and all equipment lost, destroyed or not returned.

FURTHER, I / we agree to furnish my / our child with the prescribed shoes, socks, and supporter and such other personal equipment as is necessary for his / her health and safety.

PARENT/GUARDIAN (PRINTED): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

DOWNRIVER JUNIOR FOOTBALL LEAGUE
REGISTRATION
CONSENT FOR MEDICAL TREATMENT

I, _____ parent of _____ a
minor child, hereby voluntarily consent to the administration of such anesthetics and the
performance of such operations on said minor child as the anesthetist-in-charge and the surgeon-in-
charge, respectively, may deem necessary, or advise, when said minor child is admitted to any
hospital or clinic for emergency medical treatment.

MEDICAL CONSENT

Parent / Guardian

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League Age _____ Weight _____ Unit and Team Assignment _____

Number of Previous Seasons of Participation _____

I have examined the birth record of this child and find it accurate as indicated.

Registrar

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I have examined this child and it is my considered opinion that he / she does not have any physical defect or
impairment which will prevent him / her from participating in the sport of football or cheerleading.

Name and address of Physician

Signed _____

Examining Physician

Date _____

REGISTRATION
INFORMATION

PHYSICIAN
AUTHORIZATION

Practice Jersey _____ Game Jersey _____ Helmet _____

Parka _____ Game Pants _____ Practice Pants _____ Game Socks _____

Should Pads _____ Knee Pads _____ Thigh Pads _____ Girdle Pads _____

Skirt _____ Pants _____ Sweater _____ Shoes _____

Date Returned _____

Date _____

Parent / Guardian _____

EQUIPMENT ISSUE