

Clay County Junior Wolves Football

RR2 Box 288D

Flora IL 62839

www.ccjfl.org

Telephone (618) 839-7614

Items that must be turned in

(Please mail to the address above or turn in to a league official)

1. A completed application
2. A copy of the cheerleader's birth certificate. (Certified copy not required)
3. Medical Consent Form – This must be signed and **notarized**.
4. Physical form signed by a physician. (Physical must be performed after April 1, 2011) Physicals are to be turned in by July 25, 2011.

THE ABOVE ITEMS ALONG WITH A \$25.00 NON-REFUNDABLE FEE, TO COVER EQUIPMENT RENTAL AND INSURANCE, MUST BE TURNED IN BY JULY 25, 2011. NO EXCEPTIONS. Make checks payable to Clay County Junior Football League (CCJFL). If the fee presents a hardship, please let us know and we will make an appropriate adjustment

** In order for each player to participate, we must have a copy of the cheerleader's birth certificate (New Cheerleader's Only), a dated and notarized medical consent, and a completed application and physical examination on file.

Thank you for wanting to participate in Clay County Junior League Football!!!

Tony Myers

President

Tentative 2011 Schedule

Sat Aug 13 Salem

Sat Aug 20 @ Robinson

Sat Aug 27 Oblong

Wed Aug 31 Olney

Sat Sept 10 Edwards Co.

Sat Sept 17 @ Mount Carmel (12pm Start)

Sun Sept 25 Fairfield (2 pm start)

Sat Oct 1 @ Red Hill

Sat Oct 8 @ Lawrenceville

This is only a tentative schedule. Opponents, locations, or dates may be added or changed.

**Application For Cheerleading
Clay County Junior Football League, Inc.**

Name _____ Birth date: M/D/Y _____

Address: _____ City: _____ State _____

Home Phone: _____ Cell Phone: _____ Grade in Fall _____

T-shirt Size(circle one) YS YM YL YXL AS AM AL AXL Other _____

I (We) the parents of the above named candidate for Clay County Junior Football League, Inc. hereby give my approval to his/her participation in any and all activities. I (We) assume all risks and hazards incidental to a such participation, including transportation to and from the activities; and I (we) hereby waive, release, absolve, indemnify, and agree to hold harmless: local administrators, coaches, sponsors, supervisors, participants and persons transporting my (our) son/daughter to or from activities, for any claim arising out of any injury to my (our) son/daughter, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I (we) agree to pay the compulsory insurance.

I (We) agree to return upon request the uniform or other equipment issued to my (our) son/daughter in as good as condition as when it was received, except for normal wear and tear. I (We) am (are) aware that I (we) am (are) financially responsible for issued equipment that is lost or stolen.

I (We) will furnish a Birth Certificate of the above named candidate to League Officials.

I (We) have read the entire league rules included with this application and agree to abide by them.

Father's Signature _____

Date _____

Mother's Signature _____

Date _____

Athlete's Signature _____

Date _____

* Please note: The Clay Co. Jr. Football League reserves the right to refuse any and all applications. In this case your application fee will be refunded.

Medical Consent

Date: _____

I HEREBY CONSENT TO THE INITIATION OF NECESSARY MEDICAL TREATMENT IN THE CASE OF AN EMERGENCY REQUIRING IMMEDIATE MEDICAL TREATMENT, INCLUDING, BUT NOT LIMITED TO, ANY SURGERY, DIAGNOSTIC TESTS, MEDICINE, BLOOD TRANSFUSIONS, AND ORTHOPEDIC TREATMENTS AND I FURTHER AUTHORIZE THE COACH OR SUCH DESIGNATED PERSON OF THE CLAY COUNTY JUNIOR FOOTBALL LEAGUE, INC. TO EXECUTE ANY CONSENTS OR DOCUMENTS NECESSARY FOR THE ABOVE TREATMENT. THIS AUTHORITY SHALL BE LIMITED FOR A PERIOD OF TIME FROM THE 25TH DAY OF JULY, 2011 TO THE 16TH DAY OF OCTOBER, 2011, BEING THE 2011 JUNIOR FOOTBALL LEAGUE SEASON. I ALSO ACKNOWLEDGE THAT THE LEAGUE INSURANCE IS A SUPPLEMENTAL POLICY AND COVERS ONLY AFTER MY INSURANCE HAS PAID ITS PART FIRST. (HOWEVER OF YOU DON'T HAVE INSURANCE IT WILL COVER YOU AS A PRIMARY INSURANCE AGAINST INJUIES INCUURED DURING CLAY CO. JUNIOR FOOTBALL LEAGUE FUNCTIONS.)

CHILD'S NAME: (PLEASE PRINT) _____

CHILD'S BIRTHDATE: _____

SIGNATURE OF PARENT OR GUARDIAN: _____
(Sign in front of Notary)

ADDRESS: _____

PHONE NUMBER: _____

NOTARY _____

Practices

Parents will be responsible for transportation to and from practices.

We all volunteer our time to make this happen.

We are a not for profit organization, we count on donations, fundraisers, concession, and attendance at home games to make this work, especially parents volunteering their time to help during home games. On home game nights parents will be contacted to help run the ticket booths, concession stands, run chain gangs and down markers, and help with the PA system, etc. You will not be scheduled to work while your child is cheering. Please be willing to help, this is a large project to run and we will need help.

Parent will be responsible for their own child's transportation to and from all games (including away games). The league cannot provide transportation. Parents may form carpools if they wish.

Coaches

Head cheer coach this year is Stacey Lake.

Assistant coaches are at the discretion of each head coach.

We will not tolerate ANY horseplay.

Any athlete found to be causing undue disturbances during practice will be disciplined as follows:

1st offence: athlete will be made to run.

2nd offence: athlete will be made to run, sit out practice and will not be allowed to participate again until a parent has talked with the coaching staff.

3rd offence: **Removal from the team. No Exceptions.**

The staff considers cheering a privilege and we hope the players do also. We will not allow distractions to the cheerleaders that are here to learn. **Sportsmanship begins on the practice field.** We respect each player and cheerleader and we expect the same respect by the players and cheerleaders to coaches, as well as each other.