

**Application to Play Football
Clay County Junior Football League, Inc.**

Eligibility requirements: Cannot be 15 years of age before Septmeber 1st, 2010

Name _____ **Birth date: M/D/Y** _____

Address: _____ **City:** _____ **State** _____

Home Phone: _____ **Cell Phone:** _____ **Grade in Fall** _____ **T-shirt Size** _____

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 and 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, 2010 TO THE 16TH DAY OF OCTOBER, 2010, BEING THE 2010 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 _____