

JUNIOR STATESMEN FOOTBALL CLUB REGISTRATION FORM

2016 Season – Player Registration Fee \$ 215.00

A separate, additional \$150.00 equipment deposit fee is required prior to equipment issue. Please use separate check or cash. Equipment deposit will be held by League and returned when equipment is returned. Late returns and missing/damaged items will be deducted from Equipment Deposit (See itemized list at bottom).

INSTRUCTIONS: Mail form with registration fee payable to: **JUNIOR STATESMEN FOOTBALL - c/o KEITH BILL – 4408 Saddle Ridge Estates – St. Louis, MO 63129.** Phone: 314/416-0100

PLAYER INFORMATION

Name: _____ (Last) _____ (First) _____ (Nickname) Phone: _____

Address: _____ City: _____ Zip: _____

Grade entering in fall: ___ 6th ___ 7th ___ 8th Birth Date: ___/___/___ School: _____

PARENT/LEGAL GUARDIAN INFORMATION

Father: _____ Mother: _____

Work/Cell Phone: _____ Work/Cell Phone: _____

Email: _____ Email: _____

Other emergency contact person: _____ (name) _____ (relationship) Phone: _____

PARENT PERMISSION – RELEASE – AUTHORITY FOR TREATMENT & INSURANCE VERIFICATION

PERMISSION: I/we hereby give my/our consent for my/our child/ward to participate in all activities of the Junior Statesmen Football Club (JSFC).

RELEASE: I/we hereby agree to hold the Webster Groves School District, in which the JSFC is affiliated in name only, AND all agents, representatives, coaches and volunteers of the Junior Statesmen Football Club, harmless from any and all liability, actions, causes or debts, claims or demands of every kind and nature whatsoever which may arise by or in connection with the participation by my/our child/ward in any activities related to the JSFC program.

EMERGENCY TREATMENT: If I/we cannot be reached, and in the event of an emergency, I/we also give my/our consent for the JSFC to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of my/our child/ward if said child/ward is injured in the course of JSFC activities.

INSURANCE VERIFICATION: I/we verify that my/our child/ward is covered by basic accident insurance for the current school year with:

(Name of Insurance Company/Carrier)

(Policy or ID Number)

Signature below signifies acceptance by ALL custodial parents/legal guardians.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

***** JSFC USE ONLY *****

* **REGISTRATION FEE:** Amount \$ _____ Ck or M.O.# _____ or cash \$ _____ Recd. By _____ Date: _____

* **PHYSICAL EXAM/MEDICAL APPROVAL FORM:** Received by: _____ Date: _____

* **EQUIPMENT:** Issue Date: _____ Deposit Paid: Amount: \$ _____ ck#: _____ Recd By _____ Date _____

* **EQUIPMENT RETURN:** Date: _____ Dep. Rtned: Amt:\$ _____ (Less any deductions(s): **\$20-late turn-in**, and for missing, broken, damaged or excessively misused items: (Check pertinent item) ___Helmet: \$95 if lost, \$50-\$75 if damaged/repair necessary. ___Shoulder pads: \$60 lost - \$20-30 if damage/repair. ___Pants-Game: \$35-lost, damaged or misused. ___Pants-Practice: \$25-lost/damaged. ___Jersey-Game: \$35 lost, \$20-25-damaged/misused. ___Jersey-Practice: \$20-lost or damaged. ___Thigh, knee, tail, hip, belt: \$4.00 per item-lost or damaged.

TOTAL DEDUCTIONS: \$ _____ JSF Initials _____