**2025 REGISTRATION FORM**

  **PLAYER REGISTRATION FEE $300.00**

**JUNIOR STATESMEN FOOTBALL CLUB REGISTRATION FORM**

**2025 Season – Player Registration Fee $ 300.00**

**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 the program 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 Brandon Patterson – 1275 Rockridge Place – Kirkwood, MO  63122.      Phone: 314-660-8029**

**PLAYER INFORMATION**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Parent Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade entering in fall: \_\_\_\_\_ 6th \_\_\_\_\_7th   \_\_\_\_\_8th**

**Birth Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_     School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/LEGAL GUARDIAN INFORMATION**

**Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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:**

**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\_\_\_\_\_\_\_\_\_**