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

MEDICAL CONSENT

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.

_____

Parent / Guardian

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REGISTRATION INFORMATION

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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PHYSICAN AUTHORIZATION

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 _____ _____

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EQUIPMENT ISSUE

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_____

DOWNRIVER JUNIOR FOOTBALL LEAGUE
MEDICAL HISTORY & INFORMATION

Child Name: _____ Date: _____
Street Address: _____ D.O.B: _____
City: _____ Telephone: _____

EMERGENCY CONTACT (S):

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone: _____ Telephone: _____

FAMILY INSURANCE INFORMATION:

Insurance Company: _____ Policy Number: _____
Policy Holder: _____ Telephone Number: _____
Family Medical Insurance coverage in effect at this time: ☐ Yes No ☐

Please complete the following: If the answer to any question is or was yes, please describe.
Please describe the problem and it's implications for proper first aid treatment on the back of this form.
Has the child had, or does the child currently have:

Head Injury (concussion, etc.)	☐ Y	N ☐	Fainting Spells	☐ Y	N ☐
Convulsions / Epilepsy	☐ Y	N ☐	Asthma	☐ Y	N ☐
Neck or Back Injury	☐ Y	N ☐	Hernia	☐ Y	N ☐
High Blood Pressure	☐ Y	N ☐	Diabetes	☐ Y	N ☐
Kidney Problems	☐ Y	N ☐	Heart Murmur	☐ Y	N ☐
Poor Vision	☐ Y	N ☐	Poor Hearing	☐ Y	N ☐
Allergies	☐ Y	N ☐	Other: _____		

Has the child had, or does the child currently have injuries to:

Shoulder	☐ Y	N ☐	Knee	☐ Y	☐ N	Ankle or Leg	☐ Y	N ☐
Finger	☐ Y	N ☐	Arms	☐ Y	☐ N	Back or Neck	☐ Y	N ☐

Is the child currently taking any medication? ☐ Y ☐ N
If Yes, what and why: _____

LIST ANY CURENT RESTRICTIONS CURRENTLY PLACED ON THE CHILD'S ACTIVITIES AT THE DIRECTION OF HIS OR HER DOCTOR OR OTHER MEDICAL CARE PROVIDER: _____

Parent / Guardian (Print): _____

Parent / Guardian (Sign): _____ Date: _____

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