



RICHMOND JUNIOR FOOTBALL 2009



- 89ers Midgets PeeWees Bantam Juniors
 New Returning Blue Gold White

Player Name: _____ Birth date: _____

Address: _____ Home Phone: _____

City: _____ Alternate Phone: _____

Zip: _____ School: _____ Email: _____

Siblings Name and Team (if applicable): _____

I/we the parent(s) of the above named boy/girl, who is a candidate for a position on a Richmond Junior Football franchise team in the Northwest Junior Football League, hereby give my/our approval to his/her participation in any and all of the activities of the team during the current season. I/we assume all risk and hazards to the conduct of the activities and transportation to and from the activities. I/we do hereby further release, absolve, indemnify, and hold harmless the Richmond Junior Football franchise, the Northwest Junior Football League, the organizers, sponsors, and the supervisors, and or all of them. In case of injury to my son/daughter, I/we hereby waive all claims against our organizers, league officers, the sponsors or any of the supervisors appointed by them. I/we likewise release from responsibility any person transporting my/our child to or from the activities. I/we will furnish a certified birth certificate of the above named candidate upon request of a league official.

Parent or Guardian Signature(s): _____

NO REFUNDS

Relationship

Drivers License Number

Notice to parent/guardian(s): Each participant is guaranteed at least 10 plays (every snap or kick of the ball counts as a play) for each full game, including championship games. Problems should be addressed to the 1) Coach, 2) Association, and/or 3) Richmond Junior Football President. Coaches may suspend players from participating due to medical, disciplinary reasons, or poor attendance at practices. Coaches are to advise parents/guardians of any suspensions. Parent/guardian(s) agree to return all gear issues to a player within 10 days of the player's last date of participation. Failure to return the player's gear will result in a \$350.00 charge. By signing this application, parent/guardian(s) further agree to pay all league costs and fees incurred by the league in attempting to retrieve the player's gear.

****Richmond Junior Football Official Only**

Weight _____	Girdle & Belt _____	Age as of 8/31/09 _____
Helmet _____	Shoulder/Thigh Pads _____	Birth Certificate _____
Practice Jersey _____	Practice Pants _____	Amount Received _____
Game Jersey _____	Game Pants _____	Amount Owning _____

**** DO NOT WRITE BELOW THIS LINE – TO BE FILLED IN BY LEAGUE WEIGH-IN OFFICIAL ONLY**

Age Verification: Birth Certificate Birth Certificate Other _____

League Age: _____ Weight: _____ Playing Level: _____

League Official Signature: _____ Date: _____

ATHLETIC EMERGENCY INFORMATION/AUTHORIZATION

Child's Name		Today's Date	
Address		Date of Birth	
Home Phone		Age	
Father/Guardian Name		Home Address	
Employer & Phone		Home Phone	
Mother/Guardian Name		Home Address	
Employer & Phone		Home Phone	
Medical Insurance Provider		Address	
Policy & Group No.		Phone	
Child's Physician		Preferred Hospital	
Date of Child's Last Tetanus Shot		List of Allergies and/or reactions	
Present Medical Condition (if any)			
Serious Injury	Has your child had a head injury, been unconscious or suffered any serious internal injury? Yes No If yes please describe:		
Additional History we should know			
Emergency Contact Name & Phone		Emergency Contact Name & Phone	
Emergency Contact Name & Phone		Emergency Contact Name & Phone	
Additional Comments			
In the event of injury to the above named player, I/we authorize any representative of Richmond Junior Football to seek medical aid to be administered. If transportation to hospital is deemed necessary by qualified medical personnel, I/we hereby authorize permission for said minor to be transported. If medical aid is needed at such hospital, due to a life-threatening situation, I/we hereby authorize permission for such treatment and accept financial responsibility for such treatment.	Father/Guardian Signature		Signature(s) for Authorization
	Mother/Guardian Signature		

THIS FORM MUST BE PRESENT DURING ALL GAMES AND PRACTICES. NO CONTACT WILL BE ALLOWED WITH THIS FORM SIGNED AND RETURNED TO THE LEAGUE.