



# 2026 CHEER & FOOTBALL REGISTRATION

Child's Name: \_\_\_\_\_

**Circle one:** FOOTBALL or CHEER

**Circle one:** NEW or RETURNING

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Phone number: \_\_\_\_\_

A squad (gr 7-8)

B Squad (gr 5-6)

C Squad (gr 3-4)

D squad (gr K-2)

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**\*\*For a board member to complete**

- Registration form
- Signed spectator code of conduct
- Signed parent liability form
- Physical (2 pages) – signed by both parent and physician.
- NEW FOOTBALL PLAYER: Child's MD state ID or BC & parent DL (school form needed if DL is not in district)
- NEW CHEERLEADER: Birth Certificate
- Signed refund policy (NO REFUND AFTER JULY 1)
- Payment plan (**balance must be paid IN FULL prior to receiving uniform or equipment**)

Payment received on this date: \_\_\_\_\_

Board member initials: \_\_\_\_\_

Total amount paid today: \_\_\_\_\_

**Circle one:** Cash Check Square (CC) Venmo \*Payment Plan Scholarship

**\*Board Members: if payment plan is circled, please fill out PP form, sign and give to Erika\***

**PERRYVILLE YOUTH FOOTBALL  
CECIL COUNTY JUNIOR FOOTBALL CLUB**  
Registration / Membership Form

FOOTBALL \_\_\_\_\_ CHEERLEADER \_\_\_\_\_ PRIOR YRS IN LEAGUE \_\_\_\_\_  
(PLEASE PRINT)

PARTICIPANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MIDDLE SCHOOL DISTRICT: \_\_\_\_\_ GRADE (going into) \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_  
(MM/DD/YY)

I, the undersigned, as a parent of \_\_\_\_\_ do hereby consent to his / her participation in the CECIL COUNTY JUNIOR FOOTBALL LEAGUE program, and in giving consent, do acknowledge that participating in contact football / cheerleading, may result in serious injuries and that protective equipment does not always prevent all injuries to players, and do hereby waive, release, absolve, indemnity and agree to hold harmless the CECIL COUNTY JUNIOR FOOTBALL LEAGUE, INC., the organizer, sponsors, supervisors, coaches, participants and persons transporting my child to and from activities for any claim arising out of injury to my child whether the result be of negligence or any other cause while participating in the program. It is also understood that the CECIL COUNTY JUNIOR FOOTBALL LEAGUE, INC. will not provide hospitalization / medial insurance for my child, and such coverage will be my responsibility. Each football player / cheerleader is required to have a physical examination by a licensed physician before being allowed to participate in any practice or game.

I agree to return, upon request, the uniform and other equipment issued to my child in as good condition as when received except for normal wear and tear.

I will furnish a certified birth certificate and proof of address for the above named child to League Officials.

I certify that all information contained on this form is correct, and otherwise, my child will be ineligible to participate in CECIL COUNTY JUNIOR FOOTBALL for the duration of the season.

\_\_\_\_\_

\_\_\_\_\_ PARENT / GUARDIAN SIGNATURE

PARENT CELL #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF HOSPITALIZATION / MEDICAL PLAN \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

EMERGENCY CONTACT (OTHER THAN PERSON LISTED ABOVE)

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ALTERNATE #: \_\_\_\_\_



## CCJFL Spectator Code of Conduct

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- NO family member or spectator may enter the practice or playing area/field. All spectators MUST be outside of the field on the bleachers or the outside grass area.
- Family members, spectators, will refrain from any and all verbal abuse directed towards any child, coach, official, or other spectators at all times.
- Vulgar language or gestures will not be tolerated. Any parent who verbally abuses a player, coach, official, or spectator will be asked to vacate the premises immediately.
- Any person involved in an altercation will be told to leave the premises, Anyone who refuses to abide by this will be subject to an arrest. The Jr. Football Organization will notify the local Police Department to enforce any immediate disciplinary actions that may be required.
- CCPR and CCPS Facilities are alcohol, tobacco, and drug free school zones. Weapons of any kind are strictly prohibited. Alcoholic beverages, Drugs and public intoxication will not be tolerated. All violators will be removed and/or reported to the local Authorities.
- Chain gang crews are to always conduct themselves in a Professional manner. They may not interfere with the coaches, players, cheerleaders, or officials.
- There is to be NO tailgating at CCJFL events. There are no grills/alcohol/etc allowed.
- All individuals entering in or on CCPR/CCPS facilities are to comply with all rules, regulations, policies and procedures of said facility.
- Vehicles must park in designated parking areas. There are NO VEHICLES, unless authorized, permitted on any grass surface areas of County facilities.
- Spectators are responsible for their trash and debris. Please return all trash to the closest trash receptacle.
- Will not publish any negative or inappropriate opinions towards the league, any team, player, cheerleader, parent, or coach on social media or any other electronic form of communication.

Failure to adhere to this policy could result in, but not limited to:

- Removal from the event
- Removal from CCJFL
- Deferment to Local Authorities

By signing this Code of Conduct you acknowledge you have read and understand these rules put in place. Also, by signing you accept this as your VERBAL WARNING.

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Parent/Guardian Signature

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Parent/Guardian Printed Name

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Child's Printed Name

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Date

# **The Cecil County Jr. Football Organization**

## **Parental Liability Agreement**

Cecil County Jr. Football makes every effort to ensure the safety of each player and cheerleader during all practices and games. Unfortunately, we cannot guarantee that injuries will never occur. For liability purposes, it is essential that each parent/guardian understand the policy of Cecil County Junior Football.

1. I/we know that participation in the junior football program may result in injuries of my child that protective equipment cannot help with. I hereby waive, release, absolve, indemnify, and agree not to hold the Cecil County Jr. Football Organization (including coaches, board members, sponsors, and volunteers) responsible or accountable for injuries that the said player or cheerleader may sustain during practices or games.
2. I/we agree to and understand that the Cecil County Jr. Football Organization is not responsible for players and cheerleaders off of the practice or playing fields, and during any other Junior Football functions. The child's safety and actions is the responsibility of the parent/guardian.
3. I/we give the Cecil County Jr. Football Organization permission to have our child treated by emergency medical technicians and/or medics if an injury is sustained while I/we may not be present at the event.
4. I/we agree to allow a medical professional, such as a medic or a nurse to administer any required prescription medications that our child may need. (i.e. asthma inhaler). This DOES NOT include pain medication, Tylenol, ibuprofen, or aspirin.

### **5. MEDIA USE AND CONSENT**

I hereby grant Cecil County Junior Football (hereinafter referred to as "CCJFL"), the absolute right and permission to use my child's likeness in a photograph, video, broadcast, publish or copyright and use pictures of my child in which he or she may be included in whole or in part, composite or retouched in character or form, without payment or any other consideration. I hereby irrevocably authorize CCJFL to edit, alter copy, exhibit, publish or distribute photographs and videos of me or my child for informational, educational, promotional, or publicity purposes concerning CCJFL and its services. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photographs or videos. I understand and agree that these photographs and videos will become the property of CCJFL and will not be returned. I also understand the photographs and videos may be used without any further consent or authorization from me. I hereby hold harmless and agree to release and forever discharge CCJFL, its officers, employees, volunteers, coaches, or agents, from any and all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on behalf of myself or on behalf of my estate have by reason of Authorization.

### **6. IMMUNITY**

I agree to hold harmless and agree to release and forever discharge CCJFL, its officers, employees, volunteers, coaches, sponsors, or agents, from any and all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on behalf of myself or on behalf of my estate have by reason of Authorization.

### **7. AUTHORITY TO LEGALLY ACT**

I proclaim to have the legal authority to represent and register the named player/participant, and hereby stipulate that I have fully read, understand, and voluntarily agree to all of the terms, statements, and conditions contained in this waiver. In the event I share legal custody of the named player/participant, I proclaim to have fully collaborated with all other parents and guardians with shared legal custody and have their full permission to act. I have acquired unified consensus from all vested parties to register the named player under these terms, statements, and conditions.

I, \_\_\_\_\_, on the date of \_\_\_\_\_, have read and clearly understand the liability agreement that the Cecil County Junior Football Organization complies with.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's Printed Name

\_\_\_\_\_  
Team Representative Signature

\_\_\_\_\_  
Date

# Payment Arrangement Agreement

(please give to Erika after filling this out)

Parent & Child's name + phone number: \_\_\_\_\_

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By this contract, the PAYER agrees to make payments to Perryville Junior Football and Cheer, hereafter known as "Lender" by the following schedule in exchange for Participation and equipment usage. This payment schedule is enforceable by law and the methods described below will be used in case of delinquent payment.

**No payment agreement will be extend beyond July 1, 2026.**

The agreed Payment plan will take the following form:

Deposit paid today: \_\_\_\_\_

Second Payment Date & Amount: \_\_\_\_\_

Third Payment Date & Amount: \_\_\_\_\_

This agreement is binding, and failure to meet its terms will allow the Lender to take certain recourse.

Bounced Checks will incur a fee of \$35.00 dollars per occurrence (NO EXCEPTIONS).

If payments should not be delivered at all, the lender will be entitled to deny the issuance of any equipment and limit or deny league participation.

In addition, the following terms and conditions apply:

**This agreement expires on July 1, 2026.**  
**If the conditions have not been met, NO REFUNDS WILL BE GIVEN.**  
**All checks must be made payable to Perryville Junior Football**

By Signing this agreement, all parties agree to the terms as described above.

Parent Signature & Date: \_\_\_\_\_

Board Member Signature & Date: \_\_\_\_\_

## **REFUND POLICY**

Prior to the onset of the football and cheer season, several items, some customized, have to be purchased for your child. In order to guarantee that these items are available for the season and arrive in time, orders must be placed early. Therefore, it is the policy of Perryville Junior Football & Cheer, that no full refunds will be provided after July 1, 2026.

Name \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

## PART 1 - MEDICAL EVALUATION OF STUDENT FOR PARTICIPATION IN CECIL COUNTY JUNIOR FOOTBALL

To be completed by Parent or Guardian and submitted to the examining Physician before he examines the student.

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Gender: **Male / Female**  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Parent / Guardian Name \_\_\_\_\_ Home Address \_\_\_\_\_ Home Phone (\_\_\_\_) - \_\_\_\_\_

PERSONAL HEALTH OF STUDENT		(Check correct reply)		YES	NO	YES	NO
1. Has had injuries or accidents requiring medical attention.....				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has had a surgical operation.....				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has been hospitalized.....				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has had sickness lasting longer than one week.....				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Takes medication now or regularly.....				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has a condition now under a physician's care.....				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a defect in hearing or eyesight (Wears glasses, contact lenses).....				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there any reason this child should not participate in any sport?.....				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has had completed poliomyelitis immunization by injections (Salk) or vaccine by mouth (Sabin).....						<input type="checkbox"/>	<input type="checkbox"/>
10. Has had tetanus toxoid and booster inoculation.....						<input type="checkbox"/>	<input type="checkbox"/>
Date of last shot: _____						<input type="checkbox"/>	<input type="checkbox"/>
11. Has seen a dentist within the past 6 months.....						<input type="checkbox"/>	<input type="checkbox"/>
12. To my knowledge the paired organs that follow are present and healthy: Eyes.....						<input type="checkbox"/>	<input type="checkbox"/>
Ears (hearing).....						<input type="checkbox"/>	<input type="checkbox"/>
Lungs.....						<input type="checkbox"/>	<input type="checkbox"/>
Kidneys.....						<input type="checkbox"/>	<input type="checkbox"/>
Testicles or ovaries.....						<input type="checkbox"/>	<input type="checkbox"/>
Arms/legs.....						<input type="checkbox"/>	<input type="checkbox"/>
Fingers/toes.....						<input type="checkbox"/>	<input type="checkbox"/>
13. Any Allergies.....						<input type="checkbox"/>	<input type="checkbox"/>

If you answered "YES" to any or the above questions, explain here with names and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you answered "NO" to any of the above questions, explain here with names and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give my consent for the above secondary school student to engage in interschool sports activities as a representative of his school, except those activities crossed out by the examining Physician on the reverse side of this form. I also give my consent for the above student to accompany the team as a member for its "away" games and contests.

I GIVE MY PERMISSION FOR THE PHYSICIAN TO COMPLETE PART II FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH AND EDUCATIONAL NEEDS IN SCHOOL AND/OR ORGANIZATION.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**PART II - MEDICAL EVALUATION OF STUDENT FOR PARTICIPATION IN CECIL COUNTY JUNIOR FOOTBALL**

(To be completed by a Physician or under his supervision)

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Significant past or present illnesses or injuries \_\_\_\_\_

**PHYSICIAN'S EXAMINATION: (Circle and explain abnormal findings)**

Height \_\_\_\_\_ Weight \_\_\_\_\_

Blood Pressure \_\_\_\_\_

Respirations \_\_\_\_\_

Laboratory:

Urinalysis: Protein \_\_\_\_\_

Eyes \_\_\_\_\_

Visual Acuity \_\_\_\_\_ R / : L / \_\_\_\_\_

Ears \_\_\_\_\_

Hearing \_\_\_\_\_ R / : L / \_\_\_\_\_

Nose (deformities) \_\_\_\_\_

Oropharynx \_\_\_\_\_

Teeth (cavities, dentures, braces) \_\_\_\_\_

Respiratory \_\_\_\_\_

Breasts (M & F) \_\_\_\_\_

Cardiovascular (pedal) \_\_\_\_\_

Abdomen (hernia, spleen, liver) \_\_\_\_\_

Genitalia and anus \_\_\_\_\_

Musculoskeletal \_\_\_\_\_

Neck \_\_\_\_\_

Spine (cervical, thoracic, lumbar) \_\_\_\_\_

Allergies \_\_\_\_\_

Extremities (special attention to knees, ankles) \_\_\_\_\_

Neurological \_\_\_\_\_

Additional explanations of abnormal findings: \_\_\_\_\_

\*If ordered by Physician \_\_\_\_\_

\*Tuberculin Test \_\_\_\_\_

\*Chest X-ray (result/date) \_\_\_\_\_

\*Other Laboratory Tests \_\_\_\_\_

I have on this date personally examined this student, reviewed the history and other data recorded on both sides of this form, and find this student physically able to compete in supervised activities listed below which are NOT CROSSED OUT:

Baseball \_\_\_\_\_  
 Basketball \_\_\_\_\_  
 Cross Country \_\_\_\_\_  
 Field Hockey \_\_\_\_\_  
 Football \_\_\_\_\_

Golf \_\_\_\_\_  
 Gymnastics \_\_\_\_\_  
 Lacrosse \_\_\_\_\_  
 Soccer \_\_\_\_\_  
 Softball \_\_\_\_\_

Swimming \_\_\_\_\_  
 Tennis \_\_\_\_\_  
 Track \_\_\_\_\_  
 Volleyball \_\_\_\_\_

**WEIGHT CERTIFICATION (Wrestling Only)**

The above-named is certified for the circled minimum weight.

Date \_\_\_\_\_

95 lb.	119	138	167
105	126	145	185
112	132	155	

Physician's Signature \_\_\_\_\_, M.D.

Physician's Address \_\_\_\_\_

Physician's Telephone \_\_\_\_\_

Physician's Name Typed \_\_\_\_\_, M.D.

Date of Examination \_\_\_\_\_

Signature of Licensed Examiner \_\_\_\_\_

# Join Your Snap! Raise Fundraiser

Snap! Raise is an online fundraising platform designed to help programs raise more money while keeping fundraising efforts simple and safe. Our campaign will raise money by telling our story via email, text, and social media.

The Snap! Mobile app gives you convenient access to your Snap! Raise fundraiser on your mobile device, so you can easily reach out to supporters and watch as the donations roll in! Please follow the steps below to download the app, join our fundraiser, and connect with your donors.

## How to get started as a participant:

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Your Campaign

### Perryville Junior Football and Cheer

1. Scan the QR code to download the Snap! Mobile app
2. Sign in to your account OR create a new account
3. Enter the join code: **773955915**
4. Add your name and photo
5. Invite a parent or guardian
6. Pick sizes for gear shop and prizes if applicable
7. Enter 20 quality email addresses
8. Enter 20 phone numbers



Scan to Download  
**Snap! Mobile App**

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[snapmobile.app.link/download](https://snapmobile.app.link/download)

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If you have any issues scanning the QR code, please join by visiting <https://join.snap.app> and follow steps 2-8 above. Once the fundraiser is live, **log back in to share your fundraiser on social media.**



| **Snap! Mobile Inc. Privacy Policy**

We never share or sell your data. Learn more at [www.snapraise.com/disclosures/privacy-policy/](https://www.snapraise.com/disclosures/privacy-policy/).