



2024 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)

***Parents:** Registration Packet must include the following forms before it can be handed in and processed (except for the physical if last year's is still current).

***Board member:** Please check packet and check-off each form to ensure we have it, prior to processing the registration.

Registration form

Signed parent code of conduct.

Signed parent liability form.

Physical (Part 1 and 2) – signed by both parent and physician.

Child's Maryland Photo ID (if new registrant)

Proof of insurance (if new registrant or coverage changed)

Signed refund policy (NO REFUND AFTER JULY 1)

Payment Plan (**balance must be paid IN FULL prior to receiving uniform or equipment**)

Signed up for SNAP Fundraiser (\$25 discount applied)

Payment received on this date: _____ Board member initials: _____

Circle one: Cash Check Square invoice Venmo Payment Plan Scholarship

*****Board Members: if payment plan is circled, please pull the payment plan form, 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.

DATE

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 #: _____

Cecil County Junior Football Parental Conduct and Responsibilities Form

Competition (winning) in youth sports, as prevalent as it may be, should not overshadow the fun, self-improvement, sportsmanship, or skill development of a player/cheerleader. Parents and spectators representing the Cecil County Jr. Football Organization are expected to comply with this philosophy. The Cecil County Jr. Football Organization has approved several rules of conduct that each parent/guardian must adhere to. Appropriate disciplinary action will be taken if a code of conduct rule is broken. Any parent who doesn't comply with the disciplinary actions will jeopardize their child's participation/eligibility status.

1. Unless authorized, no family member or spectator may enter the practice or playing area/field or interfere with the coaching staff. The first offense is a warning, and the second offense will result in immediate disciplinary action at the President and/or Vice-President's discretion.
2. Family members, spectators, and the coaching staff 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. If the said person does not comply, further action will be taken. If this conduct is ongoing, violators will be expelled from all Cecil County Jr. Football activities in the future. A person who is expelled must appeal to the Cecil County Jr. Football Board of Directors to be reinstated.
3. Any person involved in an altercation will be asked 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.
4. Alcoholic beverages, Drugs and public intoxication will not be condoned. All violators will be removed and/or reported to the local Authorities.
5. Chain gang crews are to conduct themselves in a Professional manner at all times. They may not interfere with the coaches, players, cheerleaders, or officials.
6. Protests and petitions are not allowed. If members of the Organization have concerns or complaints they must be addressed to the board of directors in a civil manner.
7. All players and cheerleaders are expected to conduct themselves in an appropriate manner during practices, games and all Cecil County Jr. Football functions. Failure to do so will result in disciplinary action, including suspension.
8. The Cecil County Jr. Football Organization will not assume responsibility for a player or cheerleader's actions and/or behavior off of the practice or playing field. All parents and guardians are responsible for his/her child's behavior before and after practices, before and after games, and during any Cecil County Jr. Football functions/activities. If Cecil County Jr. Football must intervene, disciplinary action will be taken, which may result in the expulsion of the said child from one or all games.

I _____ on the date of _____, have read and clearly understand the rules and regulations by which the Cecil County Jr. Football Organization complies with. I also understand that any infraction of those rules and regulations will result in disciplinary actions in accordance with the parental conduct code or to the President's discretion.

Parent/Guardian Signature

Date

Child's Printed Name

Team Representative Signature

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/participate, 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 Name (Payer) & phone number: _____

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, 2023.

The agreed Payment plan will take the following form:

First Payment Date & Amount: _____

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, 2024.
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, 2024.

Name _____

Date _____

Signed _____

Perryville Junior Football and Cheer

We're kicking off our digital fundraiser with Snap! Raise, the nation's leading fundraising platform for groups, clubs, and teams.

Get Started in 4 Easy Steps:

- 1 Scan the QR code
- 2 Create your account
- 3 Add your name and photo to your profile
- 4 Add 20 + quality emails of supporters



Scan To Join Our Fundraiser

Get Your 20 Emails In and Help Your Program Succeed!



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"/>	9. Has had completed poliomyelitis immunization by injections (Salk) or vaccine by mouth (Sabin).....	<input type="checkbox"/>	<input type="checkbox"/>
2. Has had a surgical operation.....		<input type="checkbox"/>	<input type="checkbox"/>	10. Has had tetanus toxoid and booster inoculation..... Date of last shot: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has been hospitalized.....		<input type="checkbox"/>	<input type="checkbox"/>	11. Has seen a dentist within the past 6 months.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Has had sickness lasting longer than one week.....		<input type="checkbox"/>	<input type="checkbox"/>	12. To my knowledge the paired organs that follow are present and healthy:	<input type="checkbox"/>	<input type="checkbox"/>
5. Takes medication now or regularly.....		<input type="checkbox"/>	<input type="checkbox"/>	Eyes.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Has a condition now under a physician's care.....		<input type="checkbox"/>	<input type="checkbox"/>	Ears (hearing).....	<input type="checkbox"/>	<input type="checkbox"/>
7. Has a defect in hearing or eyesight (Wears glasses, contact lenses).....		<input type="checkbox"/>	<input type="checkbox"/>	Lungs.....	<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"/>	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 of 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 _____
 Last First Middle Grade _____

Significant past or present illnesses or injuries _____

PHYSICIAN'S EXAMINATION: (Circle and explain abnormal findings)				Respirations _____	Laboratory: Urinalysis: Protein _____ Sugar _____ Other _____ *Tuberculin Test _____ *Chest X-ray (result/date) _____ *Other Laboratory Tests _____ *If ordered by Physician _____
Height _____	Weight _____	Blood Pressure _____	Pulse Rate _____	Corrected or Un-Corrected	
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: _____					

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	Golf	Swimming	<u>WEIGHT CERTIFICATION</u> (Wrestling Only)				Date _____
Basketball	Gymnastics	Tennis	The above-named is certified for the circled minimum weight.				
Cross Country	Lacrosse	Track	95 lb.	119	138	167	
Field Hockey	Soccer	Volleyball	105	126	145	185	
Football	Softball		112	132	155		

_____, M.D. Physician's Signature
 _____ Physician's Address
 _____ Physician's Telephone

_____, M.D. Physician's Name Typed
 _____ Date of Examination
 _____ Signature of Licensed Examiner