

# JUNIOR FOOTBALL of ARIZONA PARTICIPANT REGISTRATION FORM

App# \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name First Name Middle Initial

Address \_\_\_\_\_  TACKLE Football  
Street City Zip

Family E-Mail address \_\_\_\_\_  FLAG Football  
 Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_  CHEER  
 Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Employer \_\_\_\_\_

Did You Participate Last Year \_\_\_\_\_ If Yes, which Association & Team \_\_\_\_\_

**Medical History** Please answer "YES" or "NO" for each item below

Tetanus Current \_\_\_\_\_ Asthma \_\_\_\_\_ Head injuries within the past year \_\_\_\_\_ Surgery within the past year \_\_\_\_\_  
 Serious Injuries \_\_\_\_\_ Diabetes \_\_\_\_\_ History of heart trouble \_\_\_\_\_ Seizures (fits) \_\_\_\_\_ Attention Deficit Disorder \_\_\_\_\_  
 Glasses/Contacts \_\_\_\_\_ Braces \_\_\_\_\_ Repeated bone or joint injuries \_\_\_\_\_ Bleeding tendencies \_\_\_\_\_  
 Fractures \_\_\_\_\_ Fracture within the past year \_\_\_\_\_ Other Conditions (explain) \_\_\_\_\_  
 Allergies \_\_\_\_\_ Current Medication \_\_\_\_\_

**PARENTS AUTHORIZATION TO PARTICIPATE AND RELEASE INFORMATION** Please Read Carefully

**WARNING:** There are inherent risks of injury with participation in the flag, tackle and cheer programs. **I/We** the parents of the above named applicant to JUNIOR FOOTBALL of ARIZONA, \_\_\_\_\_ Association, hereby give my/our approval to said applicant's participation in any and all authorized activities during the current season. **I/We** assume all risks and hazards incidental to such participation, including transportation to and from the activities; and **I/We** do hereby waive, release, absolve, indemnify and agree to hold harmless Junior Football of Arizona, Inc., the Member Associations, sponsors, supervisors, participants and any persons transporting the applicant. **I/We** will furnish a birth certificate of the above named applicant upon request to League or Association officials. **I/We** agree to be financially responsible to JUNIOR FOOTBALL of ARIZONA, \_\_\_\_\_ Association for equipment/uniforms issued to the applicant other than the normal wear and tear during games and practices, and **I/We** will reimburse the Association for the loss and damage to said equipment/uniform. **I/We** also give release to JFA for the use of any photos or videos of the above named applicant, which may be used in any approved print media, video, or web site.

**I/We** will provide to the Association scholastic verification that the applicant is eligible to participate.

**I/We** certify that to the best of my/our knowledge, all of the above information is accurate and correct.

Father or Guardian Signature X \_\_\_\_\_

Mother or Guardian Signature X \_\_\_\_\_ (ONE SIGNATURE MANDATORY)

**EMERGENCY MEDICAL RELEASE** Please Read Carefully

**I/We** the parent (s) give our permission for any emergency treatment necessary, to the above named applicant, either at practice, game or competition, and agree to be financially responsible for any medical costs to the above named applicant. **I/We** authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any authorized JUNIOR FOOTBALL of ARIZONA, Inc or \_\_\_\_\_ Association function, including the supervised travel to and from function.

This release expires on December 31, of the calendar year of this application.

Father or Guardian Signature X \_\_\_\_\_

Mother or Guardian Signature X \_\_\_\_\_ (ONE SIGNATURE MANDATORY)

\*\*\* INFORMATION BELOW IS TO BE VERIFIED BY ASSOCIATION / LEAGUE OFFICIAL \*\*\*

|   |  |   |
|---|--|---|
| <b>Date of Birth</b><br>_____/_____/_____<br><br><b>AGE</b> as of July 31 <sup>st</sup> .<br>_____<br><br><b>WEIGHT</b> _____ | <b>BIRTH CERTIFICATE (retain a copy)</b><br>Checked by _____<br><br><b>Copy of MEDICAL RELEASE (current year)</b> _____<br><br><b>Code of CONDUCT signed by child / parent</b> _____ | <b>REGISTRATION FEES collected</b><br><b><u>FEES ARE NON-REFUNDABLE!</u></b><br><br>(circle one) at Site On Line<br><br>Fees Paid \$ _____<br><br>CASH _____ or CHECK # _____ |
| <b>Proof of Residence --</b><br>Gas _____<br>Elect _____<br>Water _____<br><br>Checked by- _____                              | <b>Participant PHOTO taken</b> _____<br><b>Copy of full year Report Card</b> _____<br><br>Scholastic eligibility: yes no Grade % _____<br><br><b>Today's date</b> _____              | <b>GRANDFATHERED from last season</b> yes no<br><br>If yes:<br>Division _____ 2010 Team _____<br><br>Placed on this season:<br><br>Division _____ 2011 Team _____             |



# JUNIOR FOOTBALL of ARIZONA

## PARTICIPANT MEDICAL HISTORY

### PARENT/GUARDIAN MUST COMPLETE FITNESS & HISTORY FORM

Legal Name of Participant (must match birth certificate):

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

Date of Birth: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City, ST, Zip: \_\_\_\_\_

Name of Primary Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Name of Primary Insured: \_\_\_\_\_

Sport (check one): Cheer  Dance  Tackle  Flag  Male  Female

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PARTICIPANT MEDICAL HISTORY ( please circle Yes or No for the questions below )

- |   |     |    |
|---|-----|----|
| 1. Are there any injuries requiring medical attention?                              | Yes | No |
| 2. Are there any past surgeries or scheduled surgeries?                             | Yes | No |
| 3. Is the participant currently under the ongoing care of a medical practitioner?   | Yes | No |
| 4. Is the participant currently taking any medications?                             | Yes | No |
| 5. Does the participant have any allergies (penicillin, bee stings, etc)?           | Yes | No |
| 6. Does the participant have asthma/require the use of an inhaler?                  | Yes | No |
| 7. Is the participant diabetic/require medication for diabetes?                     | Yes | No |
| 9. Does/has the participant have/had seizures?                                      | Yes | No |
| 10. Does the participant wear glasses or contact lenses?                            | Yes | No |
| 11. Does the participant wear a brace or other medical support device?              | Yes | No |
| 12. Does the participant have any other physical limitations or medical conditions? | Yes | No |

If you answered *YES* to any of the above questions, please provide the question number and an explanation in the following space:

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**I hereby certify that this information is accurate to the best of my knowledge. • I understand that my signature on this document provides consent to any and all health care providers, authorizes any first aid, emergency treatment, including by not limited to transition to and from health care facilities and/or any medical professional to provide treatment, order injections, hospitalize, give anesthesia or perform surgery. • I understand that this consent is given prior to any need for medical care but given to avoid unnecessary delay in emergency treatment which the attendant and/or medical professional may deem advisable in the exercise of best judgment. • I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. • Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. • I also understand that it is my responsibility to obtain written permission from my child's physician on official medical stationery in order to seek permission for my child to resume participation after any and all such injury, illness or accident.**

Signature of Parent or Legal Guardian: \_\_\_\_\_

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Dated \_\_\_\_\_



**JUNIOR FOOTBALL of ARIZONA**

**PARTICIPANT  
MEDICAL RELEASE**

**THIS RELEASE IS TO BE COMPLETED ONLY BY A MEDICAL PROFESSIONAL**

Name of Participant: \_\_\_\_\_

DOB of Participant: \_\_\_\_\_

(Please check ✓ the following if healthy or note otherwise):

|                |  |               |  |                 |  |
|----------------|--|---------------|--|-----------------|--|
| Height         |  | Ears          |  | Musculoskeletal |  |
| Weight (lb)    |  | Eyes          |  | Dermatological  |  |
| Blood Pressure |  | Nose & Throat |  | Neurological    |  |
| Respiratory    |  | Mouth         |  | Cardiovascular  |  |

**I hereby certify that I am a licensed state examiner and have examined the above named individual and understand that he/she will be involved in participating in *Junior Football of Arizona, Inc.* Flag Football, Tackle Football, Cheer or Dance programs this season.**

**I hereby swear and attest that this individual is physically fit and I have found no medical reason which would prevent this individual from safely participating in such activities.**

**I am therefore clearing this individual for athletic participation without limitation.  
Please place medical professional stamp below AND fill out the following:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please indicate medical profession: (M.D., D.O., R.N., etc.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**This release must be completed in its entirety ONLY by a Licensed State Examiner, with stamp (medical doctor, registered nurse, nurse practitioner, etc...)**

**The only other form accepted will be current year version of the Arizona Interscholastic Association (AIA) Medical Release Form.**

**JUNIOR FOOTBALL of ARIZONA**  
**YOUTH FOOTBALL and CHEER LEAGUE**  
**CODE OF CONDUCT FOR ADULTS / CHILDREN**

I, (the undersigned adult and/or participant), do understand and agree with the rules of *Junior Football of Arizona (JFA)*, that we abide by a policy of "**ZERO TOLERANCE**" in an effort to provide a safe and enjoyable experience for all our participants and spectators at any *JFA* chartered event. I also understand that should myself or a member of my team, be it as spectators, staff members, parents, grandparents, other family members, friends, or others in attendance, etc.. should violate this policy, the offending person or persons **WILL** be removed from the premises and may be banned from any other future *JFA* sponsored event of any kind.

Any enforcement of this "**ZERO TOLERANCE**" policy shall be immediately reported to the *JFA* Executive Board of Directors for review and enforcement of said decision.

The decisions and penalties handed out by the *JFA* Executive Board of Directors will be FINAL!

**I will not** use ANY tobacco products, alcohol, or illegal drugs at any *JFA* events!

**I understand** and pledge to provide a positive experience to all other youth participants, adult volunteers, adult staff and others through positive encouragement, good sportsmanship, and respect at all *JFA* events. I will place the emotional and well being of all involved ahead of any personal goals. I will support Coaches, local Association Board Members, adult volunteers, *JFA* League Officials and others in this policy.

**By signing below**, I also give up my rights to file any needless lawsuit against *JFA*, its Officers, Member Associations and adult volunteers. If I do file such lawsuits, I am aware I will be liable for any / all attorney and legal fees incurred by *JFA* in defending said lawsuit.

**I will remember** that the game is for the youth in our programs, NOT the adults and I will treat other players, adult volunteers, coaches, fans officials, etc...with the highest degree of respect, regardless of race, sex, creed or physical ability.

\_\_\_\_\_  
Print Name ( Adult / Guardian )

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name of Youth Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

Check ALL Appropriate selections:

\_\_\_\_\_ Participant w/ application # \_\_\_\_\_

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

\_\_\_\_\_ Team Adult Volunteer - Team Name \_\_\_\_\_

\_\_\_\_\_ Other please list \_\_\_\_\_

## Desert West Fundraising Commitment

Unlike other organizations, Desert West chooses to allow you to fundraise to assist you in the cost of your child's football season. Why do we do this? Fundraising allows your friends, family, and co-workers assist you in providing a great season for your son or daughter.

Here are the average costs per child:

|                 |  |
|-----------------|--|
| Registration:   | \$195 (Early Registration Discounts available) |
| Assessment Fee: | \$75   |
| Jersey Fee:     | \$45 (actual cost varies per team)             |
| Total Cost      | \$300  |

Desert West only asks for the registration fee up front. The additional cost can be funded in one of the following ways. Please choose the option best suited for you. At least one option must be chosen.

- MNF: I commit to selling \_\_\_\_\_ football squares at \$40/square
- Brax Fundarising: I commit to selling \_\_\_\_\_ cups and/or popcorn buckets at \$15/item (note: only \$5 per sale is applied to your fees)
- Cookie Dough: I commit to selling \_\_\_\_\_ tubs of cookie dough. (\$6 per sale will go towards your fees)
- I choose not to fundraise and will pay the additional fees on my own.

\*All fundraising money is due by September 1<sup>st</sup>.

\*\*The additional \$120 is a league minimum. Individual teams may require additional fundraising.

I \_\_\_\_\_ understand that if I have chosen to fundraise and cannot meet my above obligation by the assigned date. I will be responsible for the difference between total fees and the amount I've collected to date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date