



ALL COUNTY CONFERENCE CHEERLEADING LEAGUE APPLICATION

Child's Name _____ Date of Birth _____

Address _____ Phone Number _____ Text _____

City _____ ZIP _____ Other Phone Number _____

Email Address _____

On August 1st of the current season, my child was/will be _____ years of age,
grade this September _____

My child currently resides in the _____ School District

Has your child ever participated in another cheerleading organization other than
the one you are registering for? Check one, Yes ☐ No ☐ If yes, Where _____

Having been informed of the intent of the ALL COUNTY CONFERENCE JUNIOR
FOOTBALL LEAGUE (ACCJFL) to provide supervised football games for youth's. I/We the
parents of the above, do hereby give my/our approval to his/her participation in any and all
activities during the current season. I/we do assume the entire risks and hazards incidental to the
conduct of the activity, the transportation to and from the activity; and I/we further release,
absolve, indemnify, and hold harmless the ACCJFL, the organizers, sponsors and supervisors
appointed by them. I/We hereby waive all claims against the organizers, sponsors, and any
supervisors appointed by them. I/We release from responsibility any persons transporting
my/our child to and from the activity.

☐ I/We will also return all equipment and uniforms used by my/our child by a
specific date set by team officials, or pay for the replacement of same

☐ I/We are in a position to furnish, upon request of conference officials, an
original copy of the birth certificate.

By signing below, I certify all information is true and correct to the best of my
knowledge. I certify that I have read the above information. Any questions concerning
this form have been discussed. My signature also certifies my understanding of and agreement
with the above policies.

Parent / Guardian Signature _____ Date _____