

League use only:  
Amount Paid \_\_\_\_\_  
Check # \_\_\_\_\_ Date \_\_\_\_\_



## ALL COUNTY CONFERENCE FOOTBALL LEAGUE APPLICATION

### THIS AREA FOR OFFICIAL LEAGUE USE ONLY

OFFICIAL LEAGUE WEIGHT \_\_\_\_\_ GAME JERSEY NUMBER \_\_\_\_\_  
INITIALS OF REP \_\_\_\_\_ TEAM \_\_\_\_\_ DATE \_\_\_\_\_  
OLDER/LIGHTER YES (CIRCLE ONLY IF 14 BEFORE MAY 1)

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Ph# \_\_\_\_\_ Text? \_\_\_\_\_ Alternate Ph# \_\_\_\_\_

Email Address \_\_\_\_\_

On **May 1** of the current year, my child was/will be \_\_\_\_\_ years of age.

My child currently resides in the \_\_\_\_\_ School District.

Has your child ever participated in an ACCJFL Organization other than the one you are registering for? **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 youths, I/we, the parents/guardian of the above, do hereby give my/our approval to his/her participation in any or all activities during the current season. I/we do assume all 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 person transporting my/our child to and from the activity.

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

I/We are in a position to furnish, upon request of conference officials, an original copy of the child's 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 \_\_\_\_\_  
\_\_\_\_\_ (must be signed and dated after printing)

# North Pocono Junior Trojans Family Registration form

Please fill out one form per family. (This form will be used for all families in the NPJT organization. Each Family is required to participate in at least one home game per season. If you have more than one child participating, you will only be required to help once. If there are more than two parents that would like to be involved, please use the additional guardians section.)

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Text/App Notifications: (Yes) (No) Text/App Notifications: (Yes) (No)

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Prefer to work:** (Circle one)

(Food Hut) (Chains) (Either)

## Additional Guardians: (for Step-parents, pick up, emergencies and band app notifications)

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

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

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Text/App Notifications: (Yes) (No)

Text/App Notifications: (Yes) (No)

## Children participating in NPJT

Child name: \_\_\_\_\_

Child 4 Name: \_\_\_\_\_

Age: \_\_\_\_ (Circle one) Team/Squad  
A / B / C / I

Age: \_\_\_\_ (Circle one) Team/Squad  
A / B / C / I

Child 2 Name: \_\_\_\_\_

Child 5 Name: \_\_\_\_\_

Age: \_\_\_\_ (Circle one) Team/Squad  
A / B / C / I

Age: \_\_\_\_ (Circle one) Team/Squad  
A / B / C / I

Child 3 Name: \_\_\_\_\_

Child 6 Name: \_\_\_\_\_

Age: \_\_\_\_ (Circle one) Team/Squad  
A / B / C / I

Age: \_\_\_\_ (Circle one) Team/Squad  
A / B / C / I

## ACCJFL HEALTH QUESTIONNAIRE AND MEDICAL LIABILITY RELEASE

PARTICIPANT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

GUARDIAN NAME \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

GUARDIAN NAME \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE # \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_ PHONE # \_\_\_\_\_

GROUP # \_\_\_\_\_ PARTICIPANT ID# \_\_\_\_\_

NON-EMERGENCY HOSPITAL PREFERENCE \_\_\_\_\_

IN CASE OF EMERGENCY, INJURED PARTY WILL BE TAKEN TO THE NEAREST HOSPITAL

WITHIN THE PAST YEAR HAS THE PARTICIPANT BEEN TREATED FOR ANY OF THE FOLLOWING?

ALLERGIES	YES NO	EPILEPTIC SEIZURES	YES NO	JOINT INJURY	YES NO
ASTHMA	YES NO	FAINTING SPELLS	YES NO	KNEE INJURY	YES NO
BROKEN BONES	YES NO	HEAD INJURY	YES NO	NECK INJURY	YES NO
CONCUSSION	YES NO	HEART CONDITION	YES NO	SHORTNESS OF BREATH	YES NO
DIABETES	YES NO	HEAT EXHAUSTION	YES NO	WEARS CONTACT LENSES	YES NO
DIZZINESS	YES NO	HERNIA	YES NO	WEARS EYEGLASSES	YES NO

TAKING MEDICATION? \_\_\_ YES \_\_\_ NO NAME/DOSAGE \_\_\_\_\_

- I AFFIRM THAT THE ABOVE ANSWERS ARE ACCURATE AND REPRESENT THE OVERALL GENERAL STATE OF MY CHILD'S HEALTH. IN THE EVENT OF INJURY TO MY CHILD, I HEREBY GIVE THE AMBULANCE ASSOCIATION AND ANY LICENSED CARE PROVIDER OR FACILITY PERMISSION TO TREAT MY CHILD, AND DO ALL AND ANYTHING THAT IS MEDICALLY NECESSARY FOR THE TREATMENT OF MY CHILD, INCLUDING TRANSPORTATION TO THE NEAREST HOSPITAL FOR EMERGENCY TREATMENT.
- I UNDERSTAND THAT MY SIGNATURE IS FOR BOTH MEDICAL AND LIABILITY RELEASE. IN THE EVENT OF AN EMERGENCY IN WHICH MY CHILD IS IN NEED OF IMMEDIATE HOSPITALIZATION, MEDICAL ATTENTION, OR SURGERY, AND AFTER REASONABLE EFFORTS HAVE BEEN MADE TO CONTACT ME OR ANOTHER LEGAL GUARDIAN AND WE CANNOT BE LOCATED FOR THE PURPOSE OF CONSENTING THERTO, CONSENT FOR THE EMERGENCY ATTENTION MAY BE GIVEN TO ANY COACH, ADVISOR, OR OTHER MEMBER OF THIS ORGANIZATION. IT IS UNDERSTOOD THAT MY CHILD WILL OBEY ALL REGULATIONS AND FOLLOW INSTRUCTIONS OF THE LEADERS.

- I UNDERSTAND THAT THIS ORGANIZATION'S INSURANCE IS ONLY SECONDARY INSURANCE, AND THAT IF THE PARTICIPANT HAS MEDICAL INSURANCE THAT CARRIER WILL BE BILLED FOR MEDICAL CHARGES IN THE CASE OF ILLNESS OR INJURY WHILE PARTICIPATING IN THIS ORGANIZATION'S ACTIVITIES. BY SIGNING THIS FORM, I AGREE TO ASSUME AND ACCEPT ALL RISK AND HAZARDS INHERENT IN SPORTS ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES. I ALSO AGREE THAT I WILL NOT HOLD THE ACCJFL OR ITS EMPLOYEES OR VOLUNTEERS LIABLE FOR DAMAGES, LOSSES, OR INJURIES TO THE PARTICIPANT NAMED ON THIS FORM.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## Social Media Policy

SECTION T. SOCIAL MEDIA The ACCJFL will enforce zero tolerance for any derogatory comments made on social media, team websites, or any public forum, by all ACCJFL members. Allegations of violation of the ACCJFL social media policy shall be presented to the Board for investigation. The Board at a special meeting called for that purpose shall make a determination, and when appropriate sanctions as prescribed in the bylaws up to and including a permanent ban from participation with any ACCJFL organization shall be imposed (see Article XVII Penalties).

The ACC Board of Directors reserves the right to impose any penalty it determines to be appropriate based on the severity a violation of any provision of these Bylaws.

TEAM: 1. Forfeiture of Game

COACH: 1. Verbal Reprimand 2. One Game Suspension 3. Suspension for remainder of season (Not Less Than Three (3) Games) Suspension(s) may carry into following season. 4. Expulsion from ACCJF. (requires a 2/3 two-thirds affirmative vote of the Board) Any coach that is verbally reprimand three (3) times during a season shall receive a one game suspension.

OTHERS: Parents, Team Officials, Spectators, Volunteers, Players, Cheerleaders ETC.

1. Expulsion from attending ACCJF games or functions.

Parents Signature \_\_\_\_\_

## Photo/Video Release Form

I, \_\_\_\_\_, hereby authorize the **North Pocono Junior Trojans (NPJT)** to use, reproduce, and/or publish photographs and/or video that may pertain to my child— including image, likeness and/or voice. I understand that this material may be used in local newspapers, on the NPJT website or web page for any lawful purpose, including publicity.

This material may also appear in connection with the organization's sponsor's Internet Web Page. This authorization is continuous, and may only be withdrawn by my specific rescission of this authorization. Consequently, the NPJT may publish my name and photograph in any manner that the NPJT deems appropriate in order to promote/publicize events.

Print Name: \_\_\_\_\_ Squad (Circle One): A B C D

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## COVID-19 Compliance, Liability Waiver, and Assumption of the Risk

The novel coronavirus, COVID-19, is a highly infectious, life-threatening disease declared by the World Health Organization to be a global pandemic. There is no current vaccine for COVID-19. COVID-19's highly contagious nature means that contact with others, or contact with surfaces that have been exposed to the virus, can lead to infection. Additionally, individuals who may have been infected with COVID-19 may be asymptomatic for a period of time, or may never become symptomatic at all. Because of its highly contagious and sometimes "hidden" nature, it is currently very difficult to control the spread of COVID-19 or to determine whether, where, or how a specific individual may have been exposed to the disease.

I, \_\_\_\_\_ on behalf of myself and/or my minor child,  
\_\_\_\_\_ understand the hazards of the novel coronavirus ("COVID-19") and am familiar with the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19, as well as regulations and guidance promulgated by the Commonwealth of Pennsylvania Department of Health. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated and I accept full responsibility for familiarizing myself with the most recent updates.

2. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I, on behalf of myself and/or my minor child hereby willingly and voluntarily choose to participate in ACCJFL Activities which may be made available on the website and at organization facilities.

3. I, on behalf of myself and my minor child, acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my being on the premises and participating in the Activities and hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE (on behalf of myself and any minor children from whom I have the capacity contract) the ACCJFL, its officers, directors, agents, employees and assigns (the "RELEASEES") from any liability related to COVID-19 which might occur as a result of my being on the premises and participating in the Activities.

4. I, on behalf of myself and my minor child, shall indemnify, defend and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys' fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the exposure to and/or infection caused or related to COVID-19 or any other illness or injury.

5. It is my express intent that this Waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, and COVENANT NOT TO SUE the above-named RELEASEES. This Agreement and the provisions contained herein shall be construed, interpreted and controlled according to the laws of the Commonwealth of Pennsylvania. **I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES AND PARTICIPATE IN THE ACTIVITIES.**

**IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.**

IN WITNESS WHEREOF, I have signed this Waiver and Agreement under seal on this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

SIGNATURE: \_\_\_\_\_

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

NAMES OF MINOR CHILD(REN):  
\_\_\_\_\_