

# ***CHESTERFIELD QUARTERBACK LEAGUE***

## ***APPLICATION TO PLAY FOOTBALL***

Association \_\_\_\_\_

CQL USE ONLY

Circle one  
Flag Minor Junior Senior  
6&7 8&9 10&11 12&13

PL OP OPC PW S

Player \_\_\_\_\_  
Last Name First Name MI

Address \_\_\_\_\_  
Street Phone Number  
\_\_\_\_\_  
City, State, Zip Code

Date of Birth \_\_\_\_\_ Age (as of July 31<sup>st</sup>) \_\_\_\_\_

\_\_\_\_\_  
Elementary School Boundary School Attending

Did Child Play Last Year? YES NO If yes, for who \_\_\_\_\_

I/We, the parents of the above, a candidate for a position on the \_\_\_\_\_ team, which is a  
Association  
Member Association of the Chesterfield Quarterback League, Hereby gives my/our approval of his/her participation in any and all League sponsored activities.

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 the Chesterfield Quarterback League, the Organizers, Sponsors, Supervisors, Participants and Persons transporting my/our son/daughter, except to the extent and in the amount covered by accident or liability insurance.

I/We shall furnish a certified Birth Certificate or certified legal proof of birth or other legal proof as may be requested by the League for the above candidate at the time and place of his/her initial weigh-in or at some other time or place designated by the Commissioner.

I/We grant the Commissioner, Chesterfield Quarterback League, permission to verify, if necessary, my/our child's school records pertaining to birth date and residence information only.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Enon Youth Sports**  
**APPLICATION TO PLAY FOOTBALL**

Player's Name	Birth Date	Age (as of July 31 <sup>st</sup> )
Street Address	Telephone Number	
City, State, Zip	Elementary School Boundary	
Elementary School Boundary	School Attending	
Did Child Play Last Year? YES NO	If yes, for who _____	

**Consent**

I, the parent/guardian of the above named child, do hereby give my approval to his/her participation in any and all activities for the programs sponsored by the Enon Youth Athletic Association. I assume all risks and hazards incidental to such participation including transportation to and from activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Enon Youth Athletic Association, the Chesterfield Quarterback League, Chesterfield Cheerleading League and the organizers, sponsors, supervisors, participants and persons for any claim arising out of an injury to my youth, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. **I agree to return, upon request, the uniform and other equipment issued in as good a condition as when received, except for normal wear and tear.**

By my signature below, I promise to pay the above indicated participation fees. In the event my child's uniform is not returned, I promise to pay to have the uniform replaced. I understand that if my child's participation fees are not paid, or their uniform returned, Enon Youth Athletic Association has the right to effect legal action to collect the money due the association. **There will be a \$25.00 charge for any non sufficient fund checks presented to Enon Youth Athletic Association.**

I/We shall furnish a certified Birth Certificate or certified legal proof of birth or other legal proof as may be requested by the League for the above candidate at the time and place of his/her initial weigh-in or at some other time or place designated by the Commissioner.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**ENON USE ONLY**

	<b>League</b>		
Flag	Minor	Junior	Senior
5 - 7	8 - 9	10 - 11	12 - 14

**Registration Fees & Payment Information**

\$125.00	– 1 <sup>st</sup> Player
\$120.00	– 2 <sup>nd</sup> Player
Free	– 3 <sup>rd</sup> Player

	<b>Player Exceptions</b>				
PL	OP	OPC	PW	S	

Amount Paid \_\_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_

Amount Due \_\_\_\_\_ Check # \_\_\_\_\_

Balance Due \_\_\_\_\_ Receipt # \_\_\_\_\_

**Forms Received**

Application\_\_\_\_ Medical\_\_\_\_ Birth\_\_\_\_

**Uniform Sizing**

Helmet \_\_\_\_\_ Pads \_\_\_\_\_ Shirt \_\_\_\_\_ Pants \_\_\_\_\_

**CONFIDENTIAL**

**Authorization for Medical Care of a Minor**

I, \_\_\_\_\_ the undersigned parent or legal guardian of \_\_\_\_\_ do hereby authorized \_\_\_\_\_ **Athletic Association**, TO CONSENT to any x-ray examination, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Virginia.

IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above named minor requires immediate medical or hostel care it may not be possible to contact me, and that in such situations I will not be able to knowledgeable evaluate and choose among the available alternative treatments of pr procedures, if an, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all medical treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his professional judgment and assess the risks incident to and choose the necessary treatment from any available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health and safety of the above named minor.

Date \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

In case of an emergency please contact \_\_\_\_\_ Phone \_\_\_\_\_

**Treatment Information**

Minor's Birth Date \_\_\_\_\_ Minor's Allergies \_\_\_\_\_

Minor's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Minor's Medication \_\_\_\_\_

Date of Minor's Last Tetnus Shot \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Does your child have any known allergies or is your child allergic to any medications? \_\_\_\_\_

If yes, please list any allergies and their reaction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there are any "Helpful Hints" (previous cheering, bathroom frequency, etc.) or "fears" (heights, being in front of people, etc.) you would feel helpful for me to know, please list them: \_\_\_\_\_

\_\_\_\_\_

---

**CONFIDENTIAL**