

# **IMPORTANT MESSAGE:**

**The following REGISTRATION FORM must print on TWO pages, or FRONT and BACK of ONE page.**

**If your printer prints this REGISTRATION FORM on more than TWO pages, you must use a REGISTRATION FORM obtained from the Little League on Sign-Up day.**

Football / Cheerleader: B / JV / V

**QUAD COUNTY JUNIOR FOOTBALL LEAGUE** REGISTRATION FORM      YEAR \_\_\_\_\_  
 (must be filled out completely for LEAGUE registration)

BIRTH DATE \_\_\_\_\_

This form is to register my child to participate with  
**LISBON LITTLE BLUE DEVILS** football/cheerleader team.  
 (team name)

AGE \_\_\_\_\_  
 As of August 1<sup>st</sup> – this year

PARTICIPANT'S NAME: \_\_\_\_\_

SCHOOL SYSTEM CHILD ATTENDS: \_\_\_\_\_

SCHOOL SYSTEM CHILD RESIDES IN: \_\_\_\_\_

DOES YOUR CHILD ATTEND ANOTHER SCHOOL DISTRICT THROUGH OPEN-ENROLLMENT? YES or NO

PARTICIPANT'S COMPLETE ADDRESS: (No P.O. Box)

house #	street	town	zip	phone
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IS ADDRESS SAME AS PARENT OR GUARDIAN? YES or NO

IF NOT: \_\_\_\_\_  

house #	street	town	zip	phone
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E-MAIL ADDRESS: \_\_\_\_\_  
 (Address will NOT be given out; for Lisbon Little Blue Devils League use only; For notification purposes only)

*By signing this form I state all information is correct and understand by giving false information will result in the above named child being dismissed from the team and could result in LEAGUE suspension.*

PARENT or GUARDIAN SIGNATURE **X** \_\_\_\_\_  
PLEASE PRINT NAME

ACCEPTING ATHLETIC DIRECTOR: \_\_\_\_\_

ACCEPTING HEAD COACH SIGNATURE: \_\_\_\_\_

**\*\*\*\*\* To Be Completed by League Officials ONLY \*\*\*\*\***  
***“OFFICIAL Q.C.J.F.L. RELEASE FORM”***

OFFICIAL LEAGUE WEIGH-IN WEIGHT \_\_\_\_\_      PLAYER REQUIRED TO DISPLAY 'X' YES or NO

*The undersigned Athletic Director from \_\_\_\_\_ will release the above named participant to play for LISBON LITTLE BLUE DEVILS and understand by giving false information could result in disciplinary action from the League or possible suspension.*

RELEASING ATHLETIC DIRECTOR SIGNATURE: \_\_\_\_\_

RELEASING TEAM REP/A.D. SIGNATURE: \_\_\_\_\_

ACCEPTING ATHLETIC DIRECTOR SIGNATURE: \_\_\_\_\_

ACCEPTING HEAD COACH SIGNATURE: \_\_\_\_\_

LEAGUE CHAIRMAN SIGNATURE: \_\_\_\_\_

LEAGUE SECRETARY SIGNATURE: \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

*LISBON LITTLE BLUE DEVILS FOOTBALL LEAGUE*

_____
Participant's Name
_____
Address
_____
Phone
_____
Phone

*PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for players and cheerleaders who become ill or injured while under the league authority, when parents or guardians cannot be reached.*

**PART I OR II MUST BE COMPLETED**

*PART I: GRANT CONSENT*

In the event reasonable attempts to contact me/us:

- 1. Home Phone \_\_\_\_\_
- 2. Mother's Work / Cell Phone \_\_\_\_\_
- 3. Father's Work / Cell Phone \_\_\_\_\_
- 4. Neighbor or Alternate Phone \_\_\_\_\_
- 5. Caregiver or Alternate Phone \_\_\_\_\_

If all these attempts have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by:

Preferred Doctor _____	Phone _____
Preferred Dentist _____	Phone _____
Preferred Hospital _____	

In the event the designated preferred practitioner is not available then treatment by another licensed physician or dentist is granted. In the event that the preferred hospital is not accessible then the nearest accessible hospital is preferred. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

_____	<b>X</b>	_____
Date		Signature of Parent or Guardian

**DO NOT COMPLETE PART I IF YOU COMPLETE PART II**

*PART II: REFUSAL TO CONSENT*

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the league authorities to take no action or to:

\_\_\_\_\_

\_\_\_\_\_

_____	_____
Address	
_____	_____
Date	Signature of Parent or Guardian