

Team: KINGSTON Jersey Number: \_\_\_\_\_

WVJFC USE ONLY:  FORM COMPLETE |  BIRTH CERTIFICATE |  PHYSICAL  
 6U-Team 5 & 6 yr old  8U-Team 7 & 8 yr old  10U-Team 9 & 10 yr old  12U-Team 11 & 12 yr old

# 2022 WYOMING VALLEY JR. FOOTBALL CONFERENCE INC. OFFICIAL REGISTRATION FORM

COPIES OF THE PARTICIPANT'S BIRTH CERTIFICATE AND MEDICAL CLEARANCE ARE REQUIRED PRIOR TO ANY ACTIVITY.

Participant First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth:  Age on August 1, 2022:   Football  Cheerleading

Street Address: \_\_\_\_\_ City, State and Zip Code: \_\_\_\_\_

Guardian 1 Full Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Guardian 2 Full Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

In case of an emergency, the name and number to call is:

**Please answer the following questions. Within the past year has the participant been treated for any of the following?**

	Please check below	If the answer is <input checked="" type="checkbox"/> Yes, then you must give an explanation below.
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Concussion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hernia	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Knee Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Joint Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heat Exhaustion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dizziness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fainting Spells	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shortness of Breath	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Broken Bones	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Neck Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Head Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Epileptic Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heart Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the participant currently take medication(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the participant currently wear eyeglasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the participant currently wear contact lenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Having been informed of the organization, the WVJFC Inc., to provide supervised activities during the season, I do assume all the risk and hazards incidental to the conduct of the activity, and I do further release, absolve, indemnify, and hold harmless the WVJFC Inc., the organizers, sponsors, or any of the supervisors appointed by them. I likewise release responsibility to any person transporting my child to and from an activity. As the guardian, I will furnish, upon request of the conference by-laws, a certified copy of the birth certificate of the above-named candidate and current sports physical. The Insurance that the Wy Inc., carries is only secondary insurance. Please be advised that your Family Insurance is the Primary Insurance Coverage in case of Injury.

Please select the correct box and confirm with your initials: My Child  IS /  IS NOT covered by Health Insurance. Initials: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance Plan: \_\_\_\_\_ Insurance Group #: \_\_\_\_\_

Hospital of choice in non-emergency treatment is: \_\_\_\_\_ In case of emergency, injured party will be taken to nearest hospital.

I agree to the above and affirm that the above answers are accurate and represent an overall general state of my child's health. In the event of injury to my child, I hereby give the ambulance association, any licensed care provider or facility, permission to treat my child, and to do all and anything that is medically necessary for the treatment of my child including transportation to the nearest hospital for emergency treatment and any and all treatment that is necessary.

**ATTENTION ALL PARENTS, GUARDIANS AND FANS.**

**IF A FAN(S) BECOME(S) UNRULY OR DISRUPTIVE DURING A WYOMING VALLEY JUNIOR FOOTBALL CONFERENCE INC GAME, THE GAME WILL BE STOPPED UNTIL THE FAN(S) CALM DOWN OR ARE REMOVED. IF THE FAN(S) DO NOT CALM DOWN OR RESIST REMOVAL FROM THE VENUE, THE LEAGUE OFFICIAL HAS THE AUTHORITY TO TERMINATE THE GAME.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_