

HACKENSACK JR FOOTBALL

Practice begins: Aug. 1st
Foshini Park - Mon-Thurs 6pm-8pm

Participant's Name: _____

Address: _____

Birth Date: _____ Age ____ (Age based on calendar year) Grade _____ Weight _____

Shirt Size _____ Pant Size _____

School Attending: _____

Is this your first year playing in HJF league? Yes ___ No ___

Parent/Guardian Name: _____ Email: _____

Phone _____ Cell _____

Emergency Contact: _____ Phone# _____

Relationship: _____

Medical Background:

My child is in good general health and able to participate in the Hackensack Jr Football program. However, my child presently suffers or has suffered in the past from the following conditions of which you should be aware:

Allergies: _____ Asthma: Yes _____ No _____

Other: _____

In case of any emergency your child will be transported to the closes Hospital. Please Int.: _____

GUIDELINES: I agree that my child is between 8-14 years of age and I fully understand the following:

CONDUCT: Proper conduct is required by all participants. Inappropriate behavior will not be tolerated. Failure to meet this will result in being removed from the team/league.

EDUCATION: Our children's education is very important. Coaches may contact the schools from time to time to ensure that satisfactory grades are being met. If the player's grades are slipping the coach and parent will have a discussion.

EQUIPMENT: It is imperative that uniforms and other equipment issued to your child is returned in good condition, except for normal wear and tear. If your child's uniform or equipment is not returned or is damaged, other than normal wear and tear, you will be responsible for its replacement cost.

GAME DAY VOLUNTEERING: I or a member of my immediate family will volunteer for a minimum of 5 hours during home games.

(Opportunities to volunteer will be listed on the website and you will be contacted by your team mom.)

INSURANCE: The league carries a limited medical insurance, which is intended to supplement your primary insurance. In the event that your child requires medical attention resulting from physical injury, a League Official must be insurance claim form must be complete and returned within 10 days of injury.

PAYMENT: Registration fees are non-refundable and must be submitted with this form. All returned checks are subject to a \$30 return check fee. If full fees are not submitted your child will not be registered.

PHOTOGRAPHS: I grant permission for the Hackensack Jr. Football League to use photos of my child on their website or in other publications.

I am the parent/guardian of the above participant and have **READ** and **AGREE** to all terms. I give permission for my child to be a candidate for participation in the Hackensack Junior Football program:

Printed Name: _____

Signature Name: _____

REGISTRATION FEE = \$160.00

Cash _____

Check _____

Money Order _____

Please make payable to: Hackensack Jr. Football

Hackensack Jr. Football welcomes residence of Hackensack/Maywood/Rochelle Pk/S. Hackensack

APPLICATION MUST BE SUBMITTED WITH REGISTRATION FEE, SCHOOL ID, BIRTH CERTIFICATE

NO REFUNDS AFTER EQUIPMENT IS HANDED OUT

Forms may be mailed to: Hackensack Recreation Depart. – 65 Central Ave. Hackensack, NJ 07601

201-646-8042

**PARTICIPANT
REGISTRATION
2016 FORM**



HCYFL



HUDSON COUNTY YOUTH FOOTBALL

Player # _____

Weight _____

ASSOCIATION: _____

PEE WEE

LIGHTWEIGHT

MIDDLEWEIGHT

HEAVYWEIGHT

Participant's Name : _____ Date of Birth _____ League Age: _____

Home Address _____ City _____ Zip _____

Place of Birth _____ Home Phone Number: _____ Cell Number _____

School that the Participants Attends _____ Grade _____

School Address _____ City _____

Participant's Signature _____ Parent's Signature _____

Signature's above indicate that all information above is correct and truthful. If a Parent or Participant's unlawfully gave any untruth or false information above the Members of HCYFL may seek legal action. The PARTICIPANT will be removed from HCYFL and the program that the participant played for may be punished and put on suspension or terminated from HCYFL. "Parent to initials here verifying the information is correct": _____

MEDICAL CLEARANCE SECTION

Have you ever be treated for, or had any known indication of:

- | | | |
|---|-----|----|
| Disorder or Eyes, Ears, Nose, or Throat? | YES | NO |
| Dizziness, or fainting, convulsions, paralysis, or stroke? | YES | NO |
| Bronchitis, asthma, pleurisy, or respiratory disorder? | YES | NO |
| High blood pressure, rheumatic fever, heart murmur? | YES | NO |
| Jaundice, hernia, appendicitis, intestinal bleeding? | YES | NO |
| Sugar albumin, blood or pus in urine? | YES | NO |
| Diabetes, thyroid, or other endocrine disorder? | YES | NO |
| Neuritis, arthritis, or muscle/bone disorder? | YES | NO |
| Discolor of skin, lymph glands, cysts, tumors, cancer? | YES | NO |
| Allergies, anemia, or other blood disorders? | YES | NO |
| Use of alcohol, tobacco, or other habit-forming drugs? | YES | NO |
| Now under the care of a doctor's care or taking medication? | YES | NO |
| Have you ever had excessive weight lose in the past year? | YES | NO |
| Have you had surgery in the last year? | YES | NO |

DOCTOR'S DECLARATION OF PARTICIPANT

I declare the above participant named player whose personal information appears on this form is fit to participate in the sport of tackle football in the Hudson County Youth Football League.

Doctors Signature: _____ Date _____

**PARTICIPANT'S
RECENT
PHOTO**

CERTIFICATION SECTION

DATE: _____

SIGNATURE: _____