

CHESTERFIELD QUARTERBACK LEAGUE

2011 APPLICATION TO PLAY FOOTBALL

Association _____

<u>Circle one</u>			
Flag	Minor	Junior	Senior
6&7	8&9	10&11	12&13

<u>COL USE ONLY</u>					
LN	OPC	OP	PW	PD	S

Player's name

Player's Date of Birth

Street Address

Home Telephone Number

City, State, Zip code

Parent/Guardian's Cell phone number

Age (as of July 31, 2011)

Parent/Guardian's Email Address

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,
(Association)

which is a 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 and/or all of them and waive all claims against any or all of them 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 _____