

JACKSONVILLE BEACH POP WARNER ASSOCIATION, INC.
FOOTBALL/CHEERLEADER REGISTRATION FORM APPLICATION

DATE: _____

PLEASE PRINT

Child's Full Name: _____ (as it appears on birth certificate)

Did you play or cheer for Jax Beach Pop Warner last year? _____ If so, what team? _____

Division: _____

Coach Requested: _____

(This is not guaranteed)

IN THE EVENT OF INJURY OR ILLNESS TO MY/OUR CHILD, I/WE HEREBY GRANT AUTHORITY TO A QUALIFIED PHYSICIAN TO RENDER ANY SUCH MEDICAL TREATMENT AS SAID PHYSICIAN DEEMS NECESSARY UNDER THE CIRCUMSTANCES.

I/We the parent(s)/Guardian(s) of the above named child, do hereby give my/our approval for his/her participation in any and all POP WARNER FOOTBALL related activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities. I/We do hereby waive, release, indemnify, and agree to hold harmless the City of Jacksonville Beach, the local POP WARNER FOOTBALL teams, board members, sponsors, coaches, team representatives, participants and persons working with and/or transporting my/our child to and from all activities, for any claim arising out of an injury to my/our child, whether the result of negligence of for any other cause, except to the extent and in the amount covered by accident or liability insurance (excepts where prohibited by law).

ALL FUNDS ARE NONREFUNDABLE, EXCEPT FOR MEDICAL INJURIES AND FAILURE TO MEET WEIGHT REQUIREMENTS FOR DIVISION OF PLAY PRIOR TO OFFICIAL WEIGHT CERTIFICATION.

I/We fully understand the registration form and agree to its contents as described above.

Parent Signature: _____ Date: _____

Each participant's parents will be required to work 2 hours per season at the gate or concession stand. Should you choose you can pay \$20.00 per child instead of working. The \$20.00 needs to be paid at the time of registration.

BOARD USE ONLY

Date Registered: _____ Amount Paid: _____ Cash/Check #: _____ Receipt#: _____

Signature of Official Coach: _____