

**APPLICATION FOR PARTICIPATION IN THE VALLEY VIEW BULLDOG  
FOOTBALL/CHEERLEADING PROGRAM  
FOOTBALL APPLICATION**

NAME \_\_\_\_\_

Birth day \_\_\_\_\_ Age May 1st \_\_\_\_\_ Grade in Sept \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

School District \_\_\_\_\_

Father's Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-Mail \_\_\_\_\_

Having been informed of the Valley View Bulldogs Organization to provide supervised **Football** for the boys and girls, **I/We** the parent (s) of the above applicant, so hereby give **my/our son/daughter** approval for **his/her** participation in any and all of the activities during the current season. **I/We** do assume all the risks and hazards incidental to conduct absolve, indemnify and hold blameless the Valley View Bulldogs Association, sponsors or any supervisors appointed by them. **I/We** release from responsibility, any persons transporting **my/our son/daughter** to and from the activities. **I/We** understand that the conference sponsored insurance coverage is only coverage after our personal insurance. **I/We** also agree to hold blameless any property owner on whose property owner on whose property any activities are scheduled.

**EQUIPMENT**

Helmet, pants, jerseys, pads (rib, thigh, knee, hip, butt and shoulder) and a belt are provided for the players. The cost for replacement of this gear is \$335.00. If anything should happen to the gear or it is not returned at the end of the season, **I/We** will be responsible for the cost. **I/We** are responsible for supplying spikes and mouthpieces.

**PRACTICE**

**I/We** agree practice is important. **My/Our son/daughter** will attend scheduled practices unless there is a reasonable excuse. **I/We** agree with these rules and will follow them. **I/We** will pick up our kids promptly when practice is finished or face a \$25.00 fine each time **I/we** are late.

**FUNDRAISING**

**I/We** agree to participate in all fundraisers that this organization deems necessary. Payment of all money returns shall be in the form of check or money orders. No cash if possible.

**Fundraising Options: (check one)**

**One Child**

Flat Fee \$50.00

(15) Daily Number Lottery Tickets \$3.00 ea

**FAMILY (2 or more children)**

Flat Fee \$75.00

(22) Daily Number Lottery Tickets @ \$3.00 ea

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**CONCESSION STAND**

A parent from each registered child is expected to work the concession stand for (2) two home games during the season. I/We understand if I/we cannot work the game assigned, I/we will find an adult replacement to work that game. The concession stand is completely separate from fundraising. Failure to work the assigned game will result in a \$50.00 fine per occurrence.

**EQUIPMENT RETURN**

Each child/parent is responsible for the maintenance and return of their equipment furnished by the organization. If all equipment which was furnished, is not returned by the date assigned by the organization, the child will not be able to attend the banquet or receive their trophy and will be responsible for the following fees:

Helmet	\$100.00	Pads(shoulder, rib,knee, hip thigh butt)	\$100.00
Pants	\$50.00	Belt	\$10.00
Jersey	\$75.00		

**REFUND POLICY**

The registration fee is refundable as follows:

100%	1st Week of scheduled practice for the league regardless of registration date
75%	2nd week of scheduled practice for the league regardless of registration date
50%	3rd week of scheduled practice for the league regardless of registration date
25%	4th week of scheduled practice for the league regardless of registration date
0%	5th week of scheduled practice for the league through the end of the season

All refunds are to be requested in writing stating the name of the child, team the child is on and the reason for the refund along with return of all equipment before refund will be issued.

Parent (s) Signature \_\_\_\_\_

Date \_\_\_\_\_

# VALLEY VIEW BULLDOGS FOOTBALL MEDICAL INFORMATION FORM

NAME \_\_\_\_\_

HEIGHT \_\_\_\_\_

ADDRESS \_\_\_\_\_

WEIGHT \_\_\_\_\_

CITY \_\_\_\_\_ PHONE \_\_\_\_\_

AGE \_\_\_\_\_

HAS YOUR CHILD EVER BEEN TREATED FOR ANY OF THE FOLLOWING: (PLEASE CHECK WHAT APPLIES)

- |  |  |
|--|--|
| <input type="checkbox"/> RHEUMATIC FEVER       | <input type="checkbox"/> HIGH BLOOD PRESSURE   |
| <input type="checkbox"/> POLIO                 | <input type="checkbox"/> LUNG DISEASE (ASTHMA) |
| <input type="checkbox"/> ARTHRITIS             | <input type="checkbox"/> DIABETES              |
| <input type="checkbox"/> NEUROLOGICAL DISORDER | <input type="checkbox"/> KIDNEY RENAL DISEASE  |
| <input type="checkbox"/> HEART DISEASE         | <input type="checkbox"/> OTHER                 |

IF ANY OF THE ABOVE ITEMS HAVE BEEN CHECKED, A NOTE FROM YOUR DOCTOR WILL BE REQUIRED BEFORE YOUR CHILD WILL BE ABLE TO PARTICIPATE IN THE PROGRAM.

### LIST ALLERGIES

### LIST OF CURRENT MEDICATIONS

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### FAMILY PHYSICIAN

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

### PERSON TO BE CONTACTED IN THE EVENT A PARENT IS NOT AVAILABLE:

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

PHONE \_\_\_\_\_

PARENTS SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PHONE \_\_\_\_\_

**VALLEY VIEW BULLDOGS  
FOOTBALL MEDICAL RELEASE**

Player: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

League Name: N.A.J.F.L.

Team Name: Valley View Bulldogs

In case of emergency and if the family physician cannot be reached, I/We hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician)

Family Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In case of emergency contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Please list any allergies/medical problems including those requiring maintenance medications (i.e. Diabetic, Asthma, and Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

Mr/Mrs/Ms \_\_\_\_\_  
Authorized Parent/Guardian Signature

Date: \_\_\_\_\_

# NORTHERN AREA JUNIOR FOOTBALL LEAGUE APPLICATION

THIS AREA FOR OFFICIAL USE

OFFICIAL WEIGHT BY COACH ONLY \_\_\_\_\_

INITIALS AND DATE OF COACH \_\_\_\_\_

GAME JERSEY NUMBER \_\_\_\_\_

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CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

SCHOOL DISTRICT CHILD LIVES IN: \_\_\_\_\_

MY CHILD IS NOW \_\_\_\_\_ YEARS OF AGE

MOTHERS SIGNATURE: \_\_\_\_\_

FATHERS SIGNATURE: \_\_\_\_\_

(Must be signed by both parents - If not, give reason)

Having been informed of the Northern Area Junior Football League (NAJFL), to provide supervised football games for youths, I/We, the parents of the above, do hereby give my/our approval to his/her participation in any and all activities during the current season. I/We do assume all risks and hazards incidental to the conduct of the activity, the transportation to and from the activity; and I/We further release, absolve, indemnify and hold harmless the NAJFL, the organizers, sponsors and supervisors appointed by them. I/we release from the responsibility any person transporting my/our child to and from the activity.

I/We will also return all equipment and uniforms used by my/our child by a specific date set by team officials, or pay for the equipment and uniform.

I/We are in a position to furnish, upon request of conference officials, a certified copy of my/our child's birth certificate.