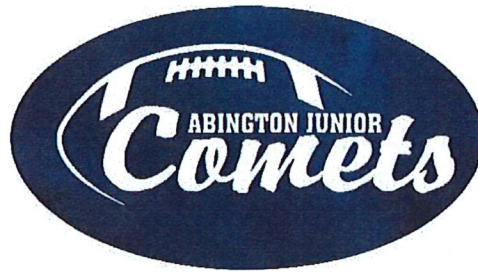


Coaches Shirt Size \_\_\_\_\_

Players Shirt Size \_\_\_\_\_



Participant's Name \_\_\_\_\_

Please circle one:

Football

or



Please check one:

A Team

(Grades 7 & 8)

B Team

(Grades 5 & 6)

C Team

(Grades 3 & 4)

I Team

(Grades KG, 1, 2)

Mother's Name \_\_\_\_\_

Mother's Email \_\_\_\_\_

Mother's Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Email \_\_\_\_\_

Father's Phone \_\_\_\_\_

Additional Guardian \_\_\_\_\_

Additional Email \_\_\_\_\_

Additional Phone \_\_\_\_\_

## ABINGTON JUNIOR COMETS (AJC) PARENT AND PARTICIPANT CONTRACT

I \_\_\_\_\_, will fully support my son/daughters coach and coaching staff this upcoming AJC season. By signing this contract, I understand that I will not coach from the sidelines, complain about playing time or development of not only my child but the rest of the team. I am fully aware that I represent the AJC program as does my child. I will be respectful during games/practices and let coaches handle referees and on-field situations.

The following will not be tolerated from coaches, team moms, players, cheerleaders, parents/guardians or fans: abusive or vulgar language, poor sportsmanship, prejudice, egotistical attitudes or physical/verbal confrontations. **This includes Facebook and other social network posts.** Parents/Guardians and fans will also refrain from fighting with any child, coach, parent, and league official or other spectators. NO smoking, NO use of smokeless tobacco and NO use of e-cigarettes/vapes on any part of school property or practice field.

1. It is the responsibility of all participants and spectators to collect ALL trash and belongings after practices and games.
2. All families in our organization will be assigned to work the Concession Stand during our home games and any playoff games. If you cannot make your assigned date and time, you are responsible for finding a replacement.
3. All children not participating in the organization must be under direct supervision of a parent or guardian at practice and games.
4. Any Suspicion of any misconduct such as: harassment, sexual abuse, and / or sexual harassment should be reported to the SafeSport Hotlines at 720-531-0340

**Any Violation by participant, parent/guardian or coaches may result in discipline or removal of the participant from the organization.**

Abington Junior Comets is incorporated as a not for profit organization with the state of PA. A volunteer board of directors consisting of parents, coaches, and interested community members govern us. Background checks will be completed on all coaches and board members. Important information such as practice and game updates, directions, etc. will be posted on our website [www.abingtonjuniorcomets.com](http://www.abingtonjuniorcomets.com) as well as through email and texts. Please check these regularly.

By signing this Contract, I am giving the coaches my full support to run the team the way he/she sees fit. I will follow the chain of command with any problems that may occur and respect the 24-hour rule. *All written complaints must be sent via email to [abingtonjc@gmail.com](mailto:abingtonjc@gmail.com) within seven (7) days of the incident.* All prior complaints will be aggregated and may affect future participation. I will abide by these rules and made sure that my child abides by the same and any additional player/participant agreement. I am aware that lack of participation in practice can affect my child's playing time.

**Failure to comply with our policies will result with a range of consequences, depending on the policy violation, severity of the infraction and repeat offenses.**

**I have read the enclosed information including this Parent and Participant Contract, Parent Information Form including equipment cost. I fully understand that AJC is non-refundable, and breach of contract could result in my child being removed from the team. By signing below, I agree to all terms expressed herein.**

Participant name(s): \_\_\_\_\_ Participant signature: \_\_\_\_\_

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

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



Building Character Through Athletics  
Support ACC JUNIOR FOOTBALL



### ALL COUNTY CONFERENCE CHEERLEADING LEAGUE APPLICATION

\*\*\*\*\*

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Cell Number \_\_\_\_\_ Text Yes or No

City \_\_\_\_\_ ZIP \_\_\_\_\_ Other Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

On August 1<sup>st</sup> of the current season, my child was/will be \_\_\_\_\_ years of age,  
and entering \_\_\_\_\_ grade this September.

My child currently resides in the \_\_\_\_\_ School District

Has your child ever participated in another cheerleading organization other than  
the one you are registering for? Check one, Yes  No  If yes, Where \_\_\_\_\_

\*\*\*\*\*

Having been informed of the intent of the ALL COUNTY CONFERENCE JUNIOR FOOTBALL LEAGUE (ACCJFL) to provide supervised football games for youth's. 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 the entire 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 ACCJFL, the organizers, sponsors and supervisors appointed by them. I/We hereby waive all claims against the organizers, sponsors, and any supervisors appointed by them. I/We release from responsibility any persons 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 replacement of same

I/We are in a position to furnish, upon request of conference officials, an original copy of the birth certificate.

By signing below, I certify all information is true and correct to the best of my knowledge. I certify that I have read the above information. Any questions concerning this form have been discussed. My signature also certifies my understanding of and agreement with the above policies.

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



All County Conference Junior Football League  
**MEDICAL AND LIABILITY RELEASE FORM**



**Participant's Name:** \_\_\_\_\_ **Participant's Date of Birth** \_\_\_\_\_

I understand that my signature is for both medical and liability release. In the event of an emergency in which my child is in need of immediate hospitalization, medical attention, or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given to any coach, advisor or other member of this organization, the Abington Junior Comets Football/Cheerleading Organization. It is understood that my child will obey all regulations and follow instructions of the leaders. I understand that this organization's insurance is only secondary insurance, and that if the participant has medical insurance, that carrier will be billed for medical charges in the case of illness or injury while participating in this organization's activities. By signing this form, I agree to assume and accept all risks and hazards inherent in sports activities including transportation to and from activities. I also agree that I will not hold the All County Conference Junior Football League or its employees or volunteer assistants liable for damages, losses or injuries to the person named on this form.

**Family Physician:** \_\_\_\_\_ **Phone: Physician's** \_\_\_\_\_

**Address** \_\_\_\_\_

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

**Participant's Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Insurance Company's Phone Number:** \_\_\_\_\_

**In case of emergency, contact:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_.

**Relationship to Participant:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

**Mr./Mrs./Ms.** \_\_\_\_\_ **Date:** \_\_\_\_\_

Authorized Parent/Guardian Signature



**All County Conference Junior Football League  
HEALTH QUESTIONNAIRE AND AUTHORIZATION FORM**

**PARTICIPANT'S NAME:**

**ADDRESS:**

**CITY:**

**ZIP CODE:**

**GUARDIAN'S NAME:**

**ADDRESS:**

**CITY:**

**ZIP CODE:**

**CELL PHONE #**

**HOME PHONE #:**

**GUARDIAN'S NAME:**

**ADDRESS:**

**CITY:**

**ZIP CODE:**

**CELL PHONE #**

**HOME PHONE #:**

**IN CASE OF AN EMERGENCY NAME AND PHONE # TO CALL:**

**WITHIN THE PAST YEAR HAS THE PARTICIPANT BEEN TREATED FOR: PLEASE ANSWER THE FOLLOWING QUESTIONS:**

	PLEASE CHECK BELOW			PLEASE CHECK BELOW					
ASTHMA	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	BROKEN BONES	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
CONCUSSION	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	NECK INJURY	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
HERNIA	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	HEAD INJURY	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
KNEE INJURY	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	ALLERGIES	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
JOINT INJURY	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	EPILEPTIC SEIZURES	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
HEAT EXHAUSTION	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	DIABETES	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
DIZZINESS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	HEART CONDITIONS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
FAINTING SPELLS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	WEAR EYEGLASSES	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
SHORTNESS OF BREATH	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	WEARING CONTACT LENSES	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
					If yes, please list:				
					<b>Medication</b>		<b>Medication Dosage</b>		<b>Frequency of Dosage</b>
TAKING MEDICATION	<input type="checkbox"/>		YES	<input type="checkbox"/>	NO				
	<input type="checkbox"/>		YES	<input type="checkbox"/>	NO				
	<input type="checkbox"/>		YES	<input type="checkbox"/>	NO				
	<input type="checkbox"/>		YES	<input type="checkbox"/>	NO				

I 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, TO TREAT MY CHILD, AND TO DO THAT IS 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.

PARENT /GUARDIAN SIGNATURE:

Date \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_ PLAN \_\_\_\_\_ GROUP # \_\_\_\_\_

HOSPITAL OF CHOICE IF NON EMERGENCY TREATMENT IS NEEDED \_\_\_\_\_

IN CASE OF EMERGENCY, INJURED PARTY WILL BE TAKEN TO NEAREST HOSPITAL.



## WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration of receiving facility usage permission to BE ON PREMISES of the Abington Junior Comets, Abington Heights School District and Hillside Park for approved activities (hereinafter the "Activity or Activities"), I, on behalf of myself and any minor child/children for whom I have the capacity to contract, hereby acknowledge and agree to the following:

1. I understand the hazards of the novel coronavirus ("COVID-19") and am familiar with the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updating, and I accept full responsibility for familiarizing myself with the most recent updates.
2. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to participate in Activities.
3. I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my being on the premises and participating in the Activities and hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE (on behalf of myself and any minor children from whom I have the capacity contract) the Abington Heights School District, Abington Junior Comets and Hillside Park, their owners, officers, directors, agents, employees and assigns (the "RELEASEES") from any liability related to COVID-19 which might occur as a result my being on the premises and participating in the Activities.
4. I shall indemnify, defend and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys' fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other illness or injury.
5. It is my express intent that this Waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, and COVENANT NOT TO SUE the above-named RELEASEES. This Agreement and the provisions contained herein shall be construed, interpreted, and controlled according to the laws of the Commonwealth of Pennsylvania. **I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES AND PARTICIPATE IN THE ACTIVITIES.**

**IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.**

I have signed this Waiver and Agreement on this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

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

NAME: \_\_\_\_\_

NAMES OF MINOR CHILD(REN): \_\_\_\_\_

\_\_\_\_\_