

**APPLICATION FOR PARTICIPATION IN
BRUNSWICK JUNIOR RAILROADERS BOOSTERS, INC
(PLEASE PRINT CLEARLY)**

CHILD'S NAME _____ AGE _____ DATE OF BIRTH _____

SCHOOL _____ GRADE ENTERING _____

PARENT(S) NAME _____ HOME NUMBER _____

ADDRESS _____ CITY _____ STATE _____

EMAIL _____ CELL PHONE _____

ADDITIONAL PARENT NAME _____ NUMBER _____

ADDRESS _____ EMAIL _____

NAME & PHONE NUMBER OF EMERGENCY CONTACT IF OTHER THAN PARENT / GAUARDIAN

NAME _____ PHONE NUMBER _____

MEDICAL INFORMATION

NAME OF CHILD'S FAMILY PHYSICIAN _____

FAMILY MEDICAL CARRIER _____ POLICY OR GROUP NUMBER _____

PERSONAL HEALTH OF PARTICIPANT(Please check Y or N and provide explanation)

- 1. Has had injuries or accidents requiring medical attention..... Y / N _____
- 2. Has had a surgical operation..... Y / N _____
- 3. Has been in a hospital..... Y / N _____
- 4. Has had sickness lasting longer than one week..... Y / N _____
- 5. Takes medicine now or regularly..... Y / N _____
- 6. Has a condition now under a physician's care..... Y / N _____
- 7. Has a defect in hearing or eyesight (glasses, contact lenses)..... Y / N _____
- 8. Is there any reason this child should not take part in any sport?..... Y / N _____
- 9. Had a tetanus and booster inoculation..... Y / N.....Date of last booster ___/___/___
- 10. Will your child be having a physical for the 2016 season..... Y / N.....Please initial statement below for NO

_____ We have opted NOT to have the above mentioned child examined by a Physician OR complete a physical with the understanding that football is a full contact sport, I accept full responsibility that he/she is in good health and has no issue playing or participating in full contact sports.

ALLERGIES (Please check all that apply)

___INSECT STING ___ASTHMA ___LATEX ___MEDICATION ___FOOD ___SEASONAL

IF any are checked, PLEASE indicate any information useful to the Team Coach of BJR INC., (IF ANYTHING) should be done:

_____ We hereby authorize and consent to our child's participation with BJR. We understand the sport (football or cheerleading) our child will be participating is potentially dangerous and that physical injury may occur to our child requiring emergency medical care and treatment. We assume all risk of injury, to include loss of life, of our child that may occur in an athletic activity.

_____ We agree to release and hold harmless the Brunswick Junior Railroaders Boosters, Inc., its members, volunteers, all coaches, and any and all other agents and agree to indemnify each of them from any claims, costs, suits, actions, judgments, and expenses arising from our child's participation.

_____ We hereby give our consent and authorize BJR and its volunteers to consent on our behalf and on behalf of our child, to emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

_____ We understand and agree that we are responsible for all medical bills and cost that may be incurred as a result of medical care and treatment of our child, and agree to provide proof of insurance coverage of our child against accidents and injuries in BJR sanctioned activities, games and practice sessions BJR Boosters, INC. does not carry medical insurance on any participants or volunteers.

_____ We understand that the above named minor will be issued football and/or cheerleading equipment. The football equipment is valued at \$ 400.00 and the cheer equipment is valued at \$ 150.00. I understand that I will be financially responsible for any equipment or uniform that are lost, stolen or damaged while I am responsible for them. If the participant does not return his or issued equipment by November 30th of the current year, then the parent or legal guardian is responsible for reimbursing BJR for purchasing new replacement items. Until any charges for lost equipment have been paid, my child will not receive pictures, trophies or be eligible to participate in the following season.

_____ In the course of the season, BJR staff and/or news media may photograph or videotape participants, publish their images or names for public viewing. Unless indicated otherwise, we will assume permission to do so. (BJR cannot control media coverage of events that are open to the public.) **Permission refused** _____

_____ Refund Policy: A refund request, in writing, must be submitted to the Treasurer of the league. NO refund will be issued until ALL equipment has been returned to the Athletic Director. A refund will be given based on the following schedule; 100% -Sign ups to 1st week of practice in full uniform, 75% -2nd week of practice in full uniform to weigh ins, 50% -Weigh in to 1st game and 0% Day of first game.

_____ We have received a copy, read, understand and agree to the terms outlined in the Parent & Player Commitment Form and the Code of Ethics form. We understand that failure to abide by the rules and regulations established by this organization may lead to corrective action e.g. warning, reprimand, suspension or dismissal from all activities of the corporation by the Board of Directors. Established rules include, but are not limited to, behavior on/off the field during practice or games and/or other activities sanctioned by BJR.

_____ Each parent(including coaches and board members) will be required to work up to (2) 2 hour sessions in the concession stand, at gate or in spirit wear one game for each child they have participating in the league. This time will be before or after your child's game. If you are unable to work on your assigned date and time, it will be your responsibility to find someone to cover your time. **NO EXCEPTIONS**

Parent/Guardian Signature _____ Date _____

COPY OF BIRTH CERTIFICATE RECEIVED YES OR NO

COPY OF MEDICAL INSURANCE CARD RECEIVED YES OR NO

PAID \$ _____ CHECK # _____ CASH \$ _____

PAYMENT PLAN: Y N NUMBER OF PARTICIPANTS _____ APPROVED BY _____

Received on _____ By _____