CHESTERFIELD QUARTERBACK LEAGUE 2017 APPLICATION TO PLAY FOOTBALL

Association-

Circle one	
Flag Minor Junior Senio 6&7 8&9 10&11 12 - 1	
Player's name	
Street Address	Home Telephone Number
City, State, Zip code	Parent/Guardian's Cell phone number
Age (as of July 31, 2017)	Parent/Guardian's Email Address
Elementary School Boundary	Current School Attending
Middle School Boundary Did Child Play Last Year? YES NO	High School Boundary Has The Child Ever Played? YES NO
If yes, for who	
I/We, the parents of the above, a candidate	a position on theteam,
which is a Member Association of the Che participation in any and all League sponsor	(Association-Team) field Quarterback League, Hereby gives my/our approval of his/her activities.
I/We do hereby waive, release, absolve, in	o such participation, including transportation to and from the activities, and unify and agree to hold harmless the Chesterfield Quarterback League, the s and Persons and/or all of them and waive all claims against any or all of them by accident or liability insurance.
	or certified legal proof of birth or other legal proof as may be requested by the place of his/her initial weigh-in or at some other time or place designated by
I/We grant the Commissioner, Chesterfield records pertaining to birth date and residen	narterback League, permission to verify, if necessary, my/our child's school information only.
statements reported on this Application ma Quarterback League and may likely result	Application is true, correct, and complete. I/We understand that any false e considered as an attempt to disregard the rules of the Chesterfield our child(ren) suspended from further participation for the remaining of the h(s) will be held accountable, subject to penalties
Parent/Legal Guardian Signature	Date
Parent/Legal Guardian Signature	Date