

Western Ohio Junior Football Conference

Residency and Physical Form (Please Type or Print)

Organization: _____

Bantam **3rd** **4th** **5th** **6th** **Team Color (if applicable):** _____

PLAYER/PARTICIPANT INFORMATION

NAME (Last, First)		AGE ON SEPT 1ST	DATE OF BIRTH
STREET ADDRESS			PHONE NUMBER
CITY/STATE/ZIP CODE			EMERGENCY PHONE NUMBER
FATHER'S NAME	MOTHER'S NAME	PHYSICIAN'S NAME	PHYSICIAN'S PHONE NO.
GRADE	PUBLIC SCHOOL DISTRICT	SCHOOL NAME	MEDICAL INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

PARENT OR GUARDIAN...Please read the following and sign at the "X"

I. I/We hereby make application for the above named minor to participate in this youth football program and the Western Ohio Jr. Football Conference (WOJFC) for the upcoming football season. I/We also fully understand the risks involving personal injury, which may arise during the course of the football program and voluntarily assume any and all such risks. I/We hereby release the WOJFC and all its member organizations, administrators, officials, sponsors, coaches, supervisors, volunteers and facilities of any and all injuries that may occur at all games, practices, and during travel to and from the same.

II. I/We agree to abide by all Rules, Bylaws, decisions and interpretations of the WOJFC and/or this youth football organization for which the minor is registered. I/We also agree that prior to the first scheduled practice of the upcoming season that I/We have read and agree to comply with the WOJFC Parent's Code of Ethics provided at wojfc.com. Failure to abide by and comply with any of the aforementioned items could result in penalties up to and including the permanent expulsion from the WOJFC.

III. I/We understand and accept the responsibility for the return or replacement of any and all equipment and/or properties of the WOJFC (and/or your specific member organization) that are loaned or placed in the above named minors and/or my care.

IV. I/We understand that the WOJFC mandates that all players must reside within the public school boundaries (or boundaries otherwise approved by the WOJFC) of their respective organization as of the date of the first day of Practice (the last Monday in July). Your signature below certifies that the information provided above is complete and accurate. Violation of this residency rule could result in you and your child's immediate suspension from the WOJFC and the possibility of permanent removal from participation in the WOJFC. In the case of divorced and/or separated families, the school district of the parent with legal custody (Residential Parent) and/or designated by the Courts will be used.

X _____

PARENT/GUARDIAN SIGNATURE DATE

PHYSICIAN'S STATEMENT...Please complete the following and sign and date at the "Xs"

***Date the Physical was performed:** _____

I certify that the above named child has completed a sports physical in the calendar year of the season which he is to participate and that this child is physically able to participate in the athletic activities for which this physical was administered.

Physician's name: _____ **X** _____

Address: _____ Physician's Signature

_____ **X** _____

Telephone#: _____ Date