

Team: \_\_\_\_\_ Jersey #: \_\_\_\_\_

WVJFC USE ONLY:  FORM COMPLETE |  BIRTH CERTIFICATE |  PHYSICAL  
6U-Team 5, 6 yr old 8U-Team 7, 8 yr old 10U-Team 9, 10 yr old 12U-Team 11, 12 yr old

# 2025 WYOMING VALLEY JR. FOOTBALL CONF. INC. OFFICIAL REGISTRATION FORM

COPIES OF THE PARTICIPANT'S BIRTH CERTIFICATE AND MEDICAL CLEARANCE ARE REQUIRED PRIOR TO ANY ACTIVITY.

Participant First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth:  Age on August 1, 2025:   Football  Cheerleading

Street Address: \_\_\_\_\_ City, State and Zip Code: \_\_\_\_\_

Guardian 1 Full Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Guardian 2 Full Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

In case of an emergency, the name and number to call is: \_\_\_\_\_

Please answer the following questions. Within the past year has the participant been treated for any of the following?

	Please check below	If the answer is <input checked="" type="checkbox"/> Yes, then you must give an explanation below.
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/>
Concussion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hernia	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Knee Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Joint Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heat Exhaustion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dizziness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fainting Spells	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shortness of Breath	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Broken Bones	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Neck Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Head Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Epileptic Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Heart Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the participant currently take medication(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the participant currently wear eyeglasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the participant currently wear contact lenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Having been informed of the organization, the WVJFC Inc., to provide supervised activities during the season, I do assume all the risk and hazards incidental to the conduct of the activity, and I do further release, absolve, indemnify, and hold harmless the WVJFC Inc., the organizers, sponsors, or any of the supervisors appointed by them. I likewise release responsibility to any person transporting my child to and from an activity. As the guardian, I will furnish, upon request of the conference bylaws, a certified copy of the birth certificate of the above-named candidate and current sports physical. The Insurance that the Wy Inc., carries is only secondary insurance. Please be advised that your Family Insurance is the Primary Insurance Coverage in case of Injury.

Please select the correct box and confirm with your initials: My Child  IS /  IS NOT covered by Health Insurance. Initials: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance Plan: \_\_\_\_\_ Insurance Group #: \_\_\_\_\_

Hospital of choice in non-emergency treatment is: \_\_\_\_\_ In case of emergency, injured party will be taken to nearest hospital.

I agree to the above and 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, permission to treat my child, and to do 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.

ATTENTION ALL PARENTS, GUARDIANS AND FANS.

IF A FAN(S) BECOME(S) UNRULY OR DISRUPTIVE DURING A WYOMING VALLEY JUNIOR FOOTBALL CONFERENCE INC GAME, THE GAME WILL BE STOPPED UNTIL THE FAN(S) CALM DOWN OR ARE REMOVED. IF THE FAN(S) DO NOT CALM DOWN OR RESIST REMOVAL FROM THE VENUE, THE LEAGUE OFFICIAL HAS THE AUTHORITY TO TERMINATE THE GAME.

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

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



## 2025 Wyoming Valley Junior Football Conference Football and Cheerleading Medical Clearance Form

I, as evidenced by my name, title and signature below, do certify that I am a licensed PA, CRNP, DO or MD and am qualified in determining that the child named below is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in tackle football or cheerleading activities. I am therefore stating that:

(Child Name): \_\_\_\_\_ is cleared to participate in:

Football       Cheerleading      for the 2025-2026 school year.

	Please Print – or – Use Office Stamp Here:
Signature	Print Name Clearly
Date	Office Address

### PLEASE NOTE:

While medical clearance is necessary before any participant can engage in physical activities, this form is optional and may be substituted with a note from a PA, CRNP, DO or MD on the doctor's official stationery and includes the following statement: "(Participants Name) is cleared to participate in football / cheerleading."

If this medical clearance is voided by injury, accident, or illness, it will be the responsibility of the Parent / Legal Guardian to notify the participant's Coach and League Officials. It will also be the responsibility of the Parent / Legal Guardian to obtain written permission from his/her MD or DO to resume participation. A "Resume Participation Medical Clearance Form" is available from the WVJFC or you may have the doctor supply his/her own written clearance on the doctor's official stationery and includes the following statement: "(Participants Name) is cleared to resume participation in football / cheerleading."

# WVJFC INC. CHEERLEADING COMPETITION & COMPLIANCE FORM

(This form must be filled out in its entirety and signed by parent or legal guardian in order for the cheerleader to compete.)

## 2025 CHEERLEADER INFORMATION

ORGANIZATION NAME \_\_\_\_\_ SQUAD \_\_\_\_\_  
CHEERLEADER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE \_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE\_ZIP \_\_\_\_  
PARENT/GUARDIAN NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

## 2025 MEDICAL INFORMATION

In case parent/guardian can not be reached: EMERGENCY CONTACT NAME \_\_\_\_\_  
CONTACT PHONE NUMBER \_\_\_\_\_ RELATIONSHIP TO PARTICIPANT \_\_\_\_\_  
PHYSICIAN'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
HEALTHCARE OR INSURANCE CARRIER \_\_\_\_\_ ID OR POLICY # \_\_\_\_\_  
GROUP # \_\_\_\_\_ INSURER'S NAME \_\_\_\_\_ RELATIONSHIP TO PARTICIPANT \_\_\_\_\_  
Is the participant currently being treated for any type of medical condition?  NO  YES \_\_\_\_\_  
Please list allergies i.e. medications etc.? \_\_\_\_\_

## RELEASE AND WAIVER

I, THE UNDERSIGNED PARENT OR GUARDIAN. . .

- 1). Hereby grant permission for my cheerleader, named above, to participate in the Wyoming Valley Cheerleading Competition(s).
- 2). The WVJFC Inc. will take all necessary precautions to prevent injury and secure the safety of my cheerleader.
- 3). Acknowledge and am fully aware of the obvious dangerous nature of the sport of cheerleading (which involves motion, rotation, inversion or heights) for which my cheerleader is involved can result injury (minimal, serious or catastrophic, including death).
- 4). Agree for myself or on behalf of my cheerleader or any other authority to make no claim or demand of any kind and hold harmless and release from Liability the WVJFC Inc. Organization Coaches and Volunteers for any claims, judgment or loss, liability, cost and expenses (including without limitation, attorney's fees and cost) arising out of or in connection with the event, including any claims arising out of or in connection with any injury that the cheerleader may incur or sustain during the event, all activities associated with the event and while traveling to and from the site for the event .
- 5). Give my permission to the WVJFC Inc. Organization Coaches to take the necessary measures in order for my cheerleader to receive medical treatment in the event of illness or injury, release WVJFC Inc. Organization of all liability associated with the exercise of this authority, and understands and agrees to allow medical personnel or health care facility staff to administer immediate medical treatment to my cheerleader.
- 6). NON CONFERENCE PARTICIPANTS - Am ultimately responsible for payment of expenses incurred for medical treatment.
- 7). Hereby give WVJFC Inc. Organizations the right and permission to film, photograph, video and audio tape my cheerleader and myself while participating and attending the event for marketing purposes i.e. broadcast and/or promotional materials and further understand and agree that there is no royalty or reproduction of images and that all images used become the property of the WVJFC Inc. Organizations.

BY SIGNING BELOW THE CHEERLEADER, COACH AND I, VERIFY THAT. . .

- 1) I am the parent or guardian of the cheerleader named above and
- 2) I have read, understand and agree to all the conditions and statements listed in this Participation and Compliance Form.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
CHEERLEADER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
COACH'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**PHOTO RELEASE FORM**  
**Mountain Top Jr. Comets**  
**Football & Cheer**

I hereby grant to Mountain Top Jr. Comets Youth Athletic Organization, its representatives and employees, the right to take photographs of my Child in connection with, association to, and promotion of, aforementioned organization. I authorize Mountain Top Jr. Comets, its assigns and transferees to copyright, use and publish the same in print and/or electronically to its own accord with or without my prior knowledge.

I agree and affirm that Mountaintop Jr. Comets may use such photographs of my Child with or without the Childs name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above release,

Printed Name \_\_\_\_\_

Organization (If Applicable) \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature (Parent or Guardian if under 18)  
\_\_\_\_\_

Athlete(s) Name(s) Please Print  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**MOUNTAINTOP JUNIOR COMETS  
FOOTBALL AND CHEERLEADING ORGANIZATION  
WYOMING VALLEY JUNIOR FOOTBALL CONFERENCE**



I hereby pledge to provide positive support, care and encouragement for my child while participating in the Mountaintop junior comets organization activities and pledge to abide by the following CODE OF CONDUCT

1. I will NOT force my child to participate in sports.
2. I will remember that the game is for youth participants, NOT the adults.
3. I will place the emotional and physical well being of my child ahead of my personal desire to win.
4. I will encourage good sportsmanship by demonstrating positive support for all players, coaches, officials and other spectators at all Mountaintop Junior Comet functions.
5. I will respect the officials and their authority during games and never question, discuss or confront coaches at the game field, and will take time to speak with the coaches at an AGREED time and place.
6. I will not threaten a coach, official, board member, player, another parent or guest of the Mountaintop Junior Comets Organization and/or the Wyoming Valley Junior Football Conference (WVJFC) and its Organizations.
7. I will NOT go onto the practice or game field at any time.
8. I will NOT interfere with the coach's duties during practice or games.
9. I will refrain from coaching my child or other players during practice or games, unless I am one of the official coaches of the team.
10. I will support the coaches and officials working with my child, in order to encourage and facilitate a positive and enjoyable experience for all.
11. I will respect and abide by Organization rules, policies, regulations and administrative considerations relative to my, and my child's participation in any and all Mountaintop Junior comets functions.
12. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance.
13. I will NOT encourage any behaviors or practices that would endanger the health and wellbeing of all athletes.
14. I will be responsible for notifying the Coach of any injuries, illnesses or health problems, which may affect my child's ability to safely participate or the safety of others.
15. I will do my best to ensure the timely attendance of my child at all practices and games, realizing this is not only necessary for the safety and development of my child, but also is a means by which to instill confidence, responsibility and enthusiasm in the players and participants.
16. I will be responsible for contacting the Coach or Assistant Coach prior to practices or games if my child will not be able to attend.
17. I will be appreciative and responsible of the fact that all equipment issued is the sole property of the Mountaintop Junior Comets Organization and that the equipment must be maintained, cleaned and returned in good working condition or my child's discontinuance of active participation. Failure to return any or all assigned equipment will result in the organization cashing my deposit, the balance of which I will be held responsible for.
18. I will refrain from abusive language, profanity, consumption of alcohol, tobacco, drugs or weapons at practice fields or game day activities. This could result in the immediate suspension of both parent and child for the entire season.
19. I will participate in all MANDATORY fundraisers for the success of the organization, and hereby understand that fundraisers are a requirement, and by not fulfilling my duties it can affect my child's participation in practice and game activities.
20. I will NOT discriminate against race, creed, sex, national origin or ability.

I also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to the following disciplinary action:

- 1<sup>st</sup> warning: Verbal warning by coach, official or president of the organization
- 2<sup>nd</sup> warning: written warning carried out by the president of the organization
- 3<sup>rd</sup> warning: parental banishment from the Mountaintop Junior Comets Organization functions

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature parent/ guardian #1      Signature parent/ guardian #2      Date      Participant's printed name