

# CHESTERFIELD QUARTERBACK LEAGUE

## APPLICATION TO PLAY FOOTBALL

Smith Association Registration [www.smithsharks.net](http://www.smithsharks.net)

Association \_\_\_\_\_

**CQL USE ONLY**

PL OP OPC PW S

**Circle one:**

Flag Minor Junior Senior  
6&7 8&9 10&11 12&13

Player \_\_\_\_\_  
Last Name First Name MI

Address \_\_\_\_\_  
Street Home Phone Number  
\_\_\_\_\_  
City, State, Zip Code Cell Phone Number

E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age (as of July 31<sup>st</sup>) \_\_\_\_\_

\_\_\_\_\_  
Elementary School Boundary School Attending

Did Child Play Last Year? YES NO If yes, for whom? \_\_\_\_\_

I/We, the parents of the above, a candidate for a position on the \_\_\_\_\_ team, which  
Association  
is a Member Association of the Chesterfield Quarterback League, hereby give (s) my/our approval of  
his/her participation in any and all League sponsored activities.

I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Chesterfield Quarterback League, the Organizers, Sponsors, Supervisors, Participants and Persons transporting my/our son/daughter, except to the extent and in the amount covered by accident or liability insurance.

I/We shall furnish a certified Birth Certificate or certified legal proof as may be requested by the League for the above candidate at the time and place of his/her initial weight-in or at some other time or place designated by the Commissioner.

I/We grant the Commissioner, Chesterfield Quarterback League, permission to verify, if necessary, my/our child's school records pertaining to birth date and residence information only.

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

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