

# **CHESTERFIELD QUARTERBACK LEAGUE**

## **APPLICATION TO PLAY FOOTBALL**

Association \_\_\_\_\_

CQL USE ONLY

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

PL OP OPC PW S

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

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

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 who \_\_\_\_\_

I/We, the parents of the above, a candidate for a position on the Woolridge team, which is a  
Association

Member Association of the Chesterfield Quarterback League, Hereby gives 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 of birth or other legal proof as may be requested by the League for the above candidate at the time and place of his/her initial weigh-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 \_\_\_\_\_