

**INLAND EMPIRE JUNIOR ALL AMERICAN FOOTBALL CONFERENCE  
PLAYER AND CHEERLEADER INFORMATION FORM**

**CHAPTER USE ONLY**

Returning Player/Cheerleader: YES/NO If yes where? \_\_\_\_\_

**FOOTBALL                      CHEERLEADER**

**DIVISION:**

Mascots, Jr. Micro, Micro, Jr. Pee Wee, Pee Wee, Midgets Weight \_\_\_\_\_  
(Cheer only) (Football Only)

**TO BE COMPLETED BY PLAYERS PARENTS/GUARDIAN**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Player's Last Name, First Name Middle Initial Birthdate Age on July 31st

\_\_\_\_\_  
Address City Zip Code Home Phone

\_\_\_\_\_  
Parent/Guardian (Print) Parent/Guardian (Print)

\_\_\_\_\_  
(Home Number) (Cell Number) (Home Number) (Cell Number)

**EMAIL ADDRESS**

(Main source for communicating updates )

**EMERGENCY CONTACTS**

Name	Address	Phone Number

**MEDICAL CONSENT**

\*In the event of an injury to MY/OUR child, I/WE hereby grant authority to a qualified Doctor of Medicine to render such medical treatment as said Doctor.

\_\_\_\_\_  
Parent/Guardian (Signature) Parent/Guardian (Signature)

**INSURANCE INFORMATION**

Insurance Company \_\_\_\_\_  
Insurance Number (List Parents Social Security Number if there is no coverage) \_\_\_\_\_  
Please List ALL ALLERGIES: \_\_\_\_\_