## CHESTERFIELD QUARTERBACK LEAGUE 2019 APPLICATION TO PLAY FOOTBALL

Association-

	Circle o	o <u>ne</u>			CQL USE ONLY					WEIGHT		
Flag 7 U	Minor 9 U	<b>Junior</b> 11U	Senior 13 U		LN	ОРС	ОР	PW	PD	S		
Player's name							Play	/er's Dat	e of Bir	th		
Street Address							Hon	Home Telephone Number				
City,	State, Zip	code					Pare	ent/Guar	dian's C	Cell pho	ne number	
Age (as of July 31, 2019)							Pare	Parent/Guardian's Email Address				
Elementary School Boundary							Cur	Current School Attending				
Midd	le School F	Boundary					—— High	n School	Bounda	ary		
Did C	hild Play I	Last Year?	YES NO	Has	The Ch	ild Ever	Played?	YES	NO	)		
If yes,	for who											
I/We,	the parents	of the above, a	a candidate for	a position o	on the					team,		
			of the Chester gue sponsored		erback Le	`	ociation- eby give	/	approval	l of his/h	ner	
I/We of Organ	lo hereby w izers, Spons	aive, release, a sors, Superviso	ds incidental t absolve, inden ors, Participan mount covered	nnify and ag ts and Perso	ree to hol ns and/or	d harmles all of the	s the Ch m and w	esterfield	Quarter	back Lea		
Leagu		ove candidate	rth Certificate at the time and									
			Chesterfield Quand residence			ermission	to verify	, if neces	sary, my	our chil	d's school	
statem Quarte	ents reporte erback Leag	ed on this App ue and may lil	ntained in the a lication may b kely result in y ling associatio	e considered our child(re	d as an att en) susper	empt to daded from	isregard further p	the rules participati	of the Cl	nesterfie	ld	
Parent	/Legal Guar	rdian Signatur	e				Date _					
Parent/Legal Guardian Signature							Date _					