

CHESTERFIELD QUARTERBACK LEAGUE

APPLICATION TO PLAY FOOTBALL

Association- _____ Year _____ Check One Fall _____ Spring _____

<u>Circle one</u>	<u>CQL USE ONLY</u>	<u>WEIGHT</u>
7U 9U 11U 13U 15U	OPC LN FTF OPL OP OPW W PD S	_____

Player's name _____

Player's Date of Birth _____

Street Address _____

Home Telephone Number _____

City, State, Zip code _____

Parent/Guardian's Cell phone number _____

Age (as of July 31, 2026) _____

Parent/Guardian's Email Address _____

Elementary School Boundary _____

Current School Attending _____

Middle School Boundary _____

High School Boundary _____

Did Child Play Last Year? YES NO _____

Has the Child Ever Played? YES NO _____

If yes, for who _____

I/We, the parents of the above, a candidate for a position on the _____ team,
(Association-Team)

which is a 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 and/or all of them and waive all claims against any or all of them except to the extent and in the amount covered by accident or liability insurance.

I/We shall furnish a certified Virginia DMV Identification Card 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.

I/We certify the information contained in the Application is true, correct, and complete. I/We understand that any false statements reported on this Application may be considered as an attempt to disregard the rules of the Chesterfield Quarterback League and may likely result in your child(ren) suspended from further participation for the remaining of the current season and/or the offending association(s) will be held accountable, subject to penalties.

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____