

Abington Junior Comets
P.O. Box 355
Clarks Summit, PA 18411
www.abingtonjuniorcomets.com

**** Important Parent Information & Application ****
(Please keep this page for future reference)

The Abington Junior Comets Football Organization is incorporated as a not for profit organization within the state of Pa. A volunteer board of directors consisting of parents, coaches, and interested community members governs us. Background checks by Pa. State Police will be performed on all coaches. The Abington Junior Comets participate in the *Northern Area Junior Football League*. All participants (football and cheerleading) are assigned a league schedule, which they are to follow.

Application:

Complete the following in person at the High School Field House on either April 22, 2009 (6:00 p.m.- 8:00 p.m.) or April 25, 2009 (10:00 a.m. – 12:00 p.m.):

Junior Comet Application

League permission slip

Volunteer Application

Copy of birth certificate *(only required for 1st time participants)

Recent wallet size photo *(only required for 1st time participants)

Age Limits:

C Team - minimum age - at least 7 years old by May 1st ;(Aug. 31 cheerleading)
maximum age - 10 years old if born on or after May 1st;(Aug 31 cheerleading)

B Team - minimum age - 10 years old if born before May 1st;(Aug 31 cheerleading)
maximum age - 12 years old if born on or after May 1st;(Aug 31 cheerleading)

A Team - minimum age - 12 years old if born before May 1st;(Aug 31 cheerleading)
maximum age - 14 years old if born on or after February 1st.(Aug 31 cheerleading)

Equipment:

We provide football players with game uniform, practice jersey, padding and helmet. **You will need to purchase practice pants, athletic supporter and cup, girdle, rubber cleats and a nontransparent mouthpiece.**

We provide cheerleaders with game uniform. **You will need to purchase: hairpiece, lollipops (bloomers), socks, sneakers, turtleneck and pom-poms. *These items will be made available through order form at practice.***

Parents of all participants will be required to sign a paper upon receipt of equipment/uniform and relinquish all equipment/uniform upon demand of the Abington Junior Comets.

*****Please use our website this year for practice cancelations, game cancelations and other important information. We will also have the team moms communicate via email.*****

Practice and Games:

Practice begins **July 22** and will be held **Monday** through **Thursday 6:00 p.m. to 8:00 p.m.** at the **Abington Heights Middle School**. Monday practices are dropped after the first game. Saturday morning practices may be held at the discretion of the coaches. **Please be prompt in dropping off and picking up your child and observe the traffic flow patterns at the Middle School.** Siblings will be assigned to the same Division.

Games are played on either **Saturday evenings or Sunday during the day**. Schedules are made available in mid August. Unexcused absences from practices or games may impact playing or participation time and, in extreme cases, result in dismissal from the squad. Parents are responsible for transportation to and from practices and games.

Code of Conduct:

The following items will not be promoted or tolerated from coaches, players, cheerleaders, parents/guardians or fans: **abusive or vulgar language, poor sportsmanship, prejudice, egotistical attitudes or physical/verbal confrontations.** Parents/Guardians and fans will also refrain from fighting with any child, coach, parent, league official or other fans.

Violation of this Code by either participant and/or parent/guardian may result in discipline or removal of the participant from the organization.

Registration Fees and Fundraising:

Our major fundraiser is NFL football sweepstakes ticket sales. Unless a participant has a sibling in the organization, each shall be required to sell **10 (ten)** of these tickets (\$10.00 each). Families who have 2 children participating in the Jr. Comet program will be responsible for selling 12 tickets (combined). Any family who has 3 or more children participating in the organization shall be responsible to sell a total of 15 tickets.

You have 2 options when submitting the application:

#1) Fundraising Participation:

Regular registration fee of **\$60.00** along with mandatory participation in the fundraiser.

#2) Non-Fundraising Option:

A one-time registration fee of **\$135.00** submitted along with the application. (Only one sibling per family pays this fee. Each additional sibling pays \$60.00.)

NOTE - ANY PLAYER OR CHEERLEADER WHO FAILS TO TURN IN FUNDRAISING MONEY BY ANNOUNCED DEADLINE WILL BE PROHIBITED FROM PARTICIPATING IN GAMES OR LEAGUE EVENTS UNTIL MONEY HAS BEEN TURNED IN.

NORTHERN AREA JUNIOR FOOTBALL LEAGUE APPLICATION - 2009

THIS AREA FOR OFFICIAL LEAGUE USE!!!!

OFFICIAL WEIGHT BY COACH ONLY _____ SCHOOL DIST. _____

INITIALS AND DATE OF COACH _____

GAME JERSEY NUMBER _____

CHILD'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE _____

MY CHILD IS NOW _____ YEARS OF AGE

FATHER'S SIGNATURE _____

MOTHER'S SIGNATURE _____

(MUST BE SIGNED BY BOTH PARENTS -- IF NOT GIVE REASON)

HAVING BEEN INFORMED OF THE NORTHERN AREA JUNIOR FOOTBALL LEAGUE (NAJFL) TO PROVIDE SUPERVISED FOOTBALL GAMES FOR YOUTHS, I/WE, THE PARENTS OF THE ABOVE, DO HEREBY GIVE MY/OUR APPROVAL TO HIS/HER PARTICIPATION IN ANY & ALL ACTIVITIES DURING THE CURRENT SEASON. I/WE DO ASSUME ALL THE RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITY, THE TRANSPORTATION TO AND FROM THE ACTIVITY; AND I/WE FURTHER RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS THE NAJFL, THE ORGANIZERS, SPONSORS AND SUPERVISORS APPOINTED BY THEM. I/WE HEREBY WAIVE ALL CLAIMS AGAINST THE ORGANIZERS, SPONSORS, AND ANY SUPERVISORS APPOINTED BY THEM. I/WE RELEASE FROM THE RESPONSIBILITY ANY PERSON TRANSPORTING MY/OUR CHILD TO & FROM THE ACTIVITY.

I/WE WILL ALSO CLEAN AND RETURN ALL EQUIPMENT AND UNIFORMS USED BY MY/OUR CHILD BY A SPECIFIC DATE SET BY TEAM OFFICIALS IN SUBSTANTIALLY THE SAME CONDITION IN WHICH IT WAS RECEIVED, OR PAY FOR THE EQUIPMENT & UNIFORM.

I/WE ARE IN A POSITION TO FURNISH, UPON REQUEST OF CONFERENCE OFFICIALS, A CERTIFIED COPY OF THE BIRTH CERTIFICATE.

Abington Junior Comets Application 2009

PLEASE PRINT CLEARLY

Organization use only

Team: **A B C**

Amount Pd:\$ _____

Check: _____

Date: _____

Name: _____

Mother's Name: _____ Father's Name: _____

Address: _____
Street City State Zip

Phone #(s): (H) _____ (Cell#) _____ Email: _____

Date of Birth: ____/____/____ Boy's Age as of May 1st: ____ Girl's age as of Aug.31 ____

Grade entering in September 2009: _____

School (as of September, 2009): _____

Do you have any siblings who will be participating in the Jr. Comet organization this year?
_____ Yes _____ No

If your answer to this question is yes, please provide the name(s) and teams (A, B or C) of each sibling.

(Football only): Height: _____ Weight: _____

Please check your registration option and sign below. **NO REFUNDS OF REGISTRATION FEES.**

Fundraising Participation Fee (\$ _____)

Fundraising Fee (\$ _____)

Medical Information:

Emergency Contact Person (other than parents): (*required*)

Name: _____ phone #: _____

Has your child ever been treated for:

	Yes	No
Rheumatic Fever	_____	_____
Heart Disease	_____	_____
Lung Disease (asthma)	_____	_____
Neurological Disorder	_____	_____
Diabetes	_____	_____
Kidney/Live Disease/Hepatitis	_____	_____
Other: _____		

List Allergies: _____

Current Medications: _____

Family Physician Name: _____ Phone #: _____

Medical Insurance (*required*):

Provider: _____

Policy No. _____

Having been informed of the Abington Junior Comets, Inc. organization to provide supervised activities for participants, I, the parent/guardian of the participant named on the application give my permission for his/her participation in any/all of the activities during the season. I assume all risks and hazards incidental to the conduct of the activity, transportation to and from the activity. On my own behalf and on behalf of the participant named in this application, I do hereby release, absolve and fully indemnify and hold harmless the Abington Junior Comets, Inc., the League in which it participates, and any and all other organizers, sponsors, supervisors, coaches, assistants and other participants from any and all claims for liability arising out of or relating in any way to any injury or other harm my son/daughter/ward may sustain in any practice, game or other event in which he or she participates as a member of the Abington Junior Comets. I likewise release responsibility to any person transporting my child to and from the activity.

I also agree to cover the cost of cleaning/repairing/replacing any uniform or equipment issued to my child that is not returned to the Junior Comets at the end of the season in substantially the same condition in which it was delivered at the start of the season, reasonable wear and tear excepted.

I am in a position to furnish with this application, **a copy of the birth certificate, a recent wallet size photo and League permission slip.** I authorize a qualified physician to treat my child for injury during games or practice. In order to maintain the cost of insurance, a hospital and surgery excess rider will cover each participant.

I have read the enclosed information on pages 1 and 2, including the Code of Conduct, equipment procedures, cost involved and medical authorization form. By signing below, I agree to all terms expressed therein.

Parent/Guardian: _____ Date: _____

Abington Junior Comets Volunteer Opportunities 2009

Please help our organization by assisting to help in the following areas. Kindly check **at least one** of the options that applies to your family's interests and hand in with your application. You will be notified, as your help is needed.

Name _____ Email _____
Phone _____ Cell # _____

Your children's names:

FOOTBALL

A _____

B _____

C _____

CHEERLEADING

A _____

B _____

C _____

I would like to assist the Abington Junior Comets with the following:

- COACH** (PLEASE CIRCLE) FOOTBALL CHEERLEADING
Assist in nightly practice and weekend home and away games.
- TEAM MOM** (PLEASE CIRCLE) FOOTBALL CHEERLEADING
Coordinate with other team moms in tasks like making phone calls, organizing team binders, handing out fliers, taking attendance at practice, etc.
- PRE GAME SET – UP** BEFORE D AND C TEAM HOME GAMES
Help get our teams ready to play! Assist coaches in setting up the field.
- POST GAME CLEAN – UP** AFTER A TEAM HOME GAMES
Let's keep our fields clean! General clean up of trash, lost items, etc.
- CHAIN GANG** ALL TEAMS- HOME GAMES
This is the best view in the house of your children playing and cheering! Help in holding chains (down markers) on the field during the games.
- GAME FILMERS** ALL TEAMS- HOME AND AWAY GAMES
Simply record the game you're attending with a video camera provided by the Junior Comets.
- SPORTS WRITER** ALL TEAMS- HOME AND AWAY GAMES
Write a brief summary of the action during the game you're attending. Articles will be submitted to the Abington Journal and Times Suburban.
- AD BOOK (TEAM PROGRAM)**
Help to gather ad sponsors, player and cheerleader photos, etc. It's a great keepsake too!
- CONCESSION STAND** ALL TEAMS- HOME GAMES
Our Junior Comet organization would not be able to operate if not for the revenue from our concession stand. **Everyone's help is needed and 100% participation from all families is expected.** You will be scheduled for the concession stand before or after your child's game. If volunteers for the concession stand are low this year, mandatory assignments for all families will be implemented.
- FOOD DONATIONS** ALL TEAMS- HOME GAMES
Donations of food (like wimpies, chili, soup, pasta etc) and baked goods are valuable to the success of our concession stand. You can contribute your best recipe or a purchased one.