



HILLSBORO

447 South Main Street
Hillsboro, IL 62049-0556
(217) 532-5566 • (217) 532-6615 • FAX (217) 532-5567

**JFL Football contract
for the 2021 season.**

One contract per child

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

CURRENT AGE: _____ BIRTHDATE: _____ MALE / FEMALE

GRADE GOING INTO: 5TH _____ 6TH _____ 7TH _____ 8TH _____

PARTICIPATION FEE: \$95.00

IF CHILD DID NOT PLAY LAST YEAR WE WILL NEED A COPY OF BIRTH CERTIFICATE

ANY RELEVANT MEDICAL CONDITIONS (E.G., ASTHMA, ALLERGIES, ETC.) _____

MAIN CONTACT(S) PARENTS / GUARDIAN

1ST: NAME: _____ PHONE: _____

ADDRESS: _____

please indicate if you are able to help with: coaching _____ concessions/entry _____ scorekeeping _____

2ND: NAME: _____ PHONE: _____

ADDRESS: _____

please indicate if you are able to help with: coaching _____ concessions/entry _____ scorekeeping _____

**NO REFUNDS WILL BE GIVEN ON CONTRACTS. PARENTS ARE RESPONSIBLE FOR
TRANSPORTATION. WE CAN NOT GUARANTEE CERTAIN PLAYERS WILL BE ON CERTAIN
TEAMS TOGETHER.**

**WE THE PARENT(S) OF THE ABOVE NAMED CANDIDATE HEREBY GIVE OUR PERMISSION AND
APPROVAL FOR HIS/HER PARTICIPATION IN ANY AND ALL ACTIVITIES DURING THE CURRENT
SEASON. WE DO HEREBY WAIVE/RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD
HARMLESS THE CITY OF HILLSBORO, ORGANIZERS, SPONSORS, SUPERVISORS, OFFICIALS,
AND PERSONS TRANSPORTING THE ABOVE NAMED CHILD.**

SEE REVERSE SIDE

PARENT OR GUARDIAN SIGNATURE _____

PRINTED NAME OF PARENT OR GUARDIAN _____

Please mail contracts and checks payable to the City of Hillsboro or drop off your contract and payment at Hillsboro City Hall. ALL CONTRACTS MUST BE RECEIVED BY MAY 28TH. Contact 217-532-5566 for more information.

PAYMENT RECEIVED DATE: _____ **RECEIVED BY:** _____

CASH _____ **CHECK** _____ **MONEY ORDER:** _____

