

\_\_\_\_ Check-In Form  
\_\_\_\_ Registration  
Forms  
\_\_\_\_ Registration  
Fees  
\_\_\_\_ Physical  
\_\_\_\_ Birth Certificate  
\_\_\_\_

AJM Rep \_\_\_\_\_

NEW      RETURN

# Argonaut Junior Mustangs PARTICIPANT REGISTRATION 2024 SEASON

AGE \_\_\_\_\_ GRADE \_\_\_\_\_  
- (On Nov 1)

PARTICIPANT'S NAME

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

AGE ON NOVEMBER 1, 2024 \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

GRADE AS OF AUGUST 2024 \_\_\_\_\_ SCHOOL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHYSICAL ADDRESS (IF DIFFERENT FROM ABOVE)  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Address (If different from above) \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Address (If different from above) \_\_\_\_\_  
\_\_\_\_\_

Some coaches will text you what is the best number to receive messages \_\_\_\_\_

Child lives with (check all that apply):

\_\_\_\_ Mother    \_\_\_\_ Father    \_\_\_\_ Grandparent

\_\_\_\_ Other (Explain): \_\_\_\_\_

Alternative Contacts: In case you cannot be reached

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Participant's Information**

List any medical problems he/she has as well as any precautions that need to be taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child on any medications? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please list all medications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Physician to notify in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contacts ~ In case of emergency, whom do we notify?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Information:

Name of Insurance Company \_\_\_\_\_

Policy \_\_\_\_\_ Group \_\_\_\_\_

**MEDICAL TREATMENT CONSENT**

I hereby give permission to Argonaut Junior Mustangs to acquire any and all medical care prescribed by a duly licensed Doctor of Medicine for \_\_\_\_\_, as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my child.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Date \_\_\_\_\_

# **Argonaut Junior Mustangs CODE OF CONDUCT**

The Argonaut Junior Mustangs Board believes that participation in Argonaut Junior Mustangs youth football and cheer teaches citizenship, teamwork, and sportsmanship. Participants of the Argonaut Junior Mustangs are easily recognized and should serve as positive role models for other youth in the community. For these reasons we have the following Code of Conduct:

1. A participant of the Argonaut Junior Mustangs is a student first. Participants will be encouraged to maintain a minimum grade point average of 2.0., with no failing grades.
2. A participant of the Argonaut Junior Mustangs will abstain from the use of the following substances through the season:
  - a) Tobacco in any form.
  - b) Alcohol in any form.
  - c) Drugs not prescribed by a doctor.
3. It is the responsibility of the Argonaut Junior Mustangs player or cheerleader and his/her guardian(s) to demonstrate positive behavior, which will reflect good sportsmanship and citizenship. Athletes and parent/guardians will abstain from the following:
  - a) Obscene or profane language.
  - b) Unbecoming conduct to others, including but not limited to, belittling remarks or actions toward other players.
  - c) Fighting.

I have read and understand the above Code of Conduct. I further understand that failure to abide by these rules may result in my participation with the Argonaut Junior Mustangs being discontinued.

**Parents**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participants**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Argonaut Junior Mustangs**

# DECLARATION OF REGISTRATION INFORMATION

**Participant's Name** \_\_\_\_\_

With your signature, this form registers your child with the Argonaut Junior Mustangs Football and Cheer program, and allows us to freely assign him/her to a designated team. By signing this form, you declare all of the information provided by yourself or any other person on these registration forms is true and complete to the best of your knowledge. You understand that any false information given is a direct violation of eligibility rules, and the athlete and the parent or guardian involved may be disqualified from the Motherlode Valley Football League.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_

Date \_\_\_\_\_

## **VOLUNTEER HOURS**

I agree to work a minimum of 2 volunteer shifts, equivalent to 4 volunteer hours, per child during the season. I understand that not working my volunteer hours could result in a loss of play time or cheer time for my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **EQUIPMENT AGREEMENT (Football Only)**

I agree to return all issued equipment & uniforms at the end of the season and am financially responsible for its replacement at full cost to the Argonaut Junior Mustangs within 30 days after the end of the season (\$450).

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

## **PARTICIPATION HANDBOOKS & BYLAWS**

I have reviewed and agree to the 2024 Argonaut Junior Mustangs Participation Handbooks and Bylaws.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **REFUNDS**

I understand that refunds are only issued as outlined in the Participation Handbook.

Signature \_\_\_\_\_ Date \_\_\_\_\_