



Ewing Jr. Blue Devils Youth Football  
P.O. Box 7334  
Trenton, NJ 08628  
[www.ewingjrbluedevils.com](http://www.ewingjrbluedevils.com)

## **Welcome to Ewing Jr. Blue Devils Youth Football**

Dear Parents and Football Players,

This year, the Ewing Jr. Blue Devils are fielding an all-boys Spring Football program for 10U & 12U. The registration fee is \$200 per participant. You will be notified by the coaches on the days and times of practice. Practices will take place at the Moody Park Football Field. Games will be held at different locations and traveling is required but when we have home games, they will be held at Moody Park.

Due to COVID we will be checking temperatures, if your child's temperature is above 100.1 he will not be able to practice or play games. Please check with the Team Moms and or Coaches before dropping kids off for practice and games. Everyone must wear a mask and sanitize hands regularly just to keep everyone safe. Once again, welcome to our football family. We truly hope that your experience with Spring football will be enjoyable and rewarding.

Sincerely,  
The Executive Board



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**Ewing Jr. Blue Devils Youth Football**  
(Please Print Clearly)

**2021 Spring Registration Form**

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ (as of Oct 1<sup>st</sup> 2020)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

School \_\_\_\_\_ Grade Level \_\_\_\_\_

Do you want to be added to our text message list? Yes / No

Text Number, if different from above \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

.....

SHIRT SIZE \_\_\_\_\_

**LEAGUE VERIFICATION**  
(League Use Only)

Amount Paid \$ \_\_\_\_\_

Type of Transaction: \_\_\_\_\_ Cash \_\_\_\_\_ credit card \_\_\_\_\_ Other (please explain)

**Circle When Received:**

Permission Form

Code of Ethics

Media Release

Medical Form



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## PERMISSION FORM

I, the undersigned, do hereby certify that I am the parent or legal guardian of \_\_\_\_\_ (Print Child's

Name) and I agree that he/she has my permission to participate in the Ewing Jr. Blue Devil Youth Football's Spring Football program. I hereby allow my child to attend and take part in football activities, and I accept full responsibility for my child doing so, thereby relieving the Ewing Jr. Blue Devils Youth Football program of any possible liability. I understand that if my child is injured while participating during the season, any insurance that I possess will be used as primary insurance coverage and any coverage provided by Ewing Jr. Blue Devils Youth Football will secondary/supplemental insurance only.

List any known medical defects or medical problems: (i.e. glasses, asthma, allergies, etc.)

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

In the event that my child is injured, and I am not present or cannot be reached, I hereby give permission to the Head Coach or designated representative of my child's team to take any actions that he or she deems necessary.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



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## PARENT’S CODE OF ETHICS

**I hereby pledge** to provide positive support, care, and encouragement for any child participating in youth sports by following this Parent’s Code of Ethics.

**I will encourage** good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event.

**I will place** the emotional and physical well being ahead of a person’s desire to win.

**I will insist** that the children play in a healthy and safe environment.

**I will demand** a sports environment for my child that is free of drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.

**I will remember** that the game is for all of our children – not for the adults.

**I will do** my very best to make youth sports fun for my child.

**I will ask** my child to treat other players, coaches, fans, and officials, with respect regardless of race, sex, creed, or ability.

**I promise** to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan, assisting with coaching, or providing transportation.

**I understand** that my child’s coach could be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coach’s Code of Ethics.

**I will follow** the National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

**I will return** my child’s uniform/equipment on time, when requested.

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PARENT’S SIGNATURE

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DATE



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## EWING JR BLUE DEVILS MEDIA RELEASE FORM

I, \_\_\_\_\_(parent/guardian's name) as the child's parent or guardian hereby agree to allow the Ewing Jr. Blue Devils Youth Football organization to use my child's name, image, voice, or likeness in any television broadcast, newsletter, newspaper, radio broadcast, website, poster, flyer, etc., that may occur during the season. I also agree that any and all media resulting from said exposure shall be deemed property of Ewing Jr. Blue Devils Youth Football.

In addition, I hereby waive the right to bring any and all causes of action that I might otherwise initiate, in law or equity, in relation to said media or its exposure, against the Ewing Jr. Blue Devils Youth Football Organization, Board Members, Coaches, or Committee Members. Said waiver shall apply to, but shall not be limited to, causes of action based in libel, slander, invasion of privacy, copyright, and/or trademark violation.

Parent/Guardian Signature: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_

Date: \_\_\_\_\_



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**2021 PHYSICAL FITNESS & MEDICAL HISTORY FORM  
FOR SPRING FOOTBALL**

**TO BE COMPLETED BY PARENT/GUARDIAN ONLY**

Legal Name of Participant:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_ Telephone \_\_\_\_\_

Date of last Physical: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Membership Number: \_\_\_\_\_ Name of Primary Insured: \_\_\_\_\_

**PARTICIPANT MEDICAL HISTORY**

- |   |     |    |
|---|-----|----|
| 1. Are there any injuries requiring medical attention?                              | Yes | No |
| 2. Are there any past surgeries or scheduled surgeries?                             | Yes | No |
| 3. Is the participant currently under the care of a medical practitioner?           | Yes | No |
| 4. Is the participant currently taking any medications?                             | Yes | No |
| 5. Does the participant have any allergies (penicillin, bee stings, etc)?           | Yes | No |
| 6. Does the participant have asthma/require the use of an inhaler?                  | Yes | No |
| 7. Is the participant diabetic/require medication for diabetes?                     | Yes | No |
| 8. Does the participant currently require medication?                               | Yes | No |
| 9. Does/has the participant have/had seizures?                                      | Yes | No |
| 10. Does the participant wear glasses or contact lenses?                            | Yes | No |
| 11. Does the participant wear a brace or other medical support device?              | Yes | No |
| 12. Does the participant have any other physical limitations or medical conditions? | Yes | No |

If you answered yes to any of the above questions, please provide the question number and an explanation in the following space:

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

**I hereby certify that my child is healthy enough to participate in Spring football and that the above information is accurate to the best of my knowledge. I understand that this medical authorization may be voided in the event of injury, illness or accident and my child may not be cleared for participation at such time. Furthermore, I hereby acknowledge that it is my responsibility to inform my child's coach or organization official in writing if there is any change in the medical condition of my child. I also understand that it's my responsibility to obtain written permission from my child's physician on official medical stationary in order to seek permission for my child to resume participation after any and all such injury, illness or accident.**

Signature of Parent or Legal Guardian: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_