MARTIN COUNTY JAGUARS

PLAYER REGISTRATION FORM
2026 Season

DIVISION: (Age is based on "League Age" determined by players age as of July 31st 2025)

_____	6 U		5 & 6yrs
_____	8 U		7 & 8yrs
_____	10 U		9 & 10yrs
_____	12 U		11 & 12yrs
_____	14 U		13 & 14 yrs
_____	15 U		15 yrs

Players may play up ONE division from their age group only. i.e. a 10 year old may play on Midgets but NOT on JV.

Players First Name _____

Players Last Name _____

AGE(as of July 31st, 2025) _____ **Weight** _____ **Shirt Size -Adult or Youth**(XS, S, M, L, XL_____

Jersey # Pick 1_____ **#Pick 2**_____ **#Pick 3**_____

Player's Birth Date (mm/dd/yyyy) _____

Home Address _____

City_____ **Zip Code** _____

Cell Phone_____ **Home Phone**_____

Alt Phone _____

Email Address: _____

Parent First Name _____**Last Name** _____

Total Due : $225.00

Date _____**Amount Paid $** _____ **CC** _____ **Check #** _____ **Cash** ____ **Remaining Balance $**_____

Additional Payment Details:_____

_____

PARENT NAME(Print)_____ **DATE**_____

PARENT SIGNATURE_____ **DATE**_____

Form For League Use

MARTIN COUNTY JAGUARS

MEDICAL RELEASE FORM

I, the undersigned, as parent or legal guardian of _____ hereby consents to the following in the event my child is injured during his or her participation in any practice and/or game during the Elite Spring Youth Football League tournament.

Agents or officials of the ESYFL, and/or coaches or officials of my child's team and/or organization may administer first aid or arrange for transportation to a medical facility if the agent or official deems there to be an emergency. At that time medical treatment may be given to my child included but not limited to anesthesia and emergency surgical treatment as deemed necessary by a qualified physician at the medical facility. Due to liability issues the ESYFL does not provide EMT's at their fields relying instead on the use of the State and local government 911 EMT processes.

I further understand that serious accidents occur during football youth sports activities, and at times participants may sustain serious personal injuries and/or death as a consequence thereof. I understand that the ESYFL holds a 2nd tier Accident Insurance policy, like many youth football programs that only covers limited costs for medical expenses resulting from an injury that occurs in practice and/or games during the ESYFL tournament, following coverage by the participants own health insurance policy. In the event a participant/child does not have their own health insurance policy the ESYFL, its officers, agents or employees are NOT responsible for ANY costs associated with an accident that occurs in practice and/or games during the ESYFL tournament.

____ I do not hold a family health insurance policy for my child. - By checking this box and my signature below I understand that the ESYFL is hereby released from all responsibilities for costs associated from an injury that occurs in practice and/or games during the ESYFL tournament. This release, discharge, waiver, and assumption of risk is to be binding on me and my child's heirs, executors, administrators and assigns.

____ I hold a family health insurance policy for my child. - By checking this box and my signature below I verify that my child is covered under my own family or government health insurance plan. I understand that the ESYFL Accident Insurance policy is a 2nd tier Accident Insurance policy that only covers limited costs for medical expenses resulting from an injury that occurs to my child in practice and/or games during the ESYFL tournament, following my own health insurance policy's full and complete coverage of the primary costs. I understand that the ESYFL Accident policy does not pay for my child's primary health insurance policy's deductibles, but only for the expenses that are not covered by my family or government health insurance policies primary coverage. I further understand that the ESYFL policy has a per incident deductible and a limited payment per incident amount, as well as clearly stipulated items that are and are not covered. I hold the ESYFL, its officers, employees and agents, and the owners and maintainers of any facility used for the activities, from any and all liability arising out of or connected in any way with my child's participation in practice, pre game, or game tournament activities, other than what is stipulated in the ESYFL 2nd tier Accident policy.

I fully understand that this liability release form that I am signing will incumber me for the duration of the 2024 Spring season.

Parent/Guardian Name _____ Player Name: _____

Parent/Guardian Signature _____ Date: _____

2026 ESYFL INFORMED CONSENT/GENERAL & MEDICAL RELEASE

Since participation in youth sports activities can be dangerous, the Elite Spring Youth Football League (hereinafter "ESYFL") requires all participants (and their adult parent(s) or guardians) to assume all risks associated with the ESYFL youth football league by signing this general liability and medical release.

For and in consideration of my child being permitted to participate in the ESYFL tournament activities, I hereby voluntarily release, discharge, waive and relinquish any and all claims or actions for damages for personal injury, permanent disability, death, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my participation in the ESYFL Football tournament activities or while I am at the facility while others play or for any other reason. This release is intended to discharge, in advance, ESYFL, its officers, employees and agents, and the owners and maintainers of any facility used for the activities, from any and all liability arising out of or connected in any way with my child's participation in practice, pre game, or game tournament activities, even though that liability may arise out of negligence or carelessness on the part of ESYFL, its officers, agents or employees.

I further understand that serious accidents occasionally occur during football youth sports activities, and that participants occasionally sustain serious personal injuries, death or property damage as a consequence thereof. Knowing the risks, I have voluntarily applied for my child to participate in the ESYFL activities and thereby agree to assume those risks to release and hold harmless ESYFL, its officers, agents or employees. I further understand and agree that this release, discharge, waiver, and assumption of risk is to be binding on me and my child's heirs, executors, administrators and assigns.

I acknowledge that ESYFL may take still photographs and video and audio recordings of my child or me in the course of competitions and other activities, and therefore grant ESYFL the right to use our names, likenesses or sounds in connection with the exhibition, advertising, exploiting or publicizing of the picture or sound. I agree that I will not assert or maintain any claim, action, suit or demand of any kind against ESYFL, including but not limited to those based upon invasion of privacy, rights of publicity or other civil rights, or for any other reason in connection with ESYFL's use of our names, likenesses or sound.

I further agree to indemnify and to hold harmless the ESYFL, its officers, agents or employees for any loss, liability, damage, cost or expense which they may incur as a result of any injury or property damage I or my child may sustain while participating in the activity.

I agree to comply with the program's stated and customary terms and conditions for participation according to the ESYFL. If I observe any significant changes with regard to my child's readiness for participation in the program, I will remove my child from the program immediately.

I fully understand that this liability release form that I am signing will incumber me for the duration of the 2024 Spring season.

I have read this Informed Consent/General Release, fully understand its terms, that I give up substantial rights by signing it, and sign it voluntarily.

Player Name: _____ Parent/ Guardian Name Printed: _____

Signature of Parent/Guardian _____ Date: _____

Address _____

This section to be signed by all players who are league age 12 and older.

Participant Name _____ Participant Signature _____

MEDIA CONSENT FORM

As a member of Martin County Jaguars Youth Football your child will be photographed in both still and video formats. Martin County Jaguars Youth Football would like to use this photographic media on our website to recognize the hard work and effort put forth by the children. All posted pictures are intended to reflect a positive message and will be used for the sole purpose of encouraging family and friends to visit our website and view our players in action.

Our website www.martincountyjaguars.com and Facebook page www.facebook.com/martincountyjaguars is maintained by the Board of Directors and contains information about the league, general announcements, game schedules, team and player information and much more. All postings on the website are subject to approval by the Board Communications Committee.

This form is intended to serve as consent allowing Martin County Jaguars to post photographic material of your child as well as their printed name on our website and/or our social networking page through Facebook.

We encourage you and your child to visit our website to see all the action from the games. It's a fun way to recap all the fun from the game and see our participants in action.

Please fill out the information below

_____ I give permission to Martin County Jaguars to post my child's picture and name on www.martincountyjaguars.com or our www.facebook.com/martincountyjaguars

Player Name _____

Parent Signature: _____

Date: _____

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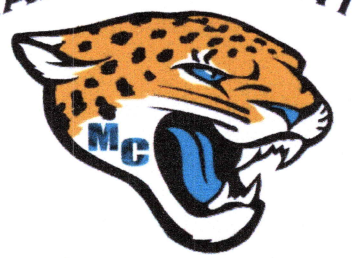
Player Name _____

Parent Signature: _____

Date: _____

MARTIN COUNTY



JAGUARS

2026 Season

Check list for Sign-up, must have all paper work prior to final registration:

_____ **Player Registration Form**
_____ **Signed Release of Liability**
_____ **Signed Medical Release**
_____ **Emailed Birth Certificate**
_____ **Emailed Picture of Players Face**
_____ **Signed Media Release**
_____ **Signed Parent Code of Conduct**
_____ **Check or Cash $225.00**

When emailing Picture and Birth Certificate please include player name in the subject line.

Email: MartinJaguars@gmail.com (please include players name in subject line)
Mailing Address: 55 SW Appaloosa St, Stuart FL 34997
Contact Phone: 772-245-6602

Players and Parents are responsible for :

- **Practice Jersey and Integrated Pant Pads**
- **Black Integrated Game Pants**
- **Cleats**
- **Mouth Guard**
- **Socks**

- **Bring Original or Certified Birth Certificate to Certification**
- **Show up to Practice and Games on Time**