

# WESTERN LAKES JUNIOR FOOTBALL LEAGUE

**UNIT:** FRESHMAN JV VARSITY

**2009 SEASON**

**TEAM:** Northville Colts Northville Stallions

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CONTACT EMAIL ADDRESS \_\_\_\_\_

SCHOOL DISTRICT PARTICIPANT ATTENDS (Circle)  
 Hillside (Amerman, Moraine, Thornton Creek)  
 Meads Mill (Ridge Wood, Silver Springs, Winchester)  
 Other \_\_\_\_\_

SUBDIVISION \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

LEAGUE AGE (Age on July 31<sup>st</sup>) \_\_\_\_\_

REGISTRATION WEIGHT \_\_\_\_\_

SEASON WEIGHT (To be completed by organization) \_\_\_\_\_

PLAYED COLTS/STALLIONS FOOTBALL IN 2008 SEASON:  Yes  No

**VETERAN PLAYERS ONLY:**

WILL YOU BE REGISTERING A NEW PLAYER SIBLING DURING 2009  
 REGISTRATION?  Yes  No  
 IF YES, ON WHICH TEAM:  Freshman  JV  Varsity

I hereby grant permission to my child named above to participate with this franchise as a

\_\_\_\_\_Football Player \_\_\_\_\_Cheerleader

I (We) do hereby release the Western Lakes Junior Football League and its Membership Unit of any responsibility of injury or illness resulting from participating in Youth Football. I (We) hereby waive any and all rights and claims for damages arising out of injuries my child receives participating or as a result of participating in games, practices, or other league activities.

I (We) also agree to hold harmless the Board of Directors, Officials, Officers, Coaches and Assistant Coaches for any injury or illness incidental to football participation. My child is in good physical condition and has no known serious illness. I (We) understand that football is a contact sport and may result in physical injury. I (We) hereby authorize the coaches, officials associated with my child's team and the Western Lakes Junior Football League to secure emergency medical treatment for my child as they deem necessary as the result of my child's participation in Western Lakes Junior Football League.

**\*Membership unit is defined as the Northville Youth Football Association consisting of the Northville Colts/ Northville Stallions.**

**Parent/Guardian Name** (Please Print)

\_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_ Date \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

**Parent/Guardian Name** (Please Print)

\_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_ Date \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

LEAGUE USE ONLY:	PAYMENT DATE	CHECK #	AMOUNT	VETERAN/SIBLING YES NO
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