



LAKEVILLE YOUTH FOOTBALL & CHEERLEADING

Registration 2011 Season

Child Information

Name _____ Home Phone _____
 Address _____ City _____
 State _____ Zip Code _____ Email _____
 School _____ Grade _____ Birthday _____ Age _____

Parent information (Please Highlight custodial Parent.) (Please print in order you want called in emergency)

1. Name _____	2. Name _____
Address _____ _____	Address _____ _____
Phone _____	Phone _____
2 nd contact # _____	2 nd contact # _____
Emergency Contact Print _____	Phone _____
2 nd Emergency Contact Print _____	Phone _____

REQUIRED TO PARTICIPATE

Initial Each Point Below

- ___ Yes Lakeville Youth Football & Cheerleading may use photos of my child/ children on the Web page, programs, and appreciation plaques.
- ___ Yes our family will sell 1 box of Fundraiser Candy Bars.
- ___ Yes our family will participate in the annual Walk-A-Thon.
- ___ I have read and agree that my family and any attending friends will follow all rules.

Parent Signature _____ Print Name _____
 Parent Signature _____ Print Name _____

"The children and parents of the Lakeville community would like to thank the Founders of Lakeville Youth Football and Cheerleading" **Donavon Black, Tri-County Equipment, HillTop Dentistry, and Tim Lincoln & Scott Gavan.**



LAKEVILLE YOUTH FOOTBALL & CHEERLEADING

Medical Treatment Consent

Participant Name: _____ Birth Date: _____

I (the undersigned), as the Parent or Legal Guardian of the child shown above, understand that as a result of his/her athletic participation, an injury could occur that may require medical attention. I further acknowledge that on occasion the coaches and staff of the MMRFL, Local Area Staff, and available medical personnel may be unable to contact me immediately for my consent for emergency medical care. I do hereby authorize the staff of the **Lakeville Youth Football And Cheerleading** to consent on my behalf as they may deem necessary to such emergency medical care, including ambulance transport and hospital care, as may be deemed necessary under the then existing circumstances by available medical personnel. I so doing I assume responsibility for the expenses of any such care not covered by my insurance.

Parent or Legal Guardian : _____ Date: _____

Medical Insurance Carrier: _____ Group # _____

Name of Insured : _____ Member # _____

Current Allergies, Conditions, or Medications: _____

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AMATEUR MINOR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Lakeville Youth Football and Cheerleading / MMRFL athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent total disability or death.
4. Release, waive, discharge and covenant not to sue Lakeville Youth Football and Cheerleading /MMRFL its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Please Print Clearly

Participant Name (one per waiver) _____

Participant Address _____ City _____

Name of Parent/Guardian _____

Relationship to Participant _____

Phone Number(s) of Parent/Guardian (____) _____ - _____ (____) _____ - _____

Signature of Parent/Guardian _____ Date ____/____/____

Participant is: Cheerleader Football Player SEASON: _____

Mid Michigan Rural Football League, Inc.

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