WALLED LAKE BRAVES
2011 REGISTRATION FORM

Please check one:
_____ Football _____Cheer
_____ Flag Football _____ Flag Cheer

Please check one:
_____Returning _____Sibling
_____ Alumni _____New

Participant Name _____ _____ _____
Last First Middle Initial

Date of Birth _____/_____/_____ Mother's Date of Birth _____/_____ Player Age on 8/1/11 _____
month day year month day

School in Fall 2011 _____ Grade in Fall 2011 _____ Weight (football only) _____
If you attend middle or private school, which Walled Lake elementary school are you districted for? _____

Emergency Contact: _____ Phone: _____

Family Doctor: _____ Phone: _____ Preferred Hospital: _____
Please list any special concerns or comments:
_____

Primary Guardian_____ Email _____

Address _____ _____ _____
Street City Zip Code
Phone H :(_____) _____ W :(_____) _____ C :(_____) _____

Secondary Guardian_____ Email _____

Address _____ _____ _____
Street City Zip Code
Phone H :(_____) _____ W :(_____) _____ C :(_____) _____

APPROVAL AND CERTIFICATION: I certify that all above information is true.

DATE: _____ PARENT OR GUARDIAN SIGNATURE_____

Please complete and mail the following to the address listed below. Your registration will not be considered complete until all forms and payments are received.

- ☐ Completed registration form
- ☐ Birth certificate
- ☐ Signed league waiver/permission form
- ☐ Signed parent contract
- ☐ $175 registration fee ($100 for flag football and flag cheer)

Walled Lake Braves
P.O. Box 522
Walled Lake, MI 48390

(For League use only) AMOUNT PAID_____CHECK #_____