

WESTERN LAKES JUNIOR FOOTBALL LEAGUE 2011 SEASON

UNIT: _____

TEAM: Walled Lake Braves

NAME _____

ADDRESS _____

CITY _____

PHONE _____ DATE OF BIRTH _____

AGE _____ WEIGHT _____

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 Walled Lake Braves*

Parent's Name (Please Print) _____

Parent's Signature _____ Date _____

Parent's Name (Please Print) _____

Parent's Signature _____ Date _____

MEDICAL INFORMATION

A physical examination this date _____ confirms the above named child to be physically sound for the sport of football.

Physician's Comments _____

Physicians Signature: _____

[X] SEE ATTACHED PHYSICAL FORM