

LJAL – 2010 FOOTBALL / CHEERLEADING

(MUST BE A LIVONIA RESIDENT OR ATTEND LIVONIA PUBLIC SCHOOLS)

Blue Jays Eagles Falcons Orioles SQUAD (Flag) (freshman) (JV) (Varsity)

PLEASE COMPLETE ITEMS 1-15 BELOW (WHEN APPLICABLE):

1) PLAYER NAME _____ 2) TODAY'S DATE _____

3) BIRTHDATE _____ 4) BIRTH CERTIFICATE ON FILE Yes No

3a) AGE AS OF JULY 31, 2010 (_____) 3b) GRADE IN FALL 2010 (____)

5) ADDRESS _____ 48150 48152 48154 48185

6) HOME PHONE _____ 7) CELL PHONE _____

8) E-MAIL ADDRESS _____

9) PARENT NAME(S) _____

10) Non-CUSTODIAL PARENT NAME (if applicable) _____

11) CURRENT WEIGHT ESTIMATE _____ 12) VETERAN Yes No

13) Please circle the school that the player will be **attending in September**
(all youths are required to register in the Unit where they reside):

Blue Jays- Cleveland Grant Hayes Cooper Emerson

Eagles- Botsford Coolidge Grandview Roosevelt*** Kennedy*** Riley* Holmes*

Falcons- Buchanan Cass Hoover Riley** Holmes**

Orioles- Garfield Webster Rosedale Randolph Kennedy***** Johnson Frost

(* east of Hubbard Rd.) (** west of Hubbard Rd.)

(*** east of Farmington) (***** west of Farmington)

14) I hereby grant permission to my child named above to participate with this franchise as a
Flag Football _____ Football Player _____ Cheerleader _____

I (We) do hereby release the Western Lakes Junior Football League (WLJFL) and the Livonia Junior Athletic League (LJAL) and its Membership Units of any responsibility of injury or illness resulting from participating in youth football or cheerleading. I (We) hereby waive any and all rights and claims from damages arising out of injuries received from my child 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 or cheerleading 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) here authorize the coaches, officials associated with my child's team and the WLJFL and LJAL to secure emergency medical treatment for my child as they deem necessary as the result of my child's participation in WLJFL and LJAL.

My signature below acknowledges that my child must return all equipment issued to them by the LJAL on time (as specified). Failure to do so shall prevent them from participating in any activity/sport sponsored by the LJAL. It also acknowledges that the LJAL and individual unit websites may contain my child's name and picture(s) and authorizes the use therein. **Lastly, my signature below acknowledges that the LJAL has a "no refund policy".**

15) PARENT'S NAME (Print & Sign) _____

