



Lackawanna Little Loop Athletic Association, Inc.

FOOTBALL/CHEERLEADING REGISTRATION FORM

...commitment to youth excellence

Phone 824-0153

www.pridel.com

PLEASE PRINT

Participant's Name: _____
Last First MI

Address: _____
Street City Zip

Telephone No.: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Name: _____
Last First MI

Address: _____
Street City Zip

Telephone No.: _____ Cell No.: _____

Email Address (optional): _____

Emergency Contact: _____ Relationship: _____

Emergency No.: _____

Address: _____
Street City Zip

Please describe any medical problems: _____

Have you participated in Football/Cheerleading previously? _____

If yes, with what organization? _____

PARENT RELEASE:

I, _____, hereby give permission for my child to participate in any and all activities of the Lackawanna Little Loop Athletic Association, Inc. during the current season.

I do hereby waive, release, absolve, indemnify and agree to hold harmless the above named association, City of Lackawanna, its sponsors, organizers, coaches, participants, supervisors and persons transporting my child to and from such activities, for any claim arising out of injury to my child, except to the extent and the amount covered by accident and liability insurance.

I also acknowledge that all equipment and uniforms are property of LLL and must be returned at the end of the season. I will be held responsible for damaged items outside of their normal wear. Any items not returned will be treated as theft of property.

Parent/Guardian Signature: _____

Relationship: _____ Date: _____

LEAGUE USE ONLY:

Registration: _____ Cash: _____ Proof of Residency: _____ Copy of Birth Certificate: _____ Physical: _____ Picture: _____ Parent Code of Ethics: _____

Football Player Mustangs _____ Raiders _____ Broncos _____ Knights _____

Cheerleader Mustangs _____ Raiders _____ Broncos _____ Knights _____