

2009 Football & Cheerleading Application

CLARENCE LITTLE LEAGUE FOOTBALL ASSOCIATION

P.O. BOX 432, CLARENCE CENTER, NY 14032

www.clarencefootball.com

Mother / Father will help: (X) or click box if on-line.

<p>Returning Veteran ? child participated in CLLFA in 2008</p>
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- | | |
|---|--|
| MD, RN, EMT
Head Coach
Asssit Coach
Game Day Parking
Game Day Cleanup | Pressbox
Cheerleading
Spotter/Scoreboard
Fund raising
Chain crew |
|---|--|

You will be assigned to work the concession stand or 50/50

Please print clearly

Child's First Name

Last Name

StreetAddress

City, State & Zip

____/____/____
Date of Birth

Age as of 12/1/09

Height

Weight (only for football players)

Parents / Guardians Names

School District or School Name

Home Phone

Work Phone

Other Phone

Cell or Pager

Email Address

I understand that participation in little league football and cheerleading can be dangerous and that the dangers may include damage to or destruction of personal property, serious physical injury or even death. With full knowledge of these risks and hazards, I represent that I am submitting this release and waiver voluntarily and of my own free will on behalf of my child or children who will be participating in little league football or cheerleading and that my child or children have no physical or emotional problems, nor any history thereof, which will impair his, her or their ability to participate in little league football or cheerleading.

I understand and expressly assume for myself and on the behalf of my child or children who will be participating in little league football or cheerleading, all the risks, and the dangers incident to little league football and cheerleading, including, but not limited to, personal injury, death and property damage or destruction, whether caused by negligence, fault, want of due care, breach of contract, breach of warranty or otherwise. With full knowledge of the above, I hereby release the Town of Clarence and any of its departments, agencies, or subdivisions and any of its agents, representatives or employees, and the Clarence Little League Football Association, its organizers, directors, officers, commissioners, volunteers, equipment suppliers, coaches, assistants, referees, agents, representatives, and employees from any and all liability and claims, including claims against third parties, for personal injury, property damage or death caused by the negligence, fault, want of due care, breach of contract, breach of warranty or otherwise of any or all of the above persons arising from or in connection with my child's or children's participation in Clarence Little League Football or Cheerleading. This release shall be binding upon me, my children, my heirs, executors and administrators.

SIGNATURE _____
(Parent / Guardian)

Registration Fee Paid: Cash _____	Check# _____	Date _____
Equipment Fee Paid: Cash _____	Check# _____	Date _____
Security Deposit: Cash _____	Check# _____	Date _____
Fee Received by: _____		

CLLFA Use Only
