

**2010 STALLION FOOTBALL SEASON**

[www.lakotastallions.com](http://www.lakotastallions.com) 755-

5771

**Early Registration Fee thru Nov. 16th, 2009 is \$85 which includes \$30 Discount. Registration after Nov. 16<sup>th</sup> 2009 is \$115. \$290 for equipment payable at fitting in April/May 2010. Credit cards accepted. Parents keep and own the uniforms and equipment and only pay registration fee next year. Mail your completed signed Reg. Packet with Signed Contracts, Medical Transfer Form and Birth Cert. Copy with payment to:**

**Stallions**

**8080 Beckett Center**

**Drive Suite 120**

**West Chester, OH**

**45069**

**Player (Child) Information: One player per form**

Child's Name \_\_\_\_\_ Child's

Birthdate \_\_\_\_\_

Child's Age on 12/31/10 \_\_\_\_\_ School Grade for 2010 School Year: K 1 2 3 4

5 6

School Child Attending \_\_\_\_\_ Childs weight \_\_\_\_\_ Childs ht. \_\_\_\_\_ Childs waist \_\_\_\_\_

Played football in 2009 season? Y N Where? Stallions \_\_\_\_\_

Outlaws \_\_\_\_\_ Tomahawks \_\_\_\_\_

Other \_\_\_\_\_ If Stallions what color? \_\_\_\_\_ Years of youth football experience \_\_\_\_\_

Child's Full Address:

\_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Family Email

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Alt. Phone

Number \_\_\_\_\_

Father's

Name: \_\_\_\_\_

\_\_\_\_\_

Father's Full Address (if different than child's) \_\_\_\_\_

Mother's

Name: \_\_\_\_\_

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Mother's Full Address (if different than  
child's) \_\_\_\_\_

**Help Needed: Mark at least one.** Head Coach \_\_\_ Team Parent \_\_\_ Assistant  
Coach \_\_\_ Charity Event helper \_\_\_\_\_

**Liability Release & Medical Information:**

I hereby release & discharge the Lakota Stallions; its officers, coaches, sponsors & representatives from any and all obligations & for liability resulting from accidents or injuries, or otherwise occurring as a result of my child's participation in or attendance any activity. In the event my child becomes ill or injured during any activity, its official coaches and representatives have my permission to have reasonable adequate medical services provided to my child, including transportation to appropriate emergency medical facilities.

**I AGREE. DATE**

\_\_\_\_\_  
Parent's Signature

Parent's Signature

**EACH TEAM WILL BE CLOSED AT 22 PLAYERS OR LESS. Final  
Registration is fitting day April/May 2010.**

**CHECK NUMBER \_\_\_ CASH \_\_\_ CREDIT  
CARD \_\_\_\_\_**