South Lyon Panthers Registration

Please have parent or guardian fill out this form
Mail to: P.O. Box 849 South Lyon, MI 48178

For Panther use only	
Level_____	B/C_____
Color_____	R/C_____
	E/T_____
Paid_____	Phys_____

Registration for (please circle one): FOOTBALL CHEER/POM MASCOT

New or Veteran Player: NEW VETERAN IF VET, WHAT COLOR_____

Does this player have any siblings, (natural or step) who are currently registered for SLP? YES NO

If yes, please list sibling name(s) and team affiliation (i.e. John Doe, Varsity Blue):

_____

Does this player have any siblings (natural or step), registering as a **NEW** player this season? YES NO

If in 8th grade, which high school will player be attending next year? SLHS SLEHS OTHER

Contact Information

Participant Name:_____
Last First Middle

Legal Guardian Name(s):_____

Address:_____City, State, Zip:_____

Home Phone:_____Cell Phone 1:_____Cell Phone 2:_____

Work Phone:_____Emergency Contact Name & Number:_____

Parent's E-Mail Address 1:_____#2_____

Date of Birth:_____Grade this fall:_____School:_____

Football - Jersey # last year: _____Requested # this year: _____

Terms and Regulations

We, the undersigned, have read and agree to the terms set forth by the South Lyon Panthers, Inc. in the welcome packet. We have a copy of these terms to refer to in the future. These include…Registration Information, LCAJFL Code of Conduct Requirements for both participants and their families, Equipment Responsibilities and Volunteer Responsibilities. We agree that these terms (as well as the By-Laws and LCAJFL Rule Book available on the Panther web-site) have been read and will be followed. I attest to the factual accuracy of this registration application regarding my child. Further, I attest to the proof of date of birth supplied for my child and that it is exact and factual as witnessed by my signature.

Parent Signature and Date: _____

Participant Signature: _____