

WHITNALL YOUTH FOOTBALL

2010 Season

Player/Cheerleader Registration

Please PRINT all information clearly

Name: _____ Football Cheer
(Last) (First)

Address: _____

City: _____ Zip: _____ Birthdate: _____

Phone: _____ Alt Phone: _____

Grade (Fall, 2010) _____ School Attending (Fall, 2010) _____

Parent's/Guardian's Names: _____

E-Mail Address: _____

EACH PLAYER/CHEERLEADER IS REQUIRED TO HAVE HEALTH AND ACCIDENT INSURANCE

Name of Insurance Carrier: _____

As required by the AAYFL residency rules, I acknowledge that my son/daughter *resides within* the Whitnall School District boundaries.

I acknowledge that while participating in Whitnall Youth Football, my child will be exposed to a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground and that during the season he/she may incur a risk of injury. I specifically waive and give up and release Whitnall Youth Football organization from the liability for any claim for damages, which my child or I may have for injuries or illness that he/she may sustain during the season. I also acknowledge that the information that I provided above is correct and accurate.

I also acknowledge that if equipment is not returned by the specific deadline set by WYF Board of Directors my volunteer refund will be forfeited.

Parent or Guardian Signature

Date

1 st Pmt Check #	
2 nd Pmt Check #	
Equip Contract	
ER Info	