



WEST ISLIP LITTLE CONFERENCE FOOTBALL



WHERE THE TRADITION BEGINS AND THE PRIDE GROWS

www.wifootball.org

REGISTRATION FORM

Players Name: _____ Age as of 11/15/10: _____

Date of Birth: _____ Years of Experience: _____ Last Coach: _____

Address: _____ Phone #: _____

Email address: _____

Refund policy is as follows: 100% prior to July 1, 60% prior to August 1, and 30% prior to Sept. 1

I, the parent or guardian, do hereby grant permission for my child named above to participate in the activities of football with the W.I.L.C.F.L. In order that my child may receive the necessary medical treatment in the event he/she may sustain injury or illness during participation in this activity, I hereby authorize the football coach or other supervising adult to obtain medical treatment for my child for such injury or illness during the activity, and I hereby hold the W.I.L.C.F.L. and its representatives harmless in the exercise of this authority.

I understand that this participation in W.I.L.C.F.L involves risk to the participant. I further acknowledge and understand that due to the nature of this activity, which involves inversion and rotation of the body, there is a possibility that my child may sustain physical injury or illness (minimal, serious, or catastrophic), in connection with his/her participation. I further acknowledge and understand that my child is assuming the risk of such physical injury or illness by his/her participation. I hereby release the W.I.L.C.F.L., its coaches and all representatives from any claims for personal injury or illness that my child may sustain during participation in this activity.

I further understand that the W.I.L.C.F.L. has established rules and regulations pertaining to conduct, behavior, and activities of all football players, coaches, league officials and fans/spectators, by which myself and my child must abide by during participation in this activity. I hereby agree that my child, myself and our guests will be responsible to abide by these rules and regulations. Any failure to do so may result in ejection from a game(s) or season without refund of registration fee.

I further understand that I am financially responsible for all equipment supplied by my child by the W.I.L.C.F.L. Failure to maintain and return such equipment will result in financial restitution to the W.I.L.C.F.L. by me for all damaged and/or lost equipment.

I have read and agree with the terms of the above and W.I.L.C.F.L. refund policy as stated above.

Signature of parent or guardian date

(FOR OFFICIAL LEAGUE USE ONLY. DO NOT WRITE BELOW THIS LINE)

Check # or cash payment

Division

reviewed by