

**WEST HAVEN CITY RECREATION
2009 WFFL FOOTBALL REGISTRATION FORM**

Name: _____ Parent/Guardian name: _____

Address: _____ City: _____ Zip: _____

Phones: (Home) _____ (Cell) _____ Age: _____
(As of Aug. 31, 2009)

Emergency contact: _____ Phone #: _____

I, as the Parent or Legal Guardian, certify that my child was born in the

Month of _____ Day _____ Year

I, the undersigned parent or legal guardian of the above mentioned participant, do hereby agree to allow my child to participate in the WFFL WEST HAVEN CITY FOOTBALL PROGRAM. I fully understand that football is a contact sport and I have insurance coverage in the event of an accident or injury. I hereby release and hold harmless WEST HAVEN CITY, the WFFL, any coaches, employees or other agents thereof in an event of an accident or injury and no claim will be made against them.

Name of Insurance: _____ Policy #: _____

(Must fill out a insurance waiver if not insured)

Parent/Guardian's Signature: _____ Date: _____

League to participate in (check only one)

- | | |
|--|--|
| <input type="checkbox"/> Jr. Mite (ages 7-8, *9) limited experience | <input type="checkbox"/> Jr. Pee Wee (ages 9-10, * 11) |
| <input type="checkbox"/> Mitey Mites (ages 8-9, *10) | <input type="checkbox"/> Pee Wee (ages 10-11, *12) |

- Jr. Midget (ages 11-12,*13) * indicates an older but lighter player may participate if he/she meets the league
 Midget (ages 12-13, *14) criteria. (All league ages and weights are subject to change upon approval of WFFL by laws)

Uniform/equipment rental agreement:

I hereby agree to take care of the uniform and equipment issued to by child. I agree to return this uniform/equipment within two working days of the end of the season. I understand that all equipment rented must be returned upon withdrawal from the team or league. I also understand that the uniform and equipment that my child is borrowing is valued at \$200.00 or more and that I must pay for all parts that are lost or broken.

Parent/Guardian's Signature: _____ Date: _____

Parent Authorization for Medical Treatment:

In case of an emergency, and if my family physician cannot be reached, I hereby give authorization for my child to be treated by another physician who is available.

Name of family Physician: _____ Phone #: _____

Parent/Guardian's Signature: _____ Date: _____

Recreation Department Use Only

Participant's weight: _____

Keep copies of the following:

- Residency verified _____
- Physicians physical
- Copy of birth certificate

FEES: \$ 85.00 registration for West Haven residents
\$ 100.00 registration for non-residents
\$ 30.00 jersey (must purchase)

Total Amount: _____ Cash Check # _____