



WENTZVILLE WILDCATS YOUTH FOOTBALL ASSOCIATION, INC
FLAG FOOTBALL & SPRING CHEERLEADING APPLICATION FORM AND PARENTAL REL

CHILD'S NAME _____ DATE OF BIRTH _____
ADDRESS _____ AGE ON 1/1/2012 _____
CITY, STATE, ZIP _____
PHONE _____ EMAIL ADDRESS _____
SCHOOL _____ GRADE, January 2012 _____
PLAYED LAST YEAR? _____ IF SO, WHERE? _____ COACH'S NAME _____
DO YOU WANT THE SAME COACH? Y N IF NO, PLEASE LIST YOUR DESIRED COACH'S NAME BELOW
COACH REQUEST 1 _____ COACH REQUEST 2 _____

I/We, the parent(s) (legal Guardian) of the above named child, who is a candidate for a position on the Wentzville Wildcats Youth Football Association, Inc. (WWYFA) team, hereby give my/our approval of and consent to applicant participation in any and all of the activities of the WWYFA program. I/We assume all risks and hazards incidental to the activities of said program and I/We do hereby release, acquit and forever discharge and agree to indemnify and save harmless the WWYFA, its coaches and supervisors and all other persons assisting in the conduct of said activities and from any and all actions, causes of actions claims or demands of whatever name or nature arising out of injuries to or death of the above named applicant as a result of any or all activities of said program and the transportation of the above-named applicant there-to and there-from.

I/We understand that no accident, health, dental, or life insurance of any type covering the participants in the WWYFA, has been procured or will be procured and that my/our consent to participation of the above-named player in this program is made with this understanding and that as parent(s) (guardian) it is my/our responsibility to obtain insurance for any loss as I/We feel is appropriate.

I/We further certify and state that the above named child is medically fit for the activities sponsored by the WWYFA and that I/We have contacted a physician licensed to practice medicine in Missouri and believe the above-named child to be medically fit to participate in the activities sponsored by WWYFA.

I/We hereby certify that I/We have inspected or will inspect the equipment to be worn by the above-named child and further certify that said equipment will adequately protect said child from injury. I/We further agree to indemnify and save harmless the WWYFA, its coaches, supervisors, and the Board of Trustees, from liability to myself, my spouse, or said child, arising out of injury caused by, or in any way related to, the said failure of said equipment.

I/We understand that the registration fee will not be refunded after the beginning of the first game. I/We also understand that fees for fund-raising are non-refundable.

The document consists of the entire representation presented to me/we by the WWYFA, that any representation(s) made to me/us that are not memorialized in this document are null and void and not legal or equitable of the above-named child, and have no legal authority over the affairs of said child and have signed this document having read it completely, understood the provisions and now sign as an act of my/our free will without coercion.

I give the WWYFA my full permission to use as well as take any photographs before, during and/or after of my child participating in the WWYFA practices or games. I give my full permission for said pictures to be used in: WWYFA advertisements, announcements, website and any other cause appropriate to the WWYFA.

(Signature of Parent or Legal Guardian) _____ (Date) _____

The Total Registration Payment will include:

- 1. REGISTRATION FEE:
The Registration fee for Football Players and Cheerleaders is \$75.00 (Check, Cash, MasterCard and Visa is accepted).

For WWYFA Use Only:
Payment Method: CASH _____ CHECK # _____ CC (Type & Last 4#) _____
Registration: RC _____ BC _____ INS _____ MED WAIVER _____
Jersey Size: _____ Jersey #: _____