



WFYFL 7 on 7 Spring football 2017 Participant Contract and Parent Consent Form

March 11th - May 13th

Ages: 7-13

Participation Age Cutoff Date: March 1st 2017

ATHLETE INFO:

NAME: _____ BIRTH DATE: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ GENDER: _____ MALE _____ FEMALE

SCHOOL: _____ GRADE LEVEL: _____

COPY OF BIRTH CERTIFICATE: _____

PARENT/ GUARDIAN INFO:

NAME OF PARENT/GUARDIAN: _____

RELATIONSHIP TO ATHLETE: _____

ADDRESS: (If different from above) _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT INFO:

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP TO ATHLETE: _____

ALLERGIES/ MED INFO: _____

Please make all checks payable to:
Winchester- Frederick Youth Football Association, Inc. (WFYFL)

\$45.00

Cash: _____ Check Number: _____

If any other info needed, please email: wfyfl7on7@gmail.com

PARENT/ GUARDIAN PLEASE READ AND COMPLETE THE FOLLOWING:

I (we) herewith in giving my (our) consent for _____
to enroll in the 7 on 7 Spring Football Program sponsored by the Winchester- Frederick Youth
Football Association Inc., assume all risks and hazards incidental to his/ her participation in the
program, and do waive and release, and do indemnify and hold harmless the Winchester-
Frederick County Youth Football Association, Inc., against its employees, volunteers, sponsors,
coaches, board members, and participants, from all claims for injuries to him/ her arising out of
his/ her participation in this program.

I (we) understand that forty five dollars (\$45.00) registration fee for 7 on 7 Spring Football must
accompany this registration form.

SIGNATURES: PARENTS/ GUARDIANS: _____ DATE: _____
_____ DATE: _____

INSURANCE:

The Winchester- Frederick County Youth Football League will provide secondary insurance on
every participant in the program. This insurance will go into affect when a primary care does not
cover the full claim. If the individual does not have any insurance, this secondary insurance will
become primary.

SIGNATURES: PARENTS/ GUARDIANS: _____ DATE: _____
_____ DATE: _____