

2026 WNSL Flag Football Registration

Deadline: JULY 10th

Player Name: _____ Parent/Guardian Name: _____

Player's Gender: _____ Player's Date of Birth: _____ Age on Aug. 1, 2026: _____

Street Address: _____ City: _____ Zip Code: _____

E-Mail Address: _____ Rising Grade: _____

Phone: (H) _____ (C) _____ School: _____

What Area of Town do You Live In? (i.e. Green Hills, Bellevue) _____

Coach Preference (Full Name): _____

Is your player listed on the roster this coach will submit to the league? Yes ___ No ___ Don't Know ___

List Any Teammate Requests Here: _____

Registering for: ___ PreK ___ K ___ 1A (1st Grade) ___ 2A (2nd Grade) ___ 3A (3rd Grade) ___ 4A (4th Grade) ___ 5A (5th Grade)

___ 6A (6th Grade) ___ 7A (7th Grade) ___ 8A (8th Grade) ___ Lower HS (9th & 10th Grade) ___ Upper HS (11th & 12th Grade)

Please Circle Your Preferred Jersey Size: YS YM YL AS AM AL AXL (View size guide at champrosports.com/topics/sizingguides.html)

Include my player's last name on the jersey: ___ YES ___ NO

Sponsorship Information:

Each Team is required to have a \$250 sponsor. The logo of the sponsor will appear on the sleeve of each jersey.

Are you or your company interested in sponsoring your player's team? Yes _____ No _____

If yes, please provide your company's name, person to contact and the best way to reach him/her:

Volunteer Information:

I am willing to volunteer in this league as a: Coach _____ Assistant Coach _____ Team Parent _____

Contact information if different from above (Name, E-Mail, and Phone): _____

Agreement:

1. I hereby certify that my child is in normal health and capable of safe participation in the WNSL Flag Football League. I assume all risk and hazards incidental to the conduct of this program. I hereby authorize the WNSL to obtain medical treatment for my child if the parent(s) cannot be reached.

2. I support the WNSL philosophy based on character development, participation, fun, skill development, teamwork, fair play, family involvement and growth in spirit, mind & body.

3. I will read and follow the WNSL's code of conduct online at www.wnsl.org

4. I acknowledge that if I choose to withdraw my child from the league, there are no refunds unless there is a medical excuse from a doctor. Registration fees may be transferred to another sport up until jerseys are ordered.

Signature of Parent/Guardian: _____ Date: _____

League Fees If Registering By Mail:

PreK – Upper HS Divisions - \$195 _____ I would like to Pre-Register for the August 1st Clinic - \$20

→ Add \$10 for paper registration. _____ I would like to Pre-Register for the August 8th Clinic - \$20

Total Enclosed _____

To complete your registration, please mail this form, along with a check for the correct amount listed above (plus sponsorship if you selected that option) to:

WNSL, P.O. Box 50710, Nashville, TN 37205