



2020 WNSL Flag Football Registration

Deadline: August 6th



Player Name: _____ Parent/Guardian Name: _____

Player's Gender: _____ Player's Date of Birth: _____ Age on Aug. 1, 2020 _____

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: Rising Pre K _____ Rising K _____ 1A Rising 1st _____ 2A Rising 2nd _____ 3A Rising 3rd _____ 4A Rising 4th _____ 5A Rising 5th and 6th _____ Thunder Rising 7th - 9th _____ High School 10th - 12th _____

Please Circle Your Preferred Jersey Size:

YS (6-8) YM (10-12) YL (14-16) AS (30-32) AM (34-36) AL (38-40) AXL (42-44)

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:

Rising Pre-K - K - \$125 1st - High School - \$145 Clinics: August 8th or 15th Clinic - \$20 each*

*Please note which clinic date you would like to attend. Add \$10 for paper registration.

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

