



2021 WNSLGIRLS Flag Football Registration

Deadline: August 2nd



PlayerName: _____ Parent/Guardian Name: _____

Player'sGender: _____ Player'sDateofBirth: _____ Ageon Aug.1,2021 _____

StreetAddress: _____ City: _____ Zip Code: _____

E-MailAddress: _____ RisingGrade: _____

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

WhatAreaof TownDoYouLivein?(i.e.Green Hills,Bellevue) _____

CoachPreference(Full Name): _____

Is Your Player Listed on the Roster This Coach Will SubmittotheLeague? Yes _____ No _____ Don'tKnow _____

ListAnyTeammateRequests Here: _____

RegisteringFor: PreK/K _____ 1st/2nd Grade _____ 3rd/4th Grade _____ 5th/6th Grade _____
7th - 9th Grade _____ 10th - 12th Grade _____

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:

PreK/K - \$130 1st - 12th Grade - \$150 August 14th or 21st 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

