2026 WNSL Roster &Waiver Form

For FULL Teams

Team Name:_____Coach Name:_____Grade:_____

Player Name	Age	Grade	Parent Name	Parent E-mail

1. By signing above, I hereby certify that my participant is in normal health and capable of safe participation in the WNSL. I release the league from any risk and liability incidental to the conduct of this program. I hereby authorize the WNSL's appointed representative to obtain medical treatment for my child if I 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. Coaches, by signing below, you are certifying that all information is correct to the best of your knowledge.

Signature of Coach:_____Printed Name:_____ Date: _____