

Wachusett Youth Football and Cheer Registration

Check One	Flag Football _____	Tackle Football _____	Cheerleading _____
Participant Last Name	_____ First Name _____	_____ MI _____	Participant Date of Birth _____/_____/_____ Age as of 7/31/2009 _____
Address	_____		Height _____ Weight (Football Only) _____
Town	_____ State _____	_____ Zip _____	Grade in the fall 09' _____
Parent/Guardian Last Name	_____ First Name _____		Shirt Size (Youth) / (Adult) (Small) / (Medium) / (Large)
Phone #	_____ Email _____		Last years team name / level _____ Coach _____
Parent/Guardian Last Name	_____ First Name _____		Name(s) of siblings registering for fbball/cheer _____
Phone #	_____ Email _____		Interested in sponsoring a team (YES)

Registration fees are non-refundable. Registrations received after 6/1/2009 are subject to space availability.

Tackle Football / Cheerleading Fees

Early Fee (until 3/15/09)	Regular Fee (3/16/09– 6/1/09)
\$125 first child, \$90 each additional child	\$150 first child, \$90 each additional child

Please make checks payable to "Wachusett Youth Football and Cheer"

Mail completed registration forms and payment for TACKLE Football and CHEER to

105 Bull Run, Holden, MA, 01520

QUESTIONS – Email wachpw@wachpw.com or call Kevin Adams at (508) 829-0859

Cheerleading Age Requirements: 6--15 (as of 7/31/09)

Tackle Football Age (as of 7/31/09) / Weight Requirements

Division	Ages	Certification Weight
Mitey Mite	7, 8	45-90 lbs
Jr. Pee Wee	8, 9, 10	60-105 lbs
	11	60-85 lbs
Pee Wee	9, 10, 11	75-120 lbs
	12	75-100 lbs
Jr. Midget	10, 11, 12	85-135 lbs
	13	85-115 lbs
Midget	11, 12, 13, 14	105-160 lbs
	15	105-140 lbs

Flag Football Fees

Division	Grade in Sept.	Early Fee (until 3/15/09)	Regular Fee (3/16/09– 4/30/09)	Late Fee (5/1/08 – 6/1/09)
Instructional	K, 1	\$35	\$45	\$70
Freshman	2, 3	\$35	\$45	\$70
Junior	4, 5	\$50	\$65	\$90
Senior	6, 7, 8	\$50	\$65	\$90
Family Max	N/A	\$95	\$125	\$175

Please make checks payable to "Wachusett Youth Football and Cheer"

Mail completed registration forms and payment for FLAG Football to

WYFFL, P.O. Box 689 Holden, MA 01520

QUESTIONS – Contact John Marra at johnmarra@charter.net

NOTE: If you have **combined registration (Tackle/Flag or Cheer/Flag participants)**, completed forms and one check to the tackle contact (105 Bull Run, Holden, MA 01520)

Flag Football Only - The following section must be completed for all Flag Football participants.

Liability Release and Consent for Medical Treatment (MINOR)

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Wachusett Youth Flag Football League, and its sponsors and coaches. I authorize the President of Wachusett Youth Flag football with the authority to discharge my registration for inappropriate conduct. I and the registrant recognize the possibility of personal injury and damage to personal property associated with the flag football programs and activities (the "programs"). I hereby release, discharge and/or otherwise indemnify the Wachusett Youth Flag Football League, its affiliated organizations and sponsors, their associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs.

I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Please sign below as a Liability Release, Consent for Medical Treatment.

Parents Signature _____

Emergency Phone # _____

Primary Care Physician _____ Phone # _____

Health Care Provider _____ Provider # _____

Medical Conditions or Allergies _____

Medical Certification: All WYFFL participants must deliver to their local Association proof of a Medical Clearance before participating in WYFFL programs. This includes, but is not limited to, Preseason Practice. The Medical Clearance must attest to, or contain the statement:

"I, (Physician Name) _____" hereby my signature below, do certify that I am licensed by the state and am qualified in determining that (Child's Name:) _____ is physically fit and I have found no medical or observable conditions which would contra-indicate him/her from participating in youth flag football, tackle football, activities. I am therefore clearing this individual for athletic participation without limitation.

Signature _____

Date _____ *This document is valid for 1 year from the date it was signed.*