2024 WNSL Flag Football Registration

Deadline: JULY 15th



	nt/GuardianName:
Player's Gender:Player's Date of Birth:	Age on Aug. 1, 2024
StreetAddress:	City:Zip Code:
E-Mail Address:	RisingGrade:
Phone: (H) (C)	School:
What Area of Town do You Live In?(i.e.Green Hills, Belle	vue)
CoachPreference(Full Name):	
Is your player listed on the roster this coach will submit	to the league? YesNoDon't Know
List Any Teammate Requests Here:	
Please Circle Your Preferred Jersey Size: YS (6-8) YM	1 (10-12) YL (14-16) AS (30-32) AM (34-3
	AL (38-40) AXL (42-44)
Sponsorship Information:	
Are you or your company interested in sponsoring	Area of Town do You Live In?(i.e.Green Hills, Bellevue) Area of Town do You Live In?(i.e.Green Hills, Bellevue) Area of Town do You Live In?(i.e.Green Hills, Bellevue) Area of Town do You Live In?(i.e.Green Hills, Bellevue) Area of Town do You Live In?(i.e.Green Hills, Bellevue) Area of Town do You Live In?(i.e.Green Hills, Bellevue) Area of Town do You Live In?(i.e.Green Hills, Bellevue) Are player listed on the roster this coach will submit to the league? Yes
Volunteer Information:	
Contact information if different from above (Name	e, E-Mail, and Phone):
League. I assume all risk and hazards incidental to to obtain medical treatment for my child if the parent 2. I support the WNSL philosophy based on charact teamwork, fair play, family involvement and growtl 3. I will read and follow the WNSL's code of conduct 4. I acknowledge that if I choose to withdraw my characterists.	the conduct of this program. I hereby authorize the WNSL t(s) cannot be reached. ter development, participation, fun, skill development, the in spirit, mind & body. ct online at www.wnsl.org hild from the league, there are no refunds unless there is
medical excuse from a doctor. Registration fees ma	ay be transferred to another sport up until jerseys are ord
medical excuse from a doctor. Registration fees ma	
Signature of Parent/Guardian: League Fees If Registering By Mail:	
Signature of Parent/Guardian: League Fees If Registering By Mail:	Date:

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:



