



2024 WNSL Fall Golf Registration

Deadline: August 15th



Player Name: _____ Parent/Guardian Name: _____

Player's Gender: _____ Player's Date of Birth: _____ Notable Medical Conditions: _____

Street Address: _____ City: _____ Zip Code: _____

E-Mail Address: _____ Phone: (H) _____ (C) _____

Rising Grade: _____ Age on Jan 1, 2024 : _____ School: _____

Teammate Requests:

(1) _____ (2) _____ (3) _____

Please Select Your Preferred Competition Level: Competitive _____ Middle Level _____ Recreational _____

Years of Golf Experience: _____

In the Fall the WNSL Provides a golf polo. Please Select Jersey Size: (If you are in between sizes, order up)

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

Volunteer Information:

Each team needs one team caddy to walk the course with them.

I am willing to volunteer as a team caddy: _____

Contact information if different from above (Name, E---Mail, Phone): _____

Agreement:

1. I hereby certify that my child is in normal health and capable of safe participation in the WNSL Fall Golf Program. 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 a doctors excuse is provided. Registration fee may be transferred to another sport up until jerseys are ordered and after jerseys are ordered no transfers are provided.
5. I understand that the WNSL relies on volunteer coaches. If I am registering my player as a free agent, I understand that if enough coaches do not initially volunteer, I may be asked as part of a group to coach or find someone to coach a team on which my player is participating.

Signature of Parent/Guardian: _____ Date: _____

If registering by mail, cost for this league is \$120

Plus \$10 Paper Registration processing fee

To complete your registration, please mail this form with a check to:

West Nashville Sports League
PO BOX 50710
Nashville, TN 37205

