## **2025 WNSL Spring Flag Football Registration**

layer Name: Parent/G	ruary 14 Guardian Name:
layer's Gender: Player's Date of Birth:	
treet Address:	City: Zip Code:
-Mail Address:	Grade:
hone: (H) (C) Sch	ool:
Vhat Area of Town Do You Live in? (i.e. Green Hills, Bellevu	e)
oach Preference (Full Name):	
S Your Player Listed on the Roster This Coach Will Submit to	the League? Yes No Don't Know
ist Any Teammate Requests Here:	
registering For: Pre K K 1 <sup>st</sup> 2 <sup>nd</sup> th/8 <sup>th</sup> 9 <sup>th</sup> /10 <sup>th</sup> 11 <sup>th</sup> /12 <sup>th</sup>	3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> 6 <sup>th</sup>
lease Circle Your Preferred Jersey Size:	
S (6t 8) YM (10t 12) YL (14t 16) AS (	30t 32) AM (34t 36) AL (38t
0) AXL (42t 44)	
olunteer Information:	
am willing to volunteer in this league as a: Coach	Assistant Coach Team Parent
ontact information if different from above (Name, Et Mai	l, and
hone):	
egreement: . I hereby certify that my child is in normal health and capa eague. I assume all risk and hazards incidental to the condubtain medical treatment for my child if the parent(s) cannot. I support the WNSL philosophy based on character development, fair play, family involvement and growth in spirit. I will read and follow the WNSL's code of conduct online in I acknowledge that if I choose to withdraw my child from nedical excuse from a doctor. Registration fees may be transported.	uct of this program. I hereby authorize the WNSL to of be reached. opment, participation, fun, skill development, t, mind & body. at www.wnsl.org the league, there are no refunds unless there is a
	Date
ignature of Parent/Guardian:	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:

WNSL, P.O. Box 50710, Nashville, TN 37205



