

# WAUSAU AREA YOUTH FOOTBALL LEAGUE (WAYFL)

## Player application

**To play, return your application and payment before August 15, 2018.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade in **Sept. 2018:**  6<sup>th</sup> Grade  
 7<sup>th</sup> Grade

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ School Attending in **Sept. 2018:** \_\_\_\_\_

Email to best contact player: \_\_\_\_\_

Father's Name & Address: \_\_\_\_\_

Father's Telephone Number(s) – Home/Work/Cell: \_\_\_\_\_

Mother's Name & Address (if different than father's): \_\_\_\_\_

Mother's Telephone Number(s) – Home/Work/Cell: \_\_\_\_\_

**Fee: \$95.00 (If you have more than two players from one family, the maximum fee is \$190.00.)**

If parent is willing to help coach, please check here  and complete a coaching application, which can be obtained online at [www.wausauyouthfootball.com](http://www.wausauyouthfootball.com), or call Matt Mayer at 715.845.8234 for additional information.

### WAIVER

My son/daughter has permission to participate in the WAUSAU AREA YOUTH FOOTBALL LEAGUE (hereinafter "WAYFL") tackle football program. I certify that within the past two (2) years, he/she has had a physical examination and that now he/she is physically able to participate in tackle football activities without restriction. In the event of illness or injury while participating in the WAYFL program, **I give my consent for medical treatment and permission to the attending physician to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery.** I will be responsible for any medical or other charges in conjunction with my son's/daughter's participation in football.

I acknowledge that in the WAYFL program, my son/daughter will participate in a sport that involves, among other things, physical contact of the body with other persons or objects, including the ground, and that in football there is a risk of serious injury and possibly death. **I specifically waive, release and discharge the WAYFL program and its Board of Directors, Wausau School District, sponsors, coaches and supervisors from liability from any claim for damages,** which I, or my son/daughter, may have for injuries or illness that he/she may sustain while participating in the WAYFL program.

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Signature of Parent(s) or Guardian(s): \_\_\_\_\_

**Attach a check for player fees payable to WAYFL and mail to:  
WAYFL - P.O. Box 1442, Wausau, WI 54402-1442**