

WAUSAU AREA YOUTH FOOTBALL LEAGUE (WAYFL) PLAYER APPLICATION

To play, return your application and payment before August 10, 2017.

Last Name: _____ First Name: _____ Grade in Sept. 2017: 4th Grade
 5th Grade
 6th Grade
 7th Grade

Address: _____

City, State, Zip: _____

Telephone Number: _____ School Attending in September 2017: _____

Email Address 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: \$90.00 (If you have more than two players from one family, the maximum fee is \$180.00.)

If parent is willing to help coach, please check here and complete a coaching application, which can be obtained online at www.wausauyouthfootball.com, 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**

**WAYFL is not sponsored or affiliated with the Wausau School District.
Any opinions of WAYFL are not necessarily those of the school district or its personnel.**