

**2010 REGISTRATION FORM  
WFL – Winter Football League  
CT Sportsplex – North Branford - CT**

**Checks Payable to:  
WFL LLC  
14 Eagle Meadow Drive, Madison, CT 06443**

<b>Fee: \$200.00</b>
Check #

**WFL FIRST DOWN**

[www.winterfootball.net](http://www.winterfootball.net)

<b>Player:</b>	
First Name:	Last Name:
Address:	
Town:	
Phone:	
E-Mail:	
Use this as primary E-mail address? Y N	
Date of Birth:	Age:
Grade:	
Played Flag Football	Yes No Year
Played Tackle Football	Yes No Year
Program:	
Approx Weight	Positions Played:
2009 Flag Team/Coach:	

<b>Mom:</b>	
First Name:	Last Name:
Address (if different)	
Phone (Wk.,Cell, Oth.)	
E-Mail:	Use this as primary E-mail address? Y N

<b>Dad:</b>	
First Name	Last Name
Address (if different)	
Phone (Wk.,Cell, Oth.)	
E-Mail:	Use this as primary E-mail address? Y N

<b>Doctor:</b>	<b>Tel #:</b>	Medications:
Allergies:		Special Instructions:

My child has my permission to participate in the 2010 Winter Football league to be held at the Connecticut Sportsplex Indoor Facility during the months of February, March & April of 2010. I understand that all loaned equipment must be returned promptly and in good condition upon completion of my child's participation. I will be responsible for replacement of lost or damaged equipment (excluding normal wear).I will do my best to insure that my child and any member of my family who participates in the WFL as a fan or otherwise, will conduct themselves in a manner that promotes good sportsmanship and reflects favorably upon this organization.

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Signature of Parent or Guardian