

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

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

Fee: \$200.00
Check #

WFL & Coaches Will Select Team Rosters

www.winterfootball.net

Player:																																	
First Name:	Last Name:																																
Address:																																	
Town:																																	
Phone:																																	
E-Mail:																																	
Use this as primary E-mail address? Y N																																	
Date of Birth:	Age:																																
Grade:																																	
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Mom:	
First Name:	Last Name:
Address (if different)	
Phone (Wk.,Cell, Oth.)	
E-Mail:	Use this as primary E-mail address? Y N

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

Doctor:	Tel #:	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.

Signature of Parent or Guardian