

NIAGARA WHEATFIELD AMATEUR ATHLETICS REGISTRATION FORM

*****ABSOLUTELY NO REFUNDS*****

N.W.A.A.USE ONLY

SPORT (CHECK ONE) _____ CHECK OFF NUMBER (SOCCER ONLY) _____

FOOTBALL__ CHEERLEADING__ WRESTLING__ SOCCER__ LACROSSE__
TEAM _____ TEAM _____

REGISTRATION FEE: \$ _____ AMT. PAID: \$ _____ CASH__ CHECK # _____

LOTTERY TICKETS: YES__ NO__ AMOUNT: _____ PAID: CASH__ CHECK# _____

CANDY: YES__ # BOXES__ NO__ AMT. PAID: \$ _____ CASH__ CHECK# _____

NYFL LEAGUE NUMBER: (FOOTBALL ONLY) _____

BIRTH CERTIFICATE: YES__ NO__ ON FILE__ SPORT _____

CHILD'S WEIGHT: _____ (FOOTBALL / WRESTLING ONLY)

SHIRT SIZE: _____

COMPLETED BY: _____

PLEASE PRINT CLEARLY

CHILD'S NAME: _____

AGE: _____ DATE OF BIRTH: _____ SEX: M__ F__ GRADE: _____

PARENT/GUARDIAN: _____

ADDRESS: _____ SCHOOL DISTRICT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE PHONE: HOME: _____ WORK: _____

PLEASE INDICATE ANOTHER PERSON TO CALL IN AN EMERGENCY AND WE ARE UNABLE TO CONTACT YOU.

NAME: _____ PHONE: _____

CHILD'S PHYSICIAN: _____ PHONE: _____

DATE OF LAST PHYSICAL: _____ MEDICAL INSURANCE: YES__ NO__

INSURANCE COMPANY: _____ POLICY NUMBER: _____

IS YOUR CHILD ON MEDICATION? YES__ NO__ IF YES PLEASE LIST MEDICATIONS:

DRUG SENSITIVITIES: YES__ NO__ IF YES PLEASE LIST:

OTHER ALLERGIES: YES__ NO__ IF YES PLEASE LIST:

PROVIDE PARENT/GAURDIAN EMAIL ADDRESS IF YOU WOULD LIKE TO RECEIVE EMAIL FROM NWAA REGARDING UPCOMING EVENTS AND ANNOUNCEMENTS.

EMAIL ADDRESS _____

PLEASE READ MEDICAL INSTRUCTIONS BELOW

IF MY CHILD NEEDS MEDICAL ATTENTION, I CONSENT TO PROCEDURES ORDERED BY THE MEDICAL OFFICER PRESENT IF IMMEDIATE TREATMENT IS NECESSARY TO SAVE MY CHILD'S LIFE OR PREVENT PERMANENT INJURY, ON THE UNDERSTANDING THAT EFFORTS WILL BE MADE TO CONTACT ME AND WILL CONTINUE TO BE MADE UNTIL I AM REACHED. I ACCEPT RESPONSIBILITY FOR ALL COST RELATED TO SUCH TREATMENT. IN THE EVENT OF LESS SEVERE INJURY, WHICH DOES NOT REQUIRE IMMEDIATE TREATMENT, I RESERVE THE RIGHT TO BE CONSULTED ABOUT MEDICAL PROCEDURES EMPLOYED.

PARENT / GUARDIAN _____ **DATE:** _____

I THE PARENT/GUARDIAN OF THE ABOVE NAMED CHILD REGISTERING FOR FOOTBALL / CHEERLEADING / WRESTLING / SOCCER / LACROSSE (CIRCLE ONE) UNDER THE SPONSORSHIP OF NIAGARA WHEATFIELD AMATEUR ATHLETICS HEREBY GIVE APPROVAL TO HIS / HER PARTICIPATION IN ANY AND ALL ACTIVITIES OF THE ABOVE NAMED SPORT) GOVERNED BY THE ASSOCIATION. I DO HEREBY WAIVE, RELEASE, AND AGREE TO HOLD HARMLESS NIAGARA WHEATFIELD AMATEUR ATHLETICS, SUPERVISORS, PARTICIPANTS AND PARENTS FROM ANY CLAIM ARISING OUT OF AN INJURY TO MY CHILD, EXCEPT TO THE EXTENT AND IN AMOUNT COVERED BY ACCIDENT OR LIABILITY INSURANCE. **I ALSO UNDERSTAND THE REGISTRATION FEE IS NON-REFUNDABLE.**

PARENT / GUARDIAN: _____ **DATE:** _____

IMPORTANT PLEASE READ CAREFULLY (FOOTBALL, CHEERLEADING, WRESTLING & LACROSSE)

I UNDERSTAND THAT THE UNIFORM AND EQUIPMENT ISSUED BY THE NIAGARA WHEATFIELD AMATEUR ATHLETICS TO MY CHILD / CHILDREN FOR USE DURING THE FOOTBALL / CHEERLEADING / WRESTLING / LACROSSE (CIRCLE ONE) SEASON IS THE PROPERTY OF THE NIAGARA WHEATFIELD AMATEUR ATHLETICS. I AGREE TO RETURN UPON REQUEST THE UNIFORM AND EQUIPMENT ISSUED TO MY CHILD / CHILDREN IN AS GOOD CONDITION AS WHEN RECEIVED, EXCEPT FOR NORMANL WEAR AND TEAR. **FAILURE TO RETURN THE UNIFORM AND ALL EQUIPMENT ISSUED TO YOUR CHILD / CHILDREN WILL RESULT IN IMMEDIATE LEGAL ACTION BEING TAKEN.**

PARENT / GUARDIAN: _____ **DATE:** _____

NWAA WEB SITE PUBLISHING CONSENT

PERSONAL RECOGNITION IS IMPORTANT FOR YOUNG ATHLETES. THE NWAA MAY PERIODICALLY POST TEAM AND/OR INDIVIDUAL PHOTOGRAPHS ON OUR WEB SITE. WE WILL NOT INCLUDE NAME, AGE, ADDRESS, SCHOOL OR ANY OTHER PERSONALLY IDENTIFIABLE INFORMATION REGARDING YOUR CHILD. YOUR SIGNATURE BELOW ALLOWS US TO INCLUDE YOUR CHILDS PHOTO ON OUR WEB SITE.

I HERBY GRANT PERMISSION FOR THE NWAA TO INCLUDE MY CHILDS PHOTO ON WWW.NWAASPORTS.ORG

PARENT / GUARDIAN: _____ **DATE:** _____