WCFA (West Coast Football Association)

2010 Northwest Youth Football

Spring Football Cheer Contract

4670 N. El Capitan #101A
Fresno CA 93722
(559) 277-7600 Office
(559) 276-9292 Fax
www.WCFA.net

Participant Information		Parent\Guardian Information	
First Name:		First Name:	
Last Name:		Last Name:	
Address:		Address:	
Date of Birth:	Age:	Home Ph:	Work Ph:
Weight:		Emergency Contact:	
School:	**Grade:**	Emergency Phone:	

West Coast Football Association (Highlighted areas for league use only)

Pee Wee _____
Junior _____
Senior _____

Jersey #_____ **Team:**_____ **Head Coach** _____

Physical			Code of Conduct	PICTURE
Medical Insurance		Player		
Prof of grade		Parents		
Fee	Cash/M.O.	Check amount	Check #	
Paid				
Paid				
Balance				

By signing below and presenting this application, I agree for my child to participate in a sport activity or event sponsored by Northwest Youth football and West Coast Football Association. I agree that the league and its agent's, directors, facilitators, employees, sponsors, coaches and staff shall not be held liable for any injury or damage arising from their participation in any NYF/WCFA sponsored event or competition. I further understand the risk of injury from activities in tackle football whether known or unknown. I assume all risk of participation including transportation to and from the activity and waive, absolve and agree to hold harmless NYF/WCFA. This waiver shall apply to all persons or entities acting on my, or my child's behalf. Further, if emergency medical administration is needed by our child during or resulting from said activities, we authorize any of the coaches or staff to authorize any licensed physician or surgeon to administer such emergency medical attention. We further waive any claim, demand, cause or action or assertion of liability against NYF/WCFA, it's officers, coaches, facilitators, sponsors, and staff, because of the administration of emergency medical attention.

Withdrawal & Refunds: V*oluntary withdrawal prior to first date of practice will receive a full refund. No refunds will apply on or after first scheduled practice day, No exceptions. A $25 service fee will be charged per returned check.*

Signature: **Date:**

Print Name:

Equipment (please initial when received)

Skirt	Kick Pants	Shell
Pants	Jacket	Pom Poms

Signature:_____ **Drv. Lic. #** _____ **Date:**_____

I agree to return all uniform and equipment issued in good condition as when received, except for normal wear and tear. In the event equipment is not returned then a $300 replacement fee and any litigations fees incurred will be due and payable upon demand.