



Wantagh Football Club • P.O. Box 3682, Wantagh, N.Y. 11793-3682 • www.wantaghfootballclub.com

# Wantagh Football Club Registration Form

The Wantagh Football Club is committed to providing equal opportunities for all eligible athletes. Please call any of our board members for more information.

Date of Registration \_\_\_\_\_

## PLAYER / CHEERLEADER INFORMATION

*(Name must match birth certificate or passport exactly.)*

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Date of Birth \_\_\_\_\_

### Uniform # Preference

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

### PARENT(S) / GUARDIAN(S)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Home ( ) \_\_\_\_\_  
Phone Work ( ) \_\_\_\_\_  
Pager ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Home ( ) \_\_\_\_\_  
Phone Work ( ) \_\_\_\_\_  
Pager ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

## EMERGENCY CONTACTS *(Different from above)*

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Phone Home ( ) \_\_\_\_\_  
Phone Work ( ) \_\_\_\_\_  
Pager ( ) \_\_\_\_\_  
Family Doctor \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

I give approval for participation in all activities of Wantagh Football Club during the season. I assume all risk and hazards incidental to the program. In case of emergency, I hereby authorize any necessary treatment.

SIGNATURE OF PARENT / GUARDIAN \_\_\_\_\_ D

### FOR WFC USE ONLY

Check # \_\_\_\_\_ Amt. Paid \_\_\_\_\_