



WHITEHAVEN JUNIOR SPORTS ASSOCIATION SPRING/FALL PLAYER'S & CHEERLEADER'S APPLICATION

NAME _____

ADDRESS _____ ZIP CODE _____

PHONE# _____ DATE OF BIRTH _____ SEX _____

(Birth date will be verified by WJSA Officials)

Person to notify in case of emergency (other than Parents)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Is your child in good physical condition? Yes _____ No _____

Is this the first year of participation with WJSA? Yes _____ No _____

If no, please list last year of participation, team & coach.

Name of School _____

Note:

1. A copy of your child's birth certificate must be attached to this application, (if not already of file with WJSA).
2. A current photo must be placed on all applications.
3. Jersey will remain the property of WJSA.

Please read before signing:

I hereby verify that the above information is correct. I realize that if I provide false information, I hereby forfeit any amount of registration fee paid. Otherwise, there will be no refund of registration fee after seven (7) days from the date of application, for any reason my child decides not to play. I have read and understand the information contained on all pages of this application. The players and cheerleaders eligibility, rules of conduct and permission forms which are attached.

(PARENT'S SIGNATURE) (DATE) (PHONE) (CELL PHONE)

FOOTBALL PLAYER'S: SPRING FEE _____ FALL FEE _____

CHEERLEADER'S: SPRING FEE _____ FALL FEE _____

(NO EXEMPT FOR BROTHERS OR SISTERS)



**WHITEHAVEN JUNIOR SPORTS ASSOCIATION
(WJSA)**

**PARENT AND/OR GUARDIAN APPROVAL FOR PARTICIPATION
IN
LITTLE LEAGUE FOOTBALL AND CHEERLEADING**

I hereby certify that _____ has my permission and my approval to participate in the WHITEHAVEN JUNIOR SPORTS ASSOCIATION FOR LITTLE LEAGUE FOOTBALL/CHEERLEADING PROGRAM.

It is understood and agreed that WJSA and card Members, Coaches, Cheerleader Sponsors, Staff and Volunteers shall not be responsible for any accident or injury as a result thereof, except the rendering of first aid treatment.

In the event of an athletic injury, parents understand and agree that they will furnish their own accident and hospitalization insurance policies.

The above services shall be deemed to be completely discharged of any and all responsibilities from any athletic injury.

To be signed in the presence of your Team Representative by a Parent or Guardian

DATE _____ TELEPHONE _____

SIGNATURE _____
(PARENT/GUARDIAN)

ADDRESS _____