

Wilson Flag Football Program Registration:

Athlete Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

School: _____ **Grade: (entering in fall of '24)** _____ **Age:** _____

Phone - Home: _____ **Cell:** _____

E-mail: _____

Shirt/short size (youth sizes)(come as set)

___ **XS** ___ **S** ___ **M** ___ **L** ___ **XL**

Last Name as you want it on jersey:

Number you want on jersey:

PARENT/GUARDIAN CONSENT FORM

I hereby give my consent for my son to participate in all activities of the Wilson Flag Football Program. I also declare my son to be in good health and give permission to the coaches to render such medical care, as in their judgment, may be advisable for my child.

Signature: Parent / Guardian

Date

Please complete the form above and return to Doug Dahms with a \$85 check. **(Registration deadline is August 24; late registration is \$100 by September 1; after September 1 registration is \$85 but no uniform is included)**

Please make checks payable to **Wilson Football**.

Forms may be returned to:

Wilson Football
c/o Doug Dahms
2601 Grandview Boulevard
West Lawn, PA 19609-1324