## Watauga Jr. Athletic League Participant Registration Form

Parent/Legal Guardian Signature\_

Registration Fee	e Paid: \$	_ ( ) Cash	( ) Check #
P	Photo ID ( )	Physical	( )

Date\_

Association:		Season:	
Participating in: ( ) Foo	otbal ( ) Cheerleading	*Cutoff Date is July 31st for All Divi	isions
<b>Division:</b> () Mitey Mite 5-6 Yr	•	ilbs. Any PositionUp to 110 lbs	
() Grasscutter 7-8 Yr.	•	blbs. Any PositionUp to 130 lbs	•
() Jr. Pee Wee 9-10 Y () Pee Wee 11-12 Yr. **	•	5 lbs. Any PositionUp to 150 lbs 0 lbs. Any PositionUp to 185 lbs ffensive Line Only**	
Participants Name:			Age:
Approx Weight:	lbs.	Birthdate:	
School:		Grade:	
Parent/Guardian Name(s			
Address: Phone:			
Emergency Contact:		Relationship:	
Phone:			
Medical Doctor:			
Phone:			
Known Allergies:			
Medical Conditions:			
_			_
Medications:			
participate in all activitie league and its associatio from injuries that may hereby authorize WJAL	es of the Watauga Jr. Athletens, members, officers, coat occur while participating and its associations to act by the rules, regulations, and	uardian of the above participant, given the League and its Associations. I here ches, sponsors, and associated school in league activities. In the event of as my child's agent to obtain promined decisions of WJAL including the Participant of Conduct.	reby agree to release the pol boards of any liability parental absence, I do pt medical treatment. I