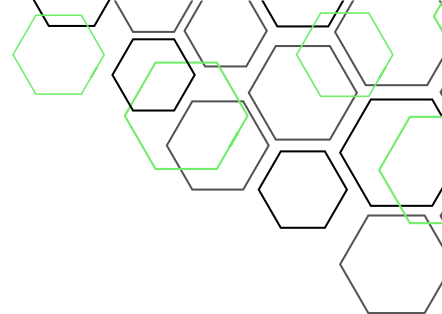




WFC

WAWASEE FOOTY CLUB

REGISTRATION FORM



ATHLETE INFORMATION

Full Name _____
Date of Birth ____ / ____ / ____ Current Grade _____
Gender ☐ Male ☐ Female
Home Address _____
City _____ Zip Code _____
Phone Number _____ Email _____

CONTACT INFORMATION

Parent/Guardian Name _____
Home Phone _____ Work/Cell Phone _____
Emergency Contact Name _____ Emergency Phone _____
Relationship to Athlete _____ Parent Email _____

MEDICAL INFORMATION

Does your child suffer from a health condition that threatens their life? ☐ Yes ☐ No
If yes, please explain

Do you have any other medical issues we should know about your child? ☐ Yes ☐ No
If yes, please explain

T-SHIRT/PAYMENT INFORMATION

Circle T-shirt Size
Youth: YS YM YL
Adult: S M L XL XXL

Membership: \$50.00

Membership offers participation in all Wawasee Footy Club futsal and soccer recreational events and training for the 2024-2025 season, which concludes on July 31, 2025.

Circle Payment Cash / Check

Parent Signature

____ / ____ / ____