

**WILLINGBORO P.A.L. FOOTBALL ASSOCIATION
REGISTRATION FORM
FOOTBALL AND CHEERLEADING**

PLEASE PRINT (PLEASE READ CAREFULLY)

DATE: _____

FOOTBALL PLAYER: _____ CHEERLEADER: _____ RETURNING: _____ NEW: _____

CHILD'S NAME: _____ ADDRESS: _____

EMAIL ADDRESS: _____

DATE OF BIRTH _____ AGE: _____

PHONE: _____ WEIGHT (APPROX.) _____

SCHOOL ATTENDING IN FALL: _____ GRADE: _____

I hereby certify that I, the above named applicant, will abide by the rules and regulations of the Willingboro P.A.L. Football Association and any instructions set by the coaches and managers of my team. I will do my best to properly care for any equipment issued to me, which I further understand is the property of Willingboro P.A.L Football Association.

APPLICANT'S SIGNATURE _____

PARENT'S SIGNATURE _____

I, the parent/guardian of the above named applicant certify that he/she is physically fit and has my consent to become a member of Willingboro Panthers, if he/she meets the requirements of the W.P.F.A. I also understand that application fees are non-refundable for any reason.

I agree to release and hold harmless the Willingboro PAL., its officers and coaches from liability for any injuries suffered by my child during practice, briefing, games, and or transportation to any event sponsored or co-sponsored by the W.P.F.A., New Jersey statute N.J.S.A. 2A:62A-6., as long as the actions of said officials and coaches are not willful, wanton, or grossly negligent.

I understand that all equipment issued to my child is the property of the Willingboro P.A.L. Football Association and I will pay costs for all or any portion of this equipment he/she fails to return.

PARENT'S SIGNATURE _____

PARENTS: YOUR PARTICIPATION IS ESSENTIAL FOR OUR PROGRAMS SUCCESS. PLEASE CHECK ONE OF THE FOLLOWING:

CONCESSION STAND _____
CHEERLEADER COMPETITION _____
TRUSTEE BOARD _____

TEAM MOTHERS/FATHERS _____
COACHES _____
COMMITTEE WORK _____

*******PLEASE NOTE*******

1. Parent/Guardian must register child. All new football players must have original birth certificate when registering. Cheerleaders need only a copy.
2. Physical form from a licensed physician is required prior to first day of practice.
3. Each child is responsible for all fund raising merchandise and material issued on a consignment basis.
4. If equipment is not returned by specified date your child will jeopardize his/her participation in future seasons and will not be permitted to attend banquet or receive his/her trophy.
5. NO REFUNDS.
6. Our website (www.willingborotwppanthers.com)

Thanking You In Advance
Willingboro P.A.L. Football Association
President, Officers, and Board Members

FUND RAISER ISSUED _____ AMOUNT DUE _____ DUE DATE _____

REGISTRATION FEE _____ CASH _____ CHECK NO. _____