



Westosha Falcons Youth Football FALL 2024

IN-PERSON @ CHS in Commons:

Wednesdays, 5:30p-7:00p
MARCH 6, 13, 20
APRIL 3, 17

Saturdays:
FEBRUARY 17th, 10:00a-3:00p
MARCH 9th, 9:00a-1:00p

ONLINE AT:

www.westoshafootball.org



PLAYER INFORMATION: New player Returning player Sibling player (Circle one): 1 2 3 4

Please print clearly.

Last name: _____ First name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of birth: _____ Age as of August 1, 2024: _____ School: _____ Grade (Fall 2024): _____

T-shirt size (Youth sizes may run small): YM YL YXL AS AM AL AXL A2XL A3XL
Jersey number preference (number is not guaranteed): First choice _____ Second choice: _____

PARENT/GUARDIAN INFORMATION (Please list in order of preferred emergency contact):

Parent/Guardian 1 Name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian 2 Name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

ALTERNATE EMERGENCY CONTACT (Other than parent(s)/guardian(s) listed above):

Name: _____ Relationship: _____

Email: _____ Phone: _____

WESTOSHA FALCONS YOUTH FOOTBALL PROGRAMMING 2024: Please make checks payable to WFYF.

FALL TACKLE: \$300 (\$250 before April 1st) \$ _____

Grades 3rd-8th: Games played on Saturdays at Conference fields and CHS. Fee includes game jersey + rental of helmet, shoulder pads, and game pants.

FALL FLAG: \$125 \$ _____

Grades 1st-5th: Fee includes game jersey + use of flags.

TACKLE SIBLING(S) DISCOUNT x \$25: \$ _____

PLEASE LET US KNOW YOUR PREFERENCE FOR ASSISTING THIS SEASON:

- Head coach (Tackle or Flag) Assistant coach Field Marshall
- Game day assistant Team parent "Chain Gang"
- Fundraising/Events Concessions

TOTAL FEES 2024: \$ _____

Card Cash Check # _____

Payment plan _____

Payment plan _____

Payment plan _____

REGISTRATION CONTINUED ON REVERSE SIDE

WFYF AURORA SPORTS MEDICINE EMERGENCY INFORMATION AND CONSENT:

Primary physician: _____ Phone: _____

Current medications: _____

Known allergies: _____

Other medical conditions and/or restrictions: (asthma, diabetes, previous head injuries, etc.):

Medication required at practices and/or games: YES NO

Additional medical notes: _____

INSURANCE INFORMATION:

Medical insurance: _____

Policy number: _____ Preferred hospital/facility: _____

MEDICAL CONSENT TO TREAT PLAYER:

Consent is effective until revoked by a parent or guardian or until athlete is no longer a WFYF participant.

If no box is checked, It is assumed that consent is NOT given. PLEASE CHECK ALL APPLICABLE:

Yes **No** If the athletic staff determines that Student is in need of immediate medical attention beyond that which can be provided by the athletic staff at School and Students's parent, guardian, or emergency contact cannot be reached, the athletic staff may use their judgment in securing medical aid, including ambulance service and admittance to a hospital if needed.

Yes **No** The athletic staff, including athletic trainers, coaches, or other qualified personnel may apply first aid treatment for any injury sustained during participation in athletic programs sanctioned by School; the athletic trainer may evaluate and treat other emergent or non-emergent Student injuries or medical conditions. Brought to the athletic trainer's attention as they relate to the Students's physical activity, conditioning, or injury prevention, regardless of whether or not the Student participates in athletics; and if available at School, School's athletic trainer may provide appropriate treatment modalities, such as ultrasound and electronic stimulations to treat any player injury or other medical condition.

Yes **No** I have received the state-required concussion education information from School, have been given the opportunity to ask questions, and my questions have been answered to my satisfaction.

PARENT/GUARDIAN ATHLETIC TRAINING CONSENT:

Signature: _____ Date: _____

WFYF PARENT/GUARDIAN WAIVER: *I, the undersigned parent or guardian, waive all rights to hold Westosha Falcons Youth Football, LLC, its coaches, officials, and Board of Directors responsible for any injury or illness to my child during the 2024 football season. I confirm that my player is the age and grade listed above and agree to provide verification upon request. I understand that age misrepresentation is prohibited in both the WFYF league and SEYFA organization. **I am informed that no refunds will be given after my player(s) have had their equipment fitted.***

Signature: _____ Date: _____