

5th & 6th Grade Falcon **Youth Football Registration Form**

Please sign and return this sheet along with the
\$40.00 registration fee (made payable to W-K CE)
to the Community Education office,
2113 East Hiawatha Drive, Wabasha, MN 55981



By: Wednesday, Aug 31, 2022

Student Name (print): _____

Student Grade (2022-2023 School Year): _____ **Teacher:** _____

Student's Home address: _____

Parent/guardian names: _____

The Applicant recognizes that there are physical hazards to be expected in the program, and hereby releases, absolutely and completely, the Wabasha-Kellogg Public School District #811 and Wabasha-Kellogg Community Education Program, its agents, officers and employees, including coaches, teachers, leader staff and any other persons related, from any and all liabilities arising from claims, damages and liabilities to the Applicant for the loss or injury of persons or property. By registration and payment for this program, the Applicant does hereby accept the terms of this Agreement in whole.

My child has permission to participate in the Falcon Youth Football Program.

Parent Signature _____ **Date:** _____

In case of emergency, the best ways to contact me are:

Home: _____ **hours to reach me:** _____

Work: _____ **hours to reach me:** _____

Mom Cell: _____ **Dad Cell:** _____

Email: _____

***** For Student-Athlete to Complete *****

Student Agreement: I agree to abide by the rules of conduct set by the Coaches.

Student Signature _____ **Date:** _____

Have you played football before? ☐ Yes ☐ No

Have you ever had a concussion? ☐ Yes ☐ No

Height: _____ **Weight:** _____

If you need assistance with the registration fee, please contact Bridget in the CE Office