WISD Community Ed Sports League Team Registration

900 N. Elm St., Weatherford TX 76086 ~ 817-598-2806 ~ Fax 817-598-2807

ALL fields are required to process your registration.

Name/Birth Date	**__ __ / __ __ / __ __ __ __**
Address	**Zip**
Home/Evening Phone	
Work Phone(s)	**( ) / ( )**
Cell Phone(s)	
Email Address	
Emergency Contact/Phone	
T'Shirt Size for Sports Camps/Leagues	**(circle one) YS YM YL AS AM AL AXL A2XL**

❑ Male ❑Female Child (Age _____ /Grade _____ Campus _____)

League Name	Team Name	Fee

Team Captain _____ ***(Only the captain needs to list players here)***

List ALL Team members: ***(Each participant must fill out a registration form)***

I recognize the risks of illness and injury inherent in any program and am participating in the express agreement and understanding that I am hereby waiving and releasing the instructors and Weatherford ISD from and against any and all claims, costs, liabilities, expenses, or judgment, including attorney's fees and court costs arising out of participation in this program.

_____

Participant's Signature or Minor's Parent/Guardian Signature Date

I give my permission to take photos of my participation in or my work in Community Education classes for publication purposes, either in print or on the WISD website.

Signature

PAYMENT INFORMATION

(Please Circle Appropriately) **Mail Fax Phone Walk-in**

CASH or MONEY ORDER Receipt # _____

CHECK Name on Check _____ DL# _____

Birth date of Person Writing Check _____ CK # _____ Receipt # _____

MC or VISA Billing address for credit card _____

(If different from above.)

Card No. __ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __ Expiration Date_____

Signature _____ Receipt # _____