

BYRNE COMMUNITY CENTER

CITY OF WILDWOOD

401 W. YOUNG AVE.

WILDWOOD, NJ 08260

PHONE: (609) 522 – 5837

Arena Football Registration Form

First game will be on Friday, December 12th (7 game schedule, plus playoffs)

(Games will be every Friday at 4pm, 5pm, 6pm & 7pm)

We could possibly play a few Saturday morning games as well.

ABSOLUTELY NO
REQUESTS!!!

ARENA FOOTBALL LEAGUE
(GRADES 2 – 8)

ABSOLUTELY NO
REQUESTS!!!

TEAMS WILL BE
RANDOMLY SELECTED!!

PARTICIPATION FEE \$25

TEAMS WILL BE
RANDOMLY SELECTED!!

We are very sorry but we will NOT be taking 1st Grade or 9th Grade Registration at all!!!

We may be splitting the league up this year into 2nd – 4th grade and 5th – 8th grade.

(Fee is to be paid in cash or check at time of registration. Registration fees are non-refundable.

This includes injuries, ejections, and/or unsatisfied.)

PLEASE PRINT ALL OF THE FOLLOWING REQUIRED INFORMATION:

NAME: _____

ADDRESS: _____

CITY, STATE: _____

TELEPHONE NUMBER: _____ () - _____

DATE OF BIRTH: _____ / _____ / _____ GRADE IN : _____

PLAYER'S HEIGHT: _____ SCHOOL: _____

EMAIL ADDRESS: _____

MALE FEMALE

Please be advised that I do release, indemnify and hold harmless the City of Wildwood, its officers, agents and/or employees against any loss, damage or liability, including attorney's fees and expenses incurred as a result of or arising out of the use of the Byrne Community Center and its surrounding areas located at 401 W. Young Ave., Wildwood, NJ 08260

Signature: _____ Date: _____ / _____ / _____

Deadline for registration is 12 / 5 / 14 : No exceptions!



EMERGENCY CALL INFORMATION (REQUIRED)

SOMEONE OTHER THAN YOURSELF. In the Event of an emergency and I cannot be reached please call:

NAME: _____

RELATIONSHIP: _____

PHONE: _____

FOR OUR MEDICAL RECORDS (REQUIRED)

DISABILITIES: _____

ALLERGIES: _____

MEDICATIONS: _____

OTHER NECESSARY INFO: _____

GLASSES, CONTACTS, BRACES ETC.: _____

NAME OF FAMILY HOSPITALIZATION PLAN: _____

EMERGENCY MEDICAL TREATMENT

Parental Written Consent Is Given For:

- Emergency Medical Care
- Transportation by Ambulance in Case Of Emergency

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

VERY IMPORTANT: T-SHIRT SIZE: _____

OFFICIAL USE ONLY:

FEE PAID: YES () NO () CASH () CHECK ()

CHECK NO.: _____

STAFF INITIALS: _____

DATE: _____