

Wilders Grove youth Center(WGYC)/Wilders Grove Wolfpack

2009 Member Profile Form

PARTICIPANT'S NAME EXACTLY AS IT APPEARS ON BIRTH CERTIFICATE: _____

Information for ID cards: Age (as of July 31, 2009)_____, DOB_____, Hair Color____ Eye Color____
Weight_____

Has the participant participated in football, cheerleading or dance before 2009?_____

If yes, Where _____ When _____

MOTHER/GUARDIAN: _____

Cell Phone Number: _____, do you send and receive text messages

Email: _____

Additional email: _____

FATHER/GUARDIAN: _____

Cell Phone Number: _____, do you send and receive text messages

Email: _____

Additional email: _____

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To be read, initialed, signed and returned with registration forms.

_____ **Member Responsibility:** I/We understand that the WGYC is run entirely by volunteers and is a not for profit organization receiving no financial support from any government agencies. As such, all expenses to run this program are the result of the fees and fundraising efforts of its members. I/We recognize that all efforts required to operate and administer this program are the responsibility of its members and there are no positions that receive any compensation. Certain volunteer positions require a criminal background check, application or election.

_____ **Rules and Regulations:** I/We, as parent/guardian, understand that it is the responsibility of said parent/guardian to comply with any and all rules and regulations of the WGYC, Consolidated Football Federation (CFF), Pop Warner Little Scholars Inc. and those established by any facility used by our program, including but not limited to the Adult Code of Conduct as published in the Pop Warner Rulebook. Any non-compliance with any and all rules and regulations may be cause for discipline and/or dismissal of my child/the participant, myself and/or any spectators or other persons affiliated with the undersigned and the above named participant.

_____ **Eligibility:** I/We, as parent/guardian, understand that the participant must meet Pop Warner age and weight requirements on an official certification date as established by CFF and Pop Warner Little Scholars, Inc. Without exception, I further understand that the decision of all Pop Warner Officials is final, including weight master, on-field officials and competition judges. I understand that proof of age and scholastic fitness must be presented by the date of certification in order for the candidate to participate in Pop Warner activities. I understand that an original birth certificate must be presented for all post-season participation (Regional/National Competition).

_____ **Refunds:** I/We, as parent/guardian, understand that any fees paid are non-refundable except under the following conditions: refunds will be made, if withdrawal from the program occurs prior to the first game and all equipment is returned or if a participant withdraws to participate in a school-system-sponsored program prior to the first game. No refunds will be issued under any circumstance after the first game of the season.

_____ **Post Season Expenses:** I/We, as parent/guardian, understand that Pop Warner Little Scholars Football and Cheerleading is a competitive program and all teams at the Jr. Pee Wee level and above strive for post-season competition. All membership or participation fees paid do not provide for any expenses that may be encountered for post-season traveler (including, but not limited to: travel, lodging, meals and/or spirit items).

_____ **Equipment Responsibility:** I/We, as parent/guardian agree to assume full responsibility for any and all equipment/uniforms loaned to the above named participant and I agree to promptly return, upon request, the uniform and other equipment issued to the above named participant in as good condition as when received except for normal wear and tear. If I fail to adhere to this policy, I will be responsible for the replacement cost of such equipment. I/We understand that all equipment is to be used for Association-sponsored events only and that all equipment remains the legal property of the WGYC.

_____ **Participant Consent:** I/We understand that WGYC may publish/provide information, including photographs of its participants, about its programs and services in many ways, including but not limited to press releases to the media, flyers, brochures, organization newsletters, web sites, and television appearances. When photographs are used, participant names will never be used in conjunction with said photograph without the expressed written consent of the participant's parent or legal guardian and explicated for the purpose stated for the communication.

NAME OF PARTICIPATE: _____

PARENT/GUARDIAN NAME: _____ DATE: _____

PARENT/GUARDIAN PRINTED SIGNATURE: _____