



FRESHMAN FOOTBALL REGISTRATION

STUDENT INFORMATION:

STUDENT FULL NAME: _____ MIDDLE SCHOOL: _____

ADDRESS: _____

STUDENT CELL # _____ STUDENT EMAIL: _____

FOOTBALL EXPERIENCE: # YEARS PLAYED: _____ POSITIONS: _____

PARENT INFORMATION:

FATHER: _____ MOTHER: _____

ADDRESS: _____ ADDRESS: _____

HOME PHONE: _____ HOME PHONE: _____

CELL/WORK # _____ CELL/WORK #: _____

EMAIL: _____ EMAIL: _____

PARENT VOLUNTEER INTEREST: CHECK ALL THAT APPLY

WLW FOOTBALL BOOSTER CLUB SUMMER PRACTICE POPSICLES

GAME DAY ASSISTANCE (CHAIN GANG, SCOREBOARD, ETC)

LOCKER ROOM DECORATING

PLEASE TURN IN AT FOOTBALL REGISTRATION DESK