

Williamsburg Indoor Sports Complex

WISC

2009 YOUTH INDOOR FLAG FOOTBALL LEAGUE

SIGN UP TODAY!

Season Begins

September 26th

Team Ages (Boys & Girls):

[6-7] [8-9] [10-11] [12-14]

Minimum 10 Players per Team

Accepting individual or team registrations

(Individuals will be placed on teams)

Season is 10 Games played on Saturdays and/or Sundays

Members: \$80 /player Non-Members: \$115 /player

Registration Deadline is Extended to September 15, 2009

Please Inquire About Our Adult Leagues

For more information, call WISC at 757-253-1947 or contact Kyle Klyman at kklyman@thewisc.com.

WISC and James City County Division of Parks and Recreation are working in partnership to provide financial support in order to make it possible for all citizens of all income levels to benefit from our programs. *For more information about financial aid, please call 757-259-4091.*





Youth Indoor Flag Football Registration

(Please Print)

My child is a Facility Member or has participated in WISC programs in 2009. (Complete Section A)

My child has not participated in WISC programs in 2009. (Complete Sections A, B & C)

Section A

Child's Name: _____ DOB: _____ Sex: M F

Flag Football Age Group (circle one): 6-7 8-9 10-11 12-14 Shirt Size: Small Med Lg XL

I am registering (check one): as an individual as part of a team

If registering as part of a team: Team name: _____

If registering as an individual: I request that my child be place on the following team or with the following individual(s): _____

I am interested in being a Head Coach Asst. Coach Name: _____

Section B

Parent's Name: _____
(First, Last)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

(*WISC uses email as a primary means of communication, i.e. schedule changes, promoting special events. You may unsubscribe at any time.)

Work Phone: (____) _____ Home Phone: (____) _____ Cell Phone: (____) _____

Employer: _____ Title: _____

Spouse's Name: _____ Work Phone: (____) _____
(First, Last)

Employer: _____ Title: _____ Cell Phone: (____) _____

Emergency Contact: _____ Emergency Contact Phone: (____) _____

Do you have Health Insurance: Y N Health Insurance Company: _____

Physician's Name: _____ Physician's Phone: _____

Section C

A WISC 2009 Waiver must be submitted for each player. The WISC 2009 Waiver is available at the WISC Customer Service desk or can be downloaded at www.thewisc.com.

Office Use Only

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Charges

Yearly Registration: \$ 15 20 Payment Type: ___ Cash ___ Check # _____

Program Fees: _____ (Check One) ___ Visa/Mastercard B/R # _____

Total: _____

Payment Date: _____ Entered into WIMS Date: _____ Staff Initials: _____