

W.A.C. REGISTRATION FORM

PO Box 222, Weare, NH 03281

www.weareathleticclub.com

WEARE ATHLETIC CLUB



Please print legibly and provide two copies

Fees: **\$50** (Grades 3-8)
\$40 (Grade 1-2)

Registration forms due: **Oct 15**
Late fee: **\$10**

NOTE:
Late registration does not
guarantee a spot on a team.

Last Name: _____

First Name: _____

Address: _____

Age: _____

Male: _____

Grade: _____

Female: _____

E-Mail Address: _____

D.O.B. _____

Sport: _____
(basketball or cheer)

Father's Name: _____

Home Phone: _____

Mother's Name: _____

Home Phone: _____

EMERGENCY PHONE NUMBERS:

List any applicant medical problems or prohibitions:

PARENTAL SUPPORT/ASSISTANCE

The W.A.C. is a volunteer non-profit organization. Parental participation is essential in assuring a quality athletic and learning experience for your children. Your time commitment can be large or small, depending on what you can do. **WE NEED YOUR HELP!!** Please check off the area(s) in which you can help.

Coach: _____ Assist. Coach: _____

Team Parent: _____ Concessions: _____

Fund Raising: _____ Corp. Sponsor: _____

Maintenance: _____ Official: _____

Transport: _____ Committee: _____

*** Please try to check at least one

By signing this form the parent/guardian acknowledges that neither the Town of Weare nor persons representing or associated with the Weare Athletic Club will be held liable for any injuries that may be incurred as a result of the student athlete's participation in the sports program.

Parent/Legal Guardian Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

W.A.C. REGISTRATION FORM

PO Box 222, Weare, NH 03281
www.weareathleticclub.com

WEARE ATHLETIC CLUB



Please print legibly and provide two copies

Fees: **\$50** (Grades 3-8)
\$40 (Grade 1-2)

Registration forms due: **Oct 15**
Late fee: **\$10**

NOTE:
Late registration does not
guarantee a spot on a team.

Last Name: _____

First Name: _____

Address: _____

Age: _____

Male: _____

Grade: _____

Female: _____

E-Mail Address: _____

D.O.B. _____

Sport: _____
(basketball or cheer)

Father's Name: _____

Home Phone: _____

Mother's Name: _____

Home Phone: _____

EMERGENCY PHONE NUMBERS:

List any applicant medical problems or prohibitions:

PARENTAL SUPPORT/ASSISTANCE

The W.A.C. is a volunteer non-profit organization. Parental participation is essential in assuring a quality athletic and learning experience for your children. Your time commitment can be large or small, depending on what you can do. **WE NEED YOUR HELP!!** Please check off the area(s) in which you can help.

Coach: _____ Assist. Coach: _____

Team Parent: _____ Concessions: _____

Fund Raising: _____ Corp. Sponsor: _____

Maintenance: _____ Official: _____

Transport: _____ Committee: _____

*** Please try to check at least one

By signing this form the parent/guardian acknowledges that neither the Town of Weare nor persons representing or associated with the Weare Athletic Club will be held liable for any injuries that may be incurred as a result of the student athlete's participation in the sports program.

Parent/Legal Guardian Signature: _____ Date: _____

Applicant Signature: _____ Date: _____