

WOBURN PEE WEE FOOTBALL ASSOCIATION.

P.O. BOX 18
WOBURN, MASSACHUSETTS 01801

REGISTRATION FORM

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City/Town/Zip _____

Telephone Number: (781) _____ Date of Birth: _____

Team Last Year: _____ Team League Age: _____ Weight: _____

School _____ Grade (current, i.e.: 4th, 5th) _____

EMAIL _____

Please feel out this form neatly

I hereby give permission for my son/daughter to participate in the Woburn Pee Wee Football Program. I acknowledge that **I am responsible for the return of all equipment issued** and will reimburse the Woburn Pee Wee Football Program for all lost and/or stolen equipment. You must complete the Certification Physical Record Form issued to you at registrations and return to us on or before the first practice. **Physicals must be completed between** January 1, 2009 and August 1, 2009.

Signature of Parent/Guardian

To be completed by
Woburn Wee
Football Association:

REGISTRATION
FEE: _____

All candidates must abide by all rules and regulations set forth by National Pop Warner and the Woburn Pee Wee Football Association.

Registration Fees for 2009 are \$125.00 (\$200 max per family). All **Registration fees are NON-REFUNDABLE** unless candidate is physically disqualified. **Only paid registrations** will be accepted.

Fill out the above form in it's' entirety and by **how it reads on the Birth Certificate** (no surnames, nicknames and such).

NOTE: No registration forms are accepted by mail. Candidate must show up in person at any official registration so we can place according to age and weight requirements