

# WESTERN KANSAS FOOTBALL LEAGUE

## REGISTRATION INFORMATION

[www.wkfl.net](http://www.wkfl.net)

**IF YOU ARE GOING TO BE IN THE 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup> GRADE THIS COMING SCHOOL YEAR, AND WOULD LIKE TO PLAY TACKLE FOOTBALL -- READ ON!!**

Join us in another season of Western Kansas Football League Football. This year grade levels will separate competition. Players are allowed to play up one level at the parent's request and coach approval, but can only play down a level at the discretion of the League Director. The League

will be broken into the following levels (not all levels are available at every location):

4<sup>th</sup> Grade    4<sup>th</sup>/5<sup>th</sup> Grade    5<sup>th</sup> Grade    5<sup>th</sup>/6<sup>th</sup> Grade    6<sup>th</sup> Grade

Every player in the League is guaranteed playtime.

There will be teams from the following towns Hays, Norton, Oberlin, Phillipsburg, Ellsworth, LaCrosse, Pratt, Goodland, Lyons, Larned, Great Bend, Victoria, Hoisington, Colby, Ness City, Atwood, Stafford County, McPherson, Hillsboro and Lindsborg. With the exception of the 7<sup>th</sup> grade, the teams will play six regular season games, with the top eight teams playing in a Championship Tournament the last two weekends in October. Schedules will be posted at [www.wkfl.net](http://www.wkfl.net) when completed for the year.

**REGISTRATION INFORMATION:** The attached Official Registration/Medical Liability Release Form must be completed and mailed (postmarked) by July 15<sup>th</sup>. **Registration fee must be included!!** New players at all levels are welcome and encouraged to register. Make checks payable to: Phillipsburg Cowboys    Physicals and copies of birth certificates must be turned in by August 1<sup>st</sup>. No player may practice or participate without a current athletic physical (Must be dated no more than 90 days prior to August 1<sup>st</sup>).

**Mail to: Coach JC Sauer 293 West G Phillipsburg, KS 67661**

**Fee:            4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup> Grade    \$85.00**

Games will begin the weekend following Labor Day for all grade levels other than the 7<sup>th</sup> grade. 7<sup>th</sup> grade games may start before Labor due to a lengthened schedule. Practice will begin four weeks prior to the first game. **No player may check out equipment** unless he or she has paid the dues and submitted the **Official Registration/Medical Liability Release Form** with a **notarized parent or guardian signature (see attached)** and a **current physical**. Partial scholarships are available for financial hardship, but you must contact the League Director for pre-approval.

**If you have questions please call: Mark Loughry (785) 432-1429, evenings between 7:00 p.m. and 9:00 p.m., or email [mark@wkfl.net](mailto:mark@wkfl.net)**

# WESTERN KANSAS FOOTBALL LEAGUE

## Official Registration

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GRADE IN UPCOMING SCHOOL YEAR: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WGT: \_\_\_\_\_ HT: \_\_\_\_\_ PREVIOUS TEAM: \_\_\_\_\_

FATHER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_

MOTHER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_

### Medical Liability And Participation Liability Release

I, the undersigned, herein certify that I am the parent or legal guardian of the above named participant, a player in the Western Kansas Football League program. I am fully aware and understand that football is a contact/collision sport As a result of this awareness and understanding; I acknowledge that serious injury is a possibility of participation in the Western Kansas Football League. I further acknowledge that officials of the Western Kansas Football League program have made me aware of potential serious injury. With full knowledge of the risk, I herein request that my son, daughter or charge be permitted to play. Now, therefore, I (we) do hereby waive, release, absolve, indemnify and agree to hold harmless the local Western Kansas Football League program, its organizers, supervisors, participants, and facilities for any claim arising out of an injury to the player.

As parent or legal guardian of the above named participant, a player in the Western Kansas Football League program, I hereby grant permission to the adult manager, coach, league representative and/or business manager of the team to obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all Western Kansas Football League activities, including the period required to travel to and from those activities; and I (we) do hereby waive, release, absolve, indemnify and agree to hold harmless the local Western Kansas Football League program, its organizers, supervisors, participants, and persons transporting the player to and from those activities, for any claim arising out of an injury to or treatment of the player.

#### Health Insurance Information

Please list all known allergies or mark nka if none: \_\_\_\_\_

Please list any medications currently on or any special medical conditions: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY OR CERTIFICATE #: \_\_\_\_\_

### NOTARY PUBLIC STATE OF KANSAS

COUNTY OF: \_\_\_\_\_ SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ IN  
THE YEAR OF OUR LORD \_\_\_\_\_.

**X** \_\_\_\_\_  
PARENT OR GUARDIAN OF THE PARTICIPANT

\_\_\_\_\_  
NOTARY PUBLIC - STATE OF KANSAS  
MY COMMISSION EXPIRES: \_\_\_\_\_