

# WOPAL MUSTANGS FOOTBALL

**\$175**

SIGN UP AT **WEST ORANGE PAL**: 28 PROSPECT PLACE  
BRING COPY OF CHILD'S BIRTH CERTIFICATE

## HUDSON COUNTY FOOTBALL LEAGUE

DIVISION	AGES
LIGHTWEIGHT	8, 9, 10
MIDDLEWEIGHT	11, 12
HEAVYWEIGHT	13, 14

## IMPORTANT DATES:

Football Clinics (\$20): June 10 & 24, July 8 & 22\*  
 Season Registration Deadline: July 23  
 Equipment Issue: July 29-31  
 Practice Begins: August 1

\*Register and pay for the season before June 10  
 for free entry to the clinics



PLAYER BORN IN 2009 IS A LEAGUE AGE OF (8) YEARS OLD  
 PLAYER BORN IN 2008 IS A LEAGUE AGE OF (9) YEARS OLD  
 PLAYER BORN IN 2007 IS A LEAGUE AGE OF (10) YEARS OLD

PLAYER BORN IN 2006 IS A LEAGUE AGE OF (11) YEARS OLD  
 PLAYER BORN IN 2005 IS A LEAGUE AGE OF (12) YEARS OLD  
 PLAYER BORN IN 2004 IS A LEAGUE AGE OF (13) YEARS OLD  
 PLAYER BORN IN 2003 IS A LEAGUE AGE OF (14) YEARS OLD



## COMPLETE AND BRING WITH YOU TO WOPAL

### WO PAL CONSENT & WAIVER FORM: PROGRAM - FOOTBALL



Child's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Child Attends: \_\_\_\_\_ GRADE: \_\_\_\_\_

Address: \_\_\_\_\_

Parent #1: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Best Email: \_\_\_\_\_

Parent #2: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Best Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Best Phone#: \_\_\_\_\_

I give my permission for my child to participate in the WO PAL program designated above. I verify that the applicant is in good health and able to participate in vigorous activities. I hereby release the West Orange PAL, WO Board of Ed, the Township of WO, their organizations, servants, officers, volunteer affiliates and employees from any and all claims of action whatsoever arising out of participation in the above designated program. I understand that the parent and/or guardian is solely responsible for accidental, medical or dental expenses incurred as a result in participation in the above designated program. In the event of illness or injury to the applicant, I grant program staff permission to provide emergency medical care.  
 THERE ARE NO REFUNDS ONCE THE SEASON BEGINS.

PARENT/GUARDIAN SIGNATURE: X \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_