



MEMBERSHIP FORM

Athlete's Name: _____ Grade: _____ Age: _____ Date of Birth: _____

Father's Name: _____ Cell #: _____

Mother's Name: _____ Cell #: _____

Athlete's Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Athlete's Cell #: _____ Athlete's E-Mail Address: _____

Parent's E-Mail Address: _____

Registered Home School Name: _____

County in which Home School is Operated: _____ Chief Administrator: _____

What sport(s) are you interested in? Please list all – individual and team – even if you're never had any experience but are interested in learning. _____

Please list any previous playing experience: _____

MEMBERSHIP FEE

WCAA Membership fee is \$5 per athlete for a one year membership. This annual fee is good from September through August, allowing the athlete to participate in Skill Sessions and tryouts for any and all sports offered by WCAA. Skill Sessions may require a nominal fee for facility usage. Additional fees per sport will be collected with team registration.

LIABILITY RELEASE

(I) (We), the undersigned, hereby waive and absolve the WCAA and all persons, affiliated with or working with, or for the WCAA, thereof, of any liability and responsibility for injuries, sickness, accidents, and/or acts of God incurred during the participation in camps, athletic games, clinics, private coaching, weightlifting, and or any related activity by my child. In consideration of my signed release allowing my child to participate in the WCAA activity, I, intending to be legally bound, do hereby, my heirs, executor, and administration, waive, release and forever discharge any and all rights and claims for damage which I may have or which may hereafter accrue to me against the WCAA, directors, coaches, representatives, volunteers and/or assignee, for any and all damages which may be sustained or suffered by me or my child in connection with my association with or participation in, or arising out of travel to and/or from respective activities. In event of injury/accident/sickness, the WCAA directors and/or coaches are to contact the designated adult listed on the registration form.

Parent Signatures: _____

Date: _____

Date: _____

Athlete's Signature: _____

Date: _____

WCAA Membership fee - \$5 per athlete	\$
Tax Deductible Donation to WCAA	\$
TOTAL AMOUNT RECEIVED	\$

All checks should be made payable to WCAA.

Please provide proof of home schooling (DNPE state card or national, state, or local membership cards accepted).

WCAA OFFICIAL USE ONLY

<input type="checkbox"/> "INITIAL" \$5 MEMBERSHIP FEE PAID DATE RECEIVED ____/____/____	<input type="checkbox"/> RENEWAL MEMBERSHIP FEE PAID DATE RECEIVED ____/____/____	<input type="checkbox"/> RENEWAL MEMBERSHIP FEE PAID DATE RECEIVED ____/____/____	<input type="checkbox"/> RENEWAL MEMBERSHIP FEE PAID DATE RECEIVED ____/____/____
<input type="checkbox"/> PROOF OF HOMESCHOOLING DATE RECEIVED ____/____/____	<input type="checkbox"/> RENEWAL MEMBERSHIP FEE PAID DATE RECEIVED ____/____/____	<input type="checkbox"/> RENEWAL MEMBERSHIP FEE PAID DATE RECEIVED ____/____/____	<input type="checkbox"/> RENEWAL MEMBERSHIP FEE PAID DATE RECEIVED ____/____/____