



MEMBERSHIP FORM

August 2010

FAMILY INFORMATION

Head of Household (Parent or Guardian)

Spouse (Parent or Guardian)

Home Address

City

State

Zip

Home Phone#

Head of Household's Mobile Phone#

Spouse's Mobile Phone#

Family email address

Registered Home School Name

County in which Home School is Operated

Chief Administrator

ELIGIBLE ATHLETES INFORMATION *(grades 5-12 or ages 10-18)*

Athlete's Name	Date of Birth	Age	Grade

MEMBERSHIP FEE

WCAA Membership fee is \$5 per athlete for a one year membership. This annual fee is good from **June through May**, allowing the athlete to participate in Skill Sessions, camps, 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), do acknowledge that participation in any sporting activity entails inherent risk of injury; by signing this agreement I (we) on behalf of our minor child and personally, do hereby fully release and waive any claim, demand or cause of action my child or I (we) may have against WCAA its coaches and or directors which is in any way associated with any activity related to any WCAA. This release is intended to pertain to any sporting events including practices and or skill sessions and this waiver is intended to survive the term of this agreement.

PARENT(S)/GUARDIAN(S) SIGNATURES

Head of Household's Signature

Date

Spouse'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.

