

REGISTRATION FORM:

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

YEAR GRADUATED: _____

POSITION(S): _____

SHIRT SIZE (CHECK ONE):

ADULT 4XL 3XL 2XL XL L M

I HEREBY WAIVE AND RELEASE WILLOW RUN COMMUNITY SCHOOLS AND THE WILLOW RUN ATHLETIC BOOSTERS CLUB FROM ANY AND ALL LIABILITIES DUE TO INJURIES INCURRED WHILE PARTICIPATING IN THE ALUMNI SOFTBALL/BASKETBALL/FOOTBALL GAME(S).

PARTICIPATION FEE: \$10.00

MAKE CHECK OR MONEY ORDER PAYABLE TO: **WR ATHLETIC BOOSTERS**

METHOD OF PAYMENT: CASH CHECK CK#_____

SIGNATURE

DATE