

2026 Willard PLAYING LEAGUE -5th Annual

Registration Form

Name _____ School _____

Height _____ Weight _____ Grade Level (2026-2027): _____

Please rate your son on the following scale for his age and grade level (Please circle). **\$50 before June 1st - \$65 after**

1 2 3 4 5
Outstanding Very Good Good Average Below Average

Parents'/ Guardians' Name _____ Phone Number _____

Address _____ City _____ Zip Code _____

E-Mail Address _____

*** Does the athlete have any health problems that the Willard Playing League supervisor should be aware of? **Yes** ___ **No** ___

If yes please explain: _____

*** In an emergency if the parent/guardian cannot be reached please notify:

Name _____ Phone Number _____

Preferred Hospital _____

The undersigned, being a parent or legal guardian of the child participating in the Willard Playing League, does hereby affirm that the applicant is in good health and suffers from no illness, disability, or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

The undersigned hereby expressly agrees to be responsible for any medical bill incurred in the treatment of any illness or accident. In the event of any such accident or injury, I hereby consent to allowing any of the camp supervisors to procure any medical treatment deemed advisable on behalf of my child without prior consent. No primary medical insurance is provided by the Willard Playing League.

I understand that, as a condition of admittance as a participant in this league, the undersigned on behalf of the applicant, hereby releases the Willard Playing League, Willard City Schools, and all other employees of the league of any and all liability from injuries or illness, mental or physical, suffered by the participant during or related to the league, unless caused by willful act or gross negligence by the person or entity against whom the claim is made.

Parent/Guardian Signature _____ Date _____

Adult T-shirt size (Please circle):

Small Medium Large Extra-Large

Youth Sizes: YS YM YL

Please complete the registration form and return with payment (\$50 by June 1st, \$65 after June 1st to:
Joe Bedingfield
Willard High School
1 Flashes Avenue
Willard, OH 44890