

**WEST NEW YORK RECREATION DEPARTMENT  
MAYOR SILVERIO A. VEGA  
FOOTBALL LEAGUE**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

**I HEREBY GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN THE WNY FOOTBALL LEAGUE. I ALSO AGREE TO PAY FOR ANY OF THE EQUIPMENT THAT IS LOST OR STOLEN.**

\_\_\_\_\_  
PARENT'S SIGNATURE

**CIRCLE ONE: LIGHT WEIGHT MIDDLE WEIGHT HEAVY WEIGHT**

**OFFICIAL USE ONLY**

<b>EQUIPMENT</b>	<b>SIZE</b>	<b>MAKE</b>
HELMET		
SHOULDER GUARDS		
RIB GUARDS		
GIRDLE		
PRACTICE PANTS		
GAME PANTS		
PRACTICE JERSEY – SIZE:	#	
GAME JERSEY – SIZE:	WHITE #	BLACK #
KNEE PADS		
THIGH PADS		
GIRDLE PADS		
CHIN STRAP		
MOUTH PIECE		

ISSUED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
COACH'S SIGNATURE

RETURNED TO: \_\_\_\_\_ DATE \_\_\_\_\_  
COACH'S SIGNATURE

BIRTH CERTIFICATE \_\_\_\_\_ PROOF OF RESIDENCY \_\_\_\_\_

PHYSICAL \_\_\_\_\_ INSURANCE \_\_\_\_\_