

VERNON & DISTRICT MINOR FOOTBALL ASSOCIATION

BOX 363, VERNON, B.C., V1T 6M3

Please mail completed registration forms with proof of age to the above address.

Registration information: e-mail: footballvernon@shaw.ca or fax/phone (250) 542-8459

2009

Div
Reg
Equip

Player Surname \_\_\_\_\_ Given Name \_\_\_\_\_

\*Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ BC Care Card# \_\_\_\_\_  
Month Day Year

\*Attach a legible copy of player's birth certificate or BC Care Card as proof of age. This is mandatory to be allowed to play in games.

Are you a returning or new player? \_\_\_\_\_

Which school will you attend in September? \_\_\_\_\_

Name of parent(s)/guardian(s). \_\_\_\_\_

Full Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent(s) Work Phone \_\_\_\_\_

E-mails (Most communication is done by e-mail): \_\_\_\_\_  
\_\_\_\_\_

Other Phone(s) (Cell, Cabin, Etc.) \_\_\_\_\_

Emergency Contact (if parent not available) \_\_\_\_\_ Phone(s) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone(s) \_\_\_\_\_

Medical History - Check any that apply or that have occurred in the past) Please be sure to advise Team Coaches & Trainers of any changes to your child's health.

Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Heart Disease \_\_\_\_\_ Chest Pain \_\_\_\_\_  
Headaches \_\_\_\_\_ Seizures \_\_\_\_\_ Black Outs \_\_\_\_\_

If you checked any of the above boxes or have any other health concerns, please elaborate:

\_\_\_\_\_  
Allergies/Injuries/Medication being taken: \_\_\_\_\_

Program Information and Fees - Check One:

Atom Tackle Football \$125.00 \_\_\_\_\_ Pee wee Tackle Football \$150.00 \_\_\_\_\_  
Born 2000 - 2002 \_\_\_\_\_ Born 1998 - 1999 \_\_\_\_\_

Junior Bantam Football \$225.00 \_\_\_\_\_ Bantam Football \$225.00 \_\_\_\_\_  
Born 1996 - 1997 \_\_\_\_\_ Born 1994 - 1995 \_\_\_\_\_

A \$35.00 administration fee will be charged to players who have not started playing regular season games and wish to withdraw from playing for the season. There is no refund once a player has commenced playing regular season games.

Fees Continued>

Equipment Deposit: A cheque for \$175.00 will be collected prior to the player receiving equipment.

The following equipment will be provided to each player:

Helmet, mouth guard, shoulder pads, girdle, safety pads, belt, practice pants, game jersey, game pants, and game socks.

Each player must provide a practice jersey and football cleats.

Deposit cheques are returned when all equipment has been returned in good and clean condition.

Players who advance to provincial playoffs may incur additional costs to cover out of town trips.

Make all cheques payable to: Vernon & District Minor Football Association (VDMFA)

Consent:

I, the Parent/Guardian of the above named minor hereby consent to his/her participation in any or all of the activities of Vernon & District Minor Football Association & I acknowledge & fully understand & agree to assume all risks & hazards involved in & arising out of the acceptance of the above named minor's application to be registered to participate in the association's activities. I hereby waive, release, forgo, & forever relinquish any & all the claims, demands, suits, actions or causes of employees, agents, volunteers & any person participating or assisting in the carrying out of the association's objectives, arising out of or resulting from or incidental to the activities of the Association.

AND FURTHER I hereby agree to hold and save harmless Vernon & District Minor Football Association from any loss or damage & from any claims, demands, suits, actions, causes, causes of actions resulting from or arising out of or occasioned by the above named minor's participation in any or all activities of the Association.

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Volunteer Information - The VDMFA requires parent & family volunteer participation.

Each team will be required to provide the following volunteers for practices and/or games. Please check the areas you would like to help with. Some training is available:

First Aid Attendant - Level or better. (Games and practices)

\_\_\_\_\_

Team Manger	_____	Team Sponsor	_____	Coach Helper	_____
Field Volunteers	_____	Games Commissioner	_____	Fundraising	_____
Field Crew	_____	505/50 Coordinator	_____		_____

Final Checklist	Fill in all information on pages 1 and 2	<input type="checkbox"/>
	Photocopy of Birth Certificate/Care Card	<input type="checkbox"/>
	Sign and Date Waiver/Witness Waiver	<input type="checkbox"/>
	Enclose Registration Payment	<input type="checkbox"/>