

# KMFA FLAG FOOTBALL REGISTRATION FORM

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

**Copy of players Birth certificate must accompany this form or will be unaccepted**

BIRTHDATE yr \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_

B.C HEALTH CARE NUMBER (Please complete) \_\_\_\_\_

Parents E-mail address \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_

Parents cell phone Mom \_\_\_\_\_ Dad \_\_\_\_\_

**Fee \$85.00, includes jersey. Please enclose payment with registration form.**

Season starts January 21; players will be contacted shortly before season play begins.

Players should have (football or soccer) cleats

**Consent:** I hereby approve and give my consent to the above named person participating in Kelowna Minor Football Association program and on behalf of myself, my executors, members of my family, my heirs, administrators and assigns, forever release, discharge and hold harmless Kelowna Minor Football Association and any of its members or volunteers from loss and any or all liability arising from any act or omission on their part resulting from injury, fatality, illness or damage of property occurring as a consequence of the said participant. I have read and understand the consent in which I now sign.

PARENT OR GUARDIAN (PRINT) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please complete this form and mail it to:

KMFA PO Box 20134, Kelowna BC, V1Y 9H2

[www.kelownaminorfootball.com](http://www.kelownaminorfootball.com)

kmfa.registrar@gmail.com