

**KELOWNA MINOR FOOTBALL ASSOCIATION
2010 COACH REGISTRATION**

Last Name _____ *First Name* _____

Mailing Address _____ *Phone (h)* _____ *(w)* _____

Area (Kelowna- Westbank) _____ *Postal Code* _____

Email Address _____

Emergency Contact _____ *Phone* _____

Medical # (Please complete) _____

Please circle the area(s) of your interest.

Atom Pee wee Junior Bantam Bantam Midget Flag

CONSENT: I hereby approve and consent to myself participating in Kelowna Minor Football Association program and on behalf of myself, members of my family, my heirs, executors, 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 any 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.

Name (print) _____

Signature _____ Date _____

Please complete and return this form to:

**KELOWNA MINOR FOOTBALL ASSOCIATION
PO Box 20134, Kelowna BC, V1Y 8R4**