

KMFA
FLAG FOOTBALL REGISTRATION FORM
DIVISION ONE ages 7-9(2001-2003)

NAME _____ PHONE _____

ADDRESS _____

AGE BY BIRTH YEAR(1995 Example) _____

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

BIRTHDATE yr _____ month _____ day _____

SCHOOL ATTENDED _____

Parents E mail address _____

Parent / Guardian Name _____

Parents cell phone # Mom _____ dad _____

B.C HEALTH CARE NUMBER (Please complete) _____

Fee \$ 90.00 Please enclose with registration form. Season starts in April, players will be contacted shortly before season play begins. Shirts will be supplied players should have (football or soccer) cleats **QUESTIONS – 250-317-6222**

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 back to KMFA, PO Box 20134, Kelowna BC, V1Y 8R4 V1V-2E7 Information e mail Kip Kyle at (bffl@hotmail.com)

VOLUNTEER POSITIONS (circle area of interest)

Head Coach Assistant Coach Field prep

Special events Team manager

