

LONDON MINOR FOOTBALL 2018 PLAYER REGISTRATION FORM

www.lmfafootball.ca

519.852.4465

lmfasignup@gmail.com

Use for all 2018 LMFA players

PLAYERS NAME: _____ **D.O.B. -** _____
(LAST, FIRST) please print LAST, FIRST

CONTACT NAME: _____
(LAST, FIRST) please print LAST, FIRST

2017 TEAM: _____
(for returning players) team name and age division

2018 request: _____
team name and age division

By signing below, I acknowledge the following

- I have read the LMFA Waiver of Liability (available on the web site)
- I have read the LMFA players and parents codes of conduct (available on the web site)
- I have read the LMFA photo and media release (available on the web site)
- I have read the LMFA refund policy, \$50 fee applies to all refunds (available on the web site)

Signature: _____

My address, phone number, and email information from 2017 has not changed _____ (initials)

OR update any changes in contact information below:

address _____

address _____

email(s) _____

phone(s) _____

LMFA league use only

PAID: ¹ amount: _____
cash CC debit

Initial here when paid in full

date: _____
Team registration number team: _____

Web site order number _____

Notes:

