LONDON MINOR FOOTBALL 2019 PLAYER REGISTRATION FORM

www.lmfafootball.ca

519.852.4465

lmfasignup@gmail.com

Use for all 2019 LMFA players

PLAYERS NAME:	<u>D.O</u>	.B
(LAST, FIRST)	please print LAST, FIRST	
CONTACT NAME		
CONTACT NAME: (LAST, FIRST)	please print LAST, FIRST	
(LASI, FIRSI)	please print LAST, FIRST	
2018 TEAM:		
(for returning players)	team name and age division	
2019 request:		
	team name and age division	
By signing below, I	I acknowledge the following	
I have read the LMFA	A Waiver of Liability	(available on the web site)
	A players and parents codes of conduct	(available on the web site)
	A photo and media release	(available on the web site)
	A refund policy,refunds for \$225,time limited.	(available on the web site)
Thave read the Livin		(available on the web site)
	A concussion safety policy	(available of the web site)
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