

LONDON MINOR FOOTBALL 2019 PLAYER REGISTRATION FORM

www.lmfafootball.ca

519.852.4465

lmfasignup@gmail.com

Use for all 2019 LMFA players

PLAYERS NAME: _____ **D.O.B. -** _____

(LAST, FIRST) please print LAST, FIRST

CONTACT NAME: _____

(LAST, FIRST) 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 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, refunds for \$225, time limited. (available on the web site)

I have read the LMFA concussion safety policy (available on the web site)

Signature: _____

My address, phone number, and email information from 2018 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: _____ (Regular \$300, Late \$325)

Initial here when paid in full

cash CC debit

Date: _____

Team registration number **Team:** _____

Notes:

