

**LLOYDMINSTER MINOR FOOTBALL ASSOCIATION**  
**MIDGET REGISTRATION FORM 2018**

Registrant's Name: \_\_\_\_\_

Training Camp Fee        \$25.00                      Cheque #: \_\_\_\_\_                      Cash: \_\_\_\_\_  
(DATED FOR JANUARY 18, 2018)

Registration Fee            \$450.00                      Cheque #: \_\_\_\_\_                      Cash: \_\_\_\_\_  
(POST DATED MARCH 15, 2018)

Equipment Deposit        \$300.00                      Cheque #: \_\_\_\_\_                      Cash: \_\_\_\_\_  
(POST DATED MAY 15, 2018)

Volunteer Bond            \$200.00                      Cheque #: \_\_\_\_\_                      Cash: \_\_\_\_\_  
(POST DATED MAY 15, 2018)

**\*PLAYERS MUST BRING A COPY OF THEIR GRADE 9/10/11 TRANSCRIPT AND A COPY OF THEIR BIRTH CERTIFICATE FOR PROOF OF AGE AND PROOF OF GRADE CURRENTLY ATTENDING.**

**\*\*FORMAL TAX RECEIPTS WILL BE ISSUED IN MARCH 2018**

**\*\*\*ALL MIDGET FOOTBALL PLAYERS ARE REQUIRED TO PARTICIPATE IN THE TEAM FUNDRAISER**

**REGISTRATION, TRAINING CAMP & TRYOUT INFORMATION**

**\*\*Complete Combine and Practice Schedule will be distributed on Registration Night**

**\*\*\*THERE WILL BE NO PRACTICE TIMES SCHEDULED FOR FEB 20-24 (FAMILY WEEK FOR THE BOYS) SO FEEL FREE TO BOOK WHATEVER HOLIDAY PLANS YOU WANTED TO!!!!**

ALL PRACTICES WILL BE HELD AT THE VAULT UNTIL OUTSIDE FIELDS ARE READY.

LMFA REPRESENTATIVE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CDMFA PLAYER INFORMATION**

Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Town/City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Primary Email: \_\_\_\_\_  
Birthday (month/day/year) \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Age: \_\_\_\_\_ Yrs of Football Experience: \_\_\_\_\_  
(as of January 18, 2018)  
School (as of Spring 2018): \_\_\_\_\_ Health Card # (SK or AB) \_\_\_\_\_  
Grade (as of Spring 2018): \_\_\_\_\_

**\*\*CDMFA REQUIRES COPY OF PLAYER'S SEMESTER 1 REPORT CARD WHICH IDENTIFIES PLAYERS' CURRENT GRADE\*\***

**CDMFA GUARDIAN INFORMATION**

<u>Father/Guardian</u>	<u>Mother/Guardian</u>
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Address: _____	Address: _____
City: _____	City: _____
Postal Code: _____	Postal Code: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____

**\*\*PLEASE CIRCLE HERE IF INFORMATION FOR BOTH PARENTS IS SAME AS PLAYERS INFORMATION ABOVE**

**Parental/Guardian Certification**

\*I hereby certify that the above information is correct and that my child is physically fit, and has my permission to participate in the CDMFA football program.

\*\*Since the CDMFA as a League seeks publicity, I understand and agree that the CDMFA from time to time may allow still and motion photographers to take pictures, action and pose, of above said player that may be used as promotional material or for reporting purposes for the League. I understand that all rights of said photos belong to the League.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Player Signature

**LLOYDMINSTER MINOR FOOTBALL ASSOCIATION**

**MEDICAL INFORMATION FORM**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

People to contact in case of accident or emergency if parents are unavailable:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please circle the appropriate response below pertaining to your child:

- |     |    |                                                                                                           |     |    |                                               |
|-----|----|-----------------------------------------------------------------------------------------------------------|-----|----|-----------------------------------------------|
| Yes | No | Previous history on concussions                                                                           | Yes | No | Fainting episodes during exercise             |
| Yes | No | Epileptic                                                                                                 | Yes | No | Wears glasses                                 |
| Yes | No | Are lenses shatterproof??                                                                                 | Yes | No | Wears contact lenses                          |
| Yes | No | Wears dental appliance                                                                                    | Yes | No | Hearing problem                               |
| Yes | No | Asthma                                                                                                    | Yes | No | Trouble breathing during exercise             |
| Yes | No | Heart condition                                                                                           | Yes | No | Diabetic                                      |
| Yes | No | Medication                                                                                                | Yes | No | Illness lasting more than a week in past year |
| Yes | No | Allergies                                                                                                 | Yes | No | Wears medic alert bracelet or necklace        |
| Yes | No | Surgery in last year                                                                                      | Yes | No | Been in the hospital in last year             |
| Yes | No | Injuries requiring medical attention in the past year                                                     |     |    |                                               |
| Yes | No | Is your child presently injured                                                                           |     |    |                                               |
| Yes | No | Does your child have any other health problems that would interfere with participation on a football team |     |    |                                               |

Please give details below if you answered yes to any of the above questions:

**LLOYDMINSTER MINOR FOOTBALL ASSOCIATION**

**MEDICAL INFORMATION FORM (continued)**

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Recent Injuries: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

Date of Last Complete Physical Examination: \_\_\_\_\_

Your physician should check any medical condition or injury problem before participating in a football program.

I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible and that in the event no one can be contacted; team management will take my child to a hospital or M.D., if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination, investigation, and necessary treatment of my child.

I also authorize release of information to appropriate people (coach, assistant coach, manager, physician) as deemed necessary with my child.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**LLOYDMINSTER MINOR FOOTBALL ASSOCIATION**

**RELEASE AND INDEMNITY FORM**

I/We release and agree to hold harmless and indemnify the Lloydminster Minor Football Association (LMFA), its members, sponsors and officials, from all claims arising from the risks and hazards incidental to or arising from our child's participation in the activities of the LMFA, including any claims arising from any injury suffered by:

Player's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LLOYDMINSTER MINOR FOOTBALL ASSOCIATION**

**CONSENT FORM**

I/We consent to \_\_\_\_\_ (Player's Name) participating in the activities of the LMFA and we consent to the LMFA publishing photographs of our child and disclosing our child's name for purposes incidental to the activities of the LMFA.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LLOYDMINSTER MINOR FOOTBALL ASSOCIATION**

**CODE OF CONDUCT FORM**

1. We, the Participants, understand that being allowed to play football with the LMFA is a privilege and that full compliance with the Code at all times is required.
2. I, the Player agree to abide fully by the rules of the game applicable to the level of play in which my team participates.
3. We, The Participants (players, coaches and parents), understand that we must set an example, and conduct ourselves in accordance with all Federal, Provincial, and Municipal laws while attending fields for both practice and games. We will be respectfully and courtesy towards everyone associated with the game and that our team, the organization and I will be judged by our behaviour.
4. We, the Participants (players, coaches and parents), understand that any irresponsible or disrespectful behaviour at any centre facility and/ or toward any Coach, Official, players, or parents whether before, during or after a game or practice is inappropriate and will not be tolerated.
5. We, the Participants (players, coaches and parents), understand that yelling, taunting, use of obscene gestures or language, racial or ethnic slurs, striking or attempting to strike (except allowable on body contact under league rules) or otherwise abusing another player, Official, Coach, or spectator will not be tolerated.
6. We, the Participants (players, coaches and parents), understand that we must abide by and respect the Officials and their authority during any and all games. We will not question or confront Officials whether before, during or after a game.
7. We, the Participants (players, coaches and parents) will not publicly criticize or question Coaches, teammates, opponents or Officials and shall only raise our concerns privately in a civil and respectful manner.
8. I, the Player, understand that I am expected to attend every practice or game to the best of my ability and participate in all skill development sessions where applicable. It is my responsibility to notify my coach if I am unable to attend.
9. I, the Player, understand that winning is not everything and that having fun, improving skills, making friends and learning sportsmanship is the primary goal of the LMFA.
10. We, the Participants (players, coaches and parents), understand that failure to abide by the Code will result in disciplinary actions as set out in this Code. I have reviewed this Code of Conduct, and if I am a Player I have discussed its contents with my Parent or Guardian, who also agree to be bound by the standards outlined above.
11. The LMFA has instructed officials to carry out a zero tolerance policy during games for players, coaches and parents in matters of verbal or physical abuse.

**Please read and sign this document:**

Player Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Player Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_