

**TWIN CITIES MINOR TACKLE FOOTBALL ASSOCIATION**

**PLAYER REGISTRATION FORM**

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| --- | --- |
| Player Name:       | City :       |
| Address:       | Birthday (mm/dd/yyyy):       |
| Postal Code:       | Family Email:       |
| Home Phone:       | Gender: [ ]  Male [ ]  Female |
| Division:       | Height:       | Weight:       |
| Parent #1 Name:       | Parent #1 Cell Phone:       |
| Parent #2 Name:       | Parent #2 Cell Phone:       |
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|  |
| **EMERGENCY CONTACTS** |
| Name:       | Phone #:       |
| Name:       | Phone #:       |
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|  |
| **ADDITIONAL INFORMATION** |  |
| [ ]  2 copies Birth Certificate | [ ]  2 copies – Player Medical Information Form | [ ]  2 Photographs, full name written on backside |
|  |
| **PAYMENT INFORMATION** |
| [ ]  Cash | [ ]  Debit | [ ]  Credit Card |
|   |  |
| Name on Credit Card:       | Credit Card Number:      |
| Expiry Date:      | Security Code:       |
| Signature:  | Card Type: [ ]  VISA [ ]  M/C |
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| I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Ontario Football Alliance and its membership, representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Football activities and not withstanding that the same may have been contributed to or occasioned by the negligence of Ontario Football Alliance and its membership representatives or agents. I am fully aware that there is a risk of injury involved in participating in this type of activity. |
| Signature:  | Date:       |
|  |  |
| **TCMTFA USE ONLY** |
| Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Total Fees: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fee Assistance: □ Yes |
|  |  |
|  | Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Copy 1 – Team Binder, Copy 2 – Governing Body, Copy 3 – Registrar |

Jan 2013