BRANTFORD YOUTH FLAG FOOTBALL ASSOCIATION

2010 REGISTRATION FORM AND *OFFICIAL RECEIPT*

FORM #
2010-JUL___

Player Name: _____ **(the "Player Member")**
Please print clearly

Date of Birth: _____ / _____ / _____
mmm *dd* *yyyy*

Address: _____
Number and street, Apt

_____. _____
City *Prov*

_____
Postal Code

Proof of Age presented: *Y / N*

Gender: **M / F**

Phone: (_____) _____ - _____

Cell: (_____) _____-_____

Player Height: _____ **Player Weight:** _____

Email Address: _____

Returning Player: Yes / No

NO REFUNDS after June 30th, 2010

LEVEL					
Mark one	**Atoms**	(born Jan 1, 2004- Jul 1, 2006)	**Level 1**	(born Jan 1, 2002 - Dec 31, 2003)
	Level 2	(born Jan 1, 1998 - Dec 31, 2001)	**Level 3**	(born Jan 1, 1996 - Dec 31, 1997)
	Level 4	(born Jul 1, 1992 - Dec 31, 1995)		*** Age *as of Jan 01, 2010***

FEES		*Individual*	*Same Family Discounts*
(A)	ATOMS & LEVEL 1	**1** child: **$ 90.00**	**2 or more** siblings: **$ 168.00**
	(A) & (B) COMBO		**2 or more** siblings: **$ 198.00**
(B)	LEVELS 2 TO 4	**1 CHILD: $ 120.00**	**2 or more** siblings: **$ 228.00**

Note: *$40.00 handling fee will be applied to all NSF cheques*

Amount Paid

OR SEE ASSOCIATED FORM #

Registration subject to availability

Payer: _____
Please Print Clearly

Paid by: Cash | Cheque | PD Cheque | Cheque #:

Received By: _____

PARENT / GUARDIAN CONSENT / WAIVER

I, the parent and/or legal guardian of the above-mentioned Player Member hereby authorize and permit the Player Member to participate in the activities of the Brantford Youth Flag Football Association (the "BYFF"). In giving this authorization and in the event of any injury or loss occurring to the Player Member at any time during BYFF activities, I hereby release, indemnify and agree to bring no action or assert any cause of action against the BYFF, its executives, administrative body, coaches, referees, officials or sponsors.

By Signing below, I assume all risks associated with the activities of BYFF.

Dated at Brantford, Ontario this _____ day of _____, 20___ (the "Membership Year").

Parent / Legal Guardian: _____
Circle one ***Print** here*

Parent / Legal Guardian: _____
Circle one ***Sign** here*

Does the Player Member have any **medical conditions** that the BYFF should be aware of? **YES / NO**

If YES, please state: