

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

Proof of Age presented: Y / N

Gender: M / F

Phone: (____) ____ - ____

Cell: (____) ____ - ____

Address: _____
Number and street, Apt

_____ *City* _____ *Prov*

_____ *Postal Code*

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

Email Address: _____

Returning Player: Yes / No

NO REFUNDS after June 30th, 2010

LEVEL	Atoms	(born Jan 1, 2004- Jul 1, 2006)	Level 1	(born Jan 1, 2002 - Dec 31, 2003)
<i>Mark one</i>	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)	<i>* Age as of Jan 01, 2010</i>	

FEES	<i>Individual</i>	<i>Same Family Discounts</i>	<i>Amount Paid</i>
(A) ATOMS & LEVEL 1	1 child: \$ 90.00	2 or more siblings: \$ 168.00	OR SEE ASSOCIATED FORM #
(A) & (B) COMBO		2 or more siblings: \$ 198.00	
(B) LEVELS 2 TO 4	1 CHILD: \$ 120.00	2 or more siblings: \$ 228.00	
<i>Note: \$40.00 handling fee will be applied to all NSF cheques</i>			

Registration subject to availability

Payer: _____
Please Print Clearly

Paid by: Cash Cheque PD 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: