



2009 REGISTRATION FORM

DATE: _____

Please Print

SURNAME	GIVEN NAME	DATE OF BIRTH (dd/mm/yy)	
STREET (MAILING) ADDRESS		CITY	
POSTAL CODE	HOME TELEPHONE		
SCHOOL ATTENDING IN SEPTEMBER 2009	IF YOU PLAYED JMYFL LAST YEAR, WHAT TEAM		

PROOF OF AGE REQUIRED FOR ALL NEW PLAYERS (i.e. copy of birth certificate, etc...)

PLEASE NOTE

PLAYERS WILL BE ASSIGNED ON A FIRST REGISTERED - FIRST ALLOCATED BASIS WITH PREFERENCE GIVEN TO RETURNING PLAYERS TO LAST YEAR'S TEAM.
****NEW THIS YEAR FOR PARENTS****
 EACH TEAM WILL REQUIRE A TEAM AMBASSADOR - PLEASE CONSIDER BECOMING YOUR CHILD'S TEAM AMBASSADOR

REQUEST FOR VOLUNTEER ASSISTANCE

JMYFL WOULD NOT BE ABLE TO EXIST WITHOUT VOLUNTEERS.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> COACH | <input type="checkbox"/> GAME DAY STICKS | <input type="checkbox"/> SCORE KEEPER | <input type="checkbox"/> REFEREE |
| <input type="checkbox"/> OPENING GAME DAY | <input type="checkbox"/> FINAL GAME DAY | <input type="checkbox"/> TEAM AMBASSADOR | <input type="checkbox"/> JMYFL EXECUTIVE |

SURNAME	GIVEN NAME	TELEPHONE
EMAIL ADDRESS		

TO BE COMPLETED BY THE REGISTRAR

Age on 31 December 2009	Age Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No
Method of Proof:	Registration #

METHOD OF PAYMENT

- | | | |
|---|--|--|
| MINI MACS
<i>(Birth Year = 1999, 2000, 2001)</i>
\$80.00
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque | TYKES
<i>(Birth Year = 1997, 1998)</i>
\$180.00
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque | BANTAMS
<i>(Birth Year = 1994, 1995, 1996)</i>
\$180.00
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque |
|---|--|--|

Designated Team: _____

Registrar reserves the right to assign players to teams as needed



TO BE COMPLETED BY PARENT / LEGAL GUARDIAN

Please Print

PARENT / LEGAL GUARDIAN

NAME _____

ADDRESS _____

(IF DIFFERENT FROM PLAYER'S)

TELEPHONE:

HOME

WORK

CELLULAR

EMAIL _____

I hereby certify that I am the parent or legal guardian of *(player)* _____

and that I give consent for him / her to play football in the Joe MacDonald Youth Football League, and that the date of birth and the player's home address included are correct.

I have been informed that pictures will be taken for promotional purposes and may be posted on the Website or published in local media outlets.

I further certify that *(player)* _____

is in proper physical condition to participate in this sport and that I am aware that such participation could, in some circumstances, result in physical injury. I agree to hold league personnel legally harmless with respect to all physical injuries which might result to the above named.

REFUND POLICY

Refunds are provided for medical reasons ONLY - with a Health Care Professional medical slip. All refunds will be mailed out after the first Executive meeting in the Fall. All equipment, including jerseys, must be returned prior to any refund - otherwise a fee may be imposed.

****EQUIPMENT / JERSEY POLICY****

Players are responsible for all equipment & jerseys owned and issued by the JMYFL, and shall only be used in JMYFL sanctioned activities.

All equipment, including jerseys, shall be returned immediately following the consolation or final games - otherwise a fee may be imposed.

A parent or legal guardian's signature agreeing with the above policies must accompany the registration form.

SIGNATURE OF PARENT / LEGAL GUARDIAN _____

*Joe MacDonald Youth Football League
1100 Lasalle Boulevard
Sudbury, Ontario P3A 1X9
(705) 560-2965
joemacfootball@hotmail.com
www.joemacdonaldfootball.com*

REGISTRATION RECEIVED

PAYMENT RECEIVED