F.V. Flag Football League Please print clearly

Registration Form

Child's Name:
Parent's Name
Address:
City:
Postal Code: Province: BC
Phone #1:
Phone #2: Age
Email: Date of Birth: MM/DD/YYYY
School:

Gender □ Male □ Female

Have you played in the F.V. Flag Football League before?
□ Yes □ No If yes, how many years? _____

Have you played in tackle football?
□ Yes □ No If yes, how many years? _____

What do you think your level of play is? □ Beginner □ Average □ Good □ Excellent

How did you hear about the F.V. Flag Football League? □ Newspaper □ School □ Friend □ Signs

Volunteer Head & Assistant Coaches needed	Paid **Referee's are needed(must be 15 or older)**
□ No - I am not able to coach □ Yes - I would like to head coach □ Yes - I would like to assist coach Name:_____ Phone:_____	□ No - I am not interested in referring □ Yes - I am interested in referring Name:_____ Phone:_____
	Friend Request:(may request only one friend)

In return for my child ("Participant") being allowed to participate in the Fraser Valley Flag Football League program (the "Program"), I release and agree not to sue the Fraser Valley Flag Football League, and their employees, sponsors, agents, and affiliates from all present and future claims that may be made by the Participant or me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of the Participant's participation in the Program and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the Program, even if caused by their ordinary negligence. I certify that the Participant is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the football to be played in the Program.. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the province in which the Program is taking place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I am the parent or legal guardian of the Participant. I am of legal age and am freely signing this Agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.
I represent that I am a parent/legal guardian of the child named above, and that the terms of this release are binding on the child and me.

(Parent or Guardian Signature) (Print Name) (Date)

For Office Use:
Paid by: □ Cash □ Cheque #_____ Amount: $ _____
$140 Feb5-Mar13 $150 Mar14-April18

Telephone:604-866-1115(Steve) / 604-308-5761(Narv) / 604-825-1520(Rav)