



## 2020 Melville Minor Football Spring Registration

Player's Name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Player's Cell # \_\_\_\_\_

Player's Email \_\_\_\_\_

Parent's Cell(s)#: \_\_\_\_\_

Parent(s) Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

**Circle** Age Category:

Gr. 5/6 (U12)

Gr. 7/8 (U14)

Gr. 9-11 (U18)

Gr. 6-12 Female (U18)

**Circle** Player T-Shirt Size: YOUTH or ADULT

Small

Medium

Large

X-Large

2X-Large

3X-Large

### Registration Fee \$275

Payable by: cash, cheque to **Melville Minor Football**, or  
E-Transfer to [melvilleminorfootball@gmail.com](mailto:melvilleminorfootball@gmail.com) (password football)

Cash       Cheque \_\_\_\_\_       E-transfer       Other

### Equipment Deposit \$100 (Separate Cheque)

Deposit cheques will be cashed if equipment is missing, damaged, or returned late.

### Registration/Equipment Fitting Times

Sunday, April 26, 2020

1:00-2:00 Female

3:00-4:00 U12

2:00-3:00 U18

4:00-5:00 U14

### ALL FEES MUST BE PAID BEFORE EQUIPMENT IS RECEIVED

For more registration information contact Stacey Yanish at (306) 621-4570

or email [mmfa.inquiries@gmail.com](mailto:mmfa.inquiries@gmail.com)

*By registering in the program consent is given to use images/videos of players on social media and/or MMF website. Consent can be revoked at any time in writing to MMF.*



## 2020 Football Health Waiver Form

Player Name: \_\_\_\_\_ Date : \_\_\_\_\_

I am confident that my child, \_\_\_\_\_ is healthy to participate in the 2020 Spring Football. I permit him/her to participate in the physical activity that will take place in all practices and games for the duration of the 2020 season.

I also agree to have my child examined by a doctor after an illness or injury to re-establish the bill of good health, and that any medical examinations are my sole responsibility. It is **strongly recommended** that a medical examination be obtained prior to attending the football season. By signing this form, the parents/guardians acknowledge the health of their children in order to participate.

**Please fill in ALL the appropriate information below**

**NOTE : All information must be filled out for future reference and returned to John Svenson, Head Coach.**

Player Name : \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date :( mo/dd/yr) \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address : \_\_\_\_\_

Sask Health No. \_\_\_\_\_

Family Doctor : \_\_\_\_\_ Phone :(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address : \_\_\_\_\_

Parent(Guardian) Name : (please print) \_\_\_\_\_

Parent(Guardian) Signature \_\_\_\_\_

Address :: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name & Relation: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**(PLEASE FILL OUT OTHER SIDE OF THIS SHEET)**

(A parent or guardian must complete this:)

1. Medical History ; Please state date(s) for each medical situation

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2. Previous Surgery : (if any)

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3. Allergies :

\_\_\_\_\_

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4. Previous injuries : (Sprains, strains, fractures, torn muscles, ligament injuries, dislocations). If yes, state what injuries experienced with a brief description for each injury.

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5. Contact Lenses\_\_\_\_\_ Previous Heatstroke\_\_\_\_\_

Final Comments or Information :

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