

LLOYDMINSTER MINOR FOOTBALL ASSOCIATION

PEE WEE REGISTRATION FORM 2020

Website: [www.lmfa.info](http://www.lmfa.info)

Registration Fee Cheque #

(Please have full payment ready for signing up)

\$150.00 Volunteer Bond Cheque # -

(Please attach to registration form)

\$150.00 Volunteer Bond Cash -

Pee Wee Registration Fees: \$400.00

Equipment Deposit – \$300.00 postdated for November 1, 2020. All LMFA equipment must be turned in and accounted for at the end of the season.

Volunteer bond- \$150.00 postdated cheque & 150.00 cash will be refunded for November 1, 2020 if all hours of Volunteer time is completed.

MAIL FORMS TO: LMFA PO Box 1633, LLOYDMINSTER, AB T9V 3B8

Tim Dyck Financial Service Steelers and Monster Drywall Colts participate in the LMFA Pee Wee Football League and compete against Bonnyville, Cold Lake & Wainwright.

FINANCIAL ASSISTANCE IS AVAILABLE THROUGH KID SPORT OR JUMPSART PROGRAMS CONTACT PEE WEE CAMP – TIMES & DATES WILL BE ANNOUNCED IN SPRING 2020

PEE WEE LEAGUE (2010,2009,2008)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthday (day/month/year) \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_ Health Card # \_\_\_\_\_ (AB or

SK) Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Name of Team Played for Last Year: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child to become a member of the Lloydminster Minor Football Association and to participate fully in the activities. Please sign and date below.

\_\_\_\_\_  
Parent Signature

Date

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**LLOYDMINSTER MINOR FOOTBALL ASSOCIATION**  
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**MEDICAL INFORMATION FORM**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

People to contact in case of accident or emergency if parents are unavailable:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please give details below if you answered YES to any of the above questions:

Yes	No	Epileptic	Yes	No	Been in the hospital in last year
Yes	No	Wears Glasses	Yes	No	Are lenses shatterproof?
Yes	No	Wears contact lenses?	Yes	No	Fainting episodes during exercise
Yes	No	Wears dental appliance	Yes	No	Hearing problem
Yes	No	Asthma	Yes	No	Trouble breathing during exercise
Yes	No	Heart Condition	Yes	No	Diabetic
Yes	No	Medication	Yes	No	Wears medic alert bracelet or necklace
Yes	No	Allergies	Yes	No	Surgery in last year
Yes	No	Injuries requiring medical attention in the past year			
Yes	No	Illness lasting more than a week in past year			
Yes	No	Previous history of concussions			
Yes	No	Any other health problems that would interfere with participation on a football team			

**LLOYDMINSTER MINOR FOOTBALL ASSOCIATION**  
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**MEDICAL INFORMATION FORM (CONTINUED)**

Please give details below if you answered YES to any of the previous yes or no questions:

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Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Recent Injuries: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

Date of Last Complete Physical Examination: \_\_\_\_\_

Your physician should check any medical condition or injury problem before participating in a football program. I understand that it is my responsibility to keep the team management advised of any change in the above information as soon as possible and that in the event no one can be contacted; team management will take my child to a hospital or M.D., if deemed necessary.

I hereby authorize the physician and nursing staff to undertake examination, investigation, and necessary treatment of my child.

I also authorize release of information to appropriate people (coach, assistant coach, manager, and physician) as deemed necessary with my child.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**LLOYDMINSTER MINOR FOOTBALL ASSOCIATION**  
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**RELEASE AND INDEMNITY FORM**

I/We release and agree to hold harmless and indemnify the Lloydminster Minor Football Association (LMFA), its members, sponsors and officials, from all claims arising from the risks and hazards incidental to or arising from our child's participation in the activities of the LMFA, including any claims arising from any injury suffered by:

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LLOYDMINSTER MINOR FOOTBALL ASSOCIATION CONSENT FORM**

I/We consent to \_\_\_\_\_ (**Player's Name**) participating in the activities of the LMFA and we consent to the LMFA publishing photographs of our child and disclosing our child's name for purposes incidental to the activities of the LMFA.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## LLOYDMINSTER MINOR FOOTBALL ASSOCIATION

### CODE OF CONDUCT FORM 2020

1. We, the PLAYERS & PARENTS, understand that being allowed to play football with the LMFA is a privilege and that full compliance with the Code at all times is required.
2. I, the Player & Parent agree to abide fully by the rules of the game applicable to the level of play in which my team participates.
3. We, The Participants (players, coaches, managers and parents), understand that we must set an example, and conduct ourselves in accordance with all Federal, Provincial, and Municipal laws while attending fields for both practice and games. We will be respectfully and courtesy towards everyone associated with the game and that our team, the organization and I will be judged by our behaviour.
4. We, the Participants (players, coaches, manager and parents), understand that any irresponsible or disrespectful behaviour at any centre facility and/ or toward any Coach, Manager, Official, players, or parents whether before, during or after a game or practice is inappropriate and will not be tolerated. And will result in a discipline action and your player could be removed from the team.
5. We, the Participants (players, coaches, manager and parents), understand that yelling, cyber bullying(on any social media), taunting, use of obscene gestures or language, racial or ethnic slurs, striking or attempting to strike (except allowable on body contact under league rules) or otherwise abusing another player, Official, Coach, Manager or Spectator will not be tolerated. And can be removed from our field and or team.
6. We, the Participants (players, coaches, manager and parents), understand that we must abide by and respect the Officials and their authority during any and all games. We will not question or confront Officials whether before, during or after a game. If this is not respected this can result in a suspension of one or more games.
7. We, the Participants (players, coaches, manager and parents) will not publicly criticize or question Coaches, Manager, Teammates, Opponents or Officials and shall only raise our concerns privately in a civil and respectful manner.
8. I, the Player & understand that I am expected to attend every practice or game to the best of my ability and participate in all skill development sessions where applicable. It is my responsibility to notify my coach and or manager if I am unable to attend.

9. I, the Player & Parent, understand that winning is not everything and that having fun, improving skills, making friends and learning sportsmanship is the primary goal of the LMFA.

10. We, the Participants (players, coaches, manager and parents), understand that failure to abide by the Code will result in disciplinary actions as set out in this Code. I have reviewed this Code of Conduct, and if I am a Player I have discussed its contents with my Parent or Guardian, who also agree to be bound by the standards outlined above.

11. The LMFA has instructed officials to carry out a **ZERO TOLERANCE** policy during games FOR Players, Coaches, Managers and Parents in matters of Verbal or Physical abuse. This will result in being ejected from our field, if at any time this happens please respect the rule and stay outside of the gate. You will also not be allowed to attend the next home game. Refs will also have communication with the home team Head Coach and Manager.

Please read and sign this document:

Date: \_\_\_\_\_

Player Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Player Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_