



**LLOYDMINSTER MINOR
FOOTBALL ASSOCIATION**



PEEWEE REGISTRATION FORM 2025

Season start: Approx. May 5th, 2025

(Birth Year – 2013, 2014, 2015)

PEEWEE Registration Fee: \$550.00

Registration Fee (\$550.00) Chq #: _____ or E-transfer _____

All Cheques are made out to LMFA OR Registration Fee can be e-transferred to LMFA.payments@gmail.com

Email forms to: Registrar.lmfa@gmail.com

EQUIPMENT AND VOLUNTEER DEPOSIT INFORMATION – CHEQUES ONLY (post dated December 1, 2025):

Equipment Deposit (\$500.00) Chq #: _____

Volunteer Deposit (\$150.00) Chq #: _____

Cheques will be returned upon completion of Volunteer Hours and when Equipment has been returned and accounted for.

Athlete Name: _____

Player's Birthday (month/day/year): _____ Age: _____

Grade: _____ School: _____

Health Card #: _____ (AB/SK) Height: _____ Weight(lbs): _____

Name of Team Played for Last Year: _____

Parent(s)/Guardian(s) Name: _____ Phone: _____

Address: _____ Email: _____

I, _____, grant permission for my child to become a member of the Lloydminster Minor Football Association and to participate fully in the activities.

Parent/Guardian Signature: _____ Date: _____

Please provide a copy of birth certificate (to confirm birth year) and photo of athlete

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MEDICAL INFORMATION FORM

Athlete Name: _____

People to contact in case of accident or emergency if Parent/Guardians are unavailable:

Name: _____ Phone #: _____

Address: _____

Physician Name & Phone #: _____ Dentist Name & Phone #: _____

Medications: _____ Allergies: _____

Medical Conditions: _____

Last Tetanus Shot: _____ Date of Last Complete Physical Examination: _____

Please **circle** the appropriate response below pertaining to your child:

- | | | | | | |
|-----|----|-------------------------------------------------------------------------|-----|----|------------------------------------|
| Yes | No | Previous history on concussions | Yes | No | Epileptic |
| Yes | No | Wears dental appliance | Yes | No | Wears Glasses |
| Yes | No | Wears contact lenses | Yes | No | Are lenses shatterproof |
| Yes | No | Diabetic | Yes | No | Medication |
| Yes | No | Asthma | Yes | No | Fainting episodes during exercise |
| Yes | No | Heart condition | Yes | No | Trouble breathing during exercise |
| Yes | No | Hearing problem | Yes | No | Been in the hospital in last year |
| Yes | No | Surgery in last year | Yes | No | Is your child presently injured |
| Yes | No | Is your child presently injured | Yes | No | Wear medic alert bracelet/necklace |
| Yes | No | Injuries requiring medical attention in the past year | | | |
| Yes | No | Illness lasting more than a week in past year | | | |
| Yes | No | Other health problems that would interfere with participation on a team | | | |

Please give details if you answered yes to any of the previous questions: _____

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/Guardian Signature: _____

Date: _____

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PEE WEE REGISTRATION FORM 2025

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 Name: _____

Parent/Guardian Signature: _____

Date: _____

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PEE WEE REGISTRATION FORM 2025

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: _____

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CODE OF CONDUCT FORM

We, the PLAYERS & PARENTS, understand that being allowed to play football with the LMFA is a privilege and that full compliance with the Code always is required.

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.

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.

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, player, or parents whether before, during or after a game or practice is inappropriate and will not be tolerated. Irresponsible or disrespectful behaviour will result in disciplinary action and your player could be removed from the team.

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. Any behaviour deemed inappropriate may result in the removal of players and parents from the field and/or team.

We, the Participants (players, coaches, manager, and parents), understand that we must abide by and respect the officials and their authority during 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.

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.

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.

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.

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.

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:

Player Name: _____ Player Signature: _____

Date: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date: _____