



Central Ontario Minor Football League
Player Registration Form

ATOM PEEWEE BANTAM

FIRST NAME	LAST NAME
ADDRESS:	DATE OF BIRTH (MONTH/DAY/YEAR)
CITY	POSTAL CODE
CELL PHONE	HOME PHONE
PARENT EMAIL	PARENT / GUARDIAN NAME
EMERGENCY CONTACT NAME	PHONE #

WAIVER

I, the applicant on behalf of myself, members of my family my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless the CENTRAL ONTARIO MINOR FOOTBALL LEAGUE and its membership, representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in football activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of the CENTRAL ONTARIO MINOR FOOTBALL LEAGUE and its membership representative or agents. I am fully aware that there is risk of injury involved in participating in this type of activity.

In witness, I have hereunder set my hand this _____ day of _____ 20____.
(Day) (Month)

Signature (must be parent/guardian if under 18 years of age) _____

PLAYERS AGREEMENT: In registering as a player in the CENTRAL ONTARIO MINOR FOOTBALL LEAGUE, I agree to abide by all of the rules of the League its association and the team on which I will participate. I understand that failure to abide by the rules could lead to my release from the team.

PLAYERS SIGNATURE _____ **DATE** _____

PARENT BEHAVIOUR AGREEMENT: I _____ as the parent/guardian of the above player, acknowledge that I am responsible for my own behavior and anyone that comes with me to watch or participate in any COMFL games or events. I understand and agree that if my behavior is deemed unacceptable by the game day convenor, I can and will be asked to leave the field and must abide by this decision.

SIGNATURE _____ **DATE** _____