



KINSMEN MINOR FOOTBALL LEAGUE

PLAYER REGISTRATION FORM

PLEASE PRINT



PLAYER INFORMATION							
Junior Division <i>(Ages: 8 – 10)</i>	<input type="checkbox"/>	Senior Division <i>(Ages: 11 – 13)</i>	<input type="checkbox"/>	Returning Player:	<input type="checkbox"/>	New Player:	<input type="checkbox"/>
(Last Name)				(Given Name)			
Age: <i>(To be eligible, players cannot turn 14 before September 1st)</i>		Date of Birth:		Height:		Weight:	
Parent / Guardian Name(s):							
Mailing Address:							
City / Town:				Postal Code:			
Home Phone:				Cell Phone:			
Email Address:				Alternate Email Address:			
To Be Filled In By: Returning Players ONLY					To Be Filled In By: ALL Players		
Team:	Redblacks <input type="checkbox"/>	Argonauts <input type="checkbox"/>	Eskimos <input type="checkbox"/>	Tiger-Cats <input type="checkbox"/>	Jersey Size:		

KMFL REQUISITION POLICY (TEAM REQUESTS) & EVALUATION INFORMATION:

1. Team Requests:

The KMFL now has an Evaluation Committee which is made up of Non-KMFL Coaches. The sole purpose of this committee is to:

- a) Evaluate players, both returning and new to help balance our teams.
- b) Listen to all special requests for team placement.

Going forward, **NEW PLAYERS** will only be placed on specific teams in special circumstances. The committee will review all applications for player placement and will request in person meetings to discuss – noting siblings will continue to be placed on the same teams.

2. Evaluation Information:

KMFL Player Evaluation is now **MANDATORY** for **ALL Players** to be evaluated.

Evaluations will be held at Kenner East on **August 22nd from 6 – 8** and **August 23rd from 6 – 8 PM** – Players must attend **ONE** of these nights.

KMFL REFUND POLICY, REQUISITION POLICY, PARENTAL CONSENT & DISCLAIMER

Any refund of Kinsmen Minor Football League fees will be made at the sole discretion of its Board of Directors subject to the following provisions:

1. Any request for a refund of fees from KMFL to a Parent/Guardian/Sponsor must be made prior to the start of the second game of the regular season
2. All refunds will be subject to a deduction from the original amount paid as an administration fee of twenty-five percent [25%] which will cover insurance and other costs that are non-refundable to KMFL
3. All KMFL supplied football equipment, including team sweaters & socks must be returned in good condition at or before the request for a refund is made. No request for a refund will be considered by the Board of KMFL if this condition has not been satisfied.
4. All requests for refunds must be made to the Head Coach of the team which the player has been assigned to and a "Request For Refund" form must be completed. If the refund request is made before a player has been assigned to a team, then the request must be given to the Treasurer.
5. All approved refunds will be mailed to the address given on the original KMFL registration form, payable to the named Parent/Guardian/Sponsor prior to the start of the final regularly scheduled league game.
6. Each Player shall be responsible for the replacement cost equipment not returned, lost, or damaged due to neglect. Current replacement costs for a complete set of equipment is: Helmet - \$160, Shoulder Pads - \$125, Pants - \$20, Girdle - \$40, Belt - \$5

Please Note: Parents/Guardians will be invoiced for equipment not returned to the KMFL by December 1st of the current year.

I hereby give my consent for the above named to participate in the Kinsmen Minor Football League; and will not hold the League, its Coaches and Executive responsible for any injuries received. I will also be responsible for all Football Equipment that is issued to the above mentioned Registrant and will ensure that the Equipment is returned to the Kinsmen Minor Football League at the end of the current season.

I, the undersigned, have read and understand the league Refund Policy, Requisition Policy, Parental Consent & Disclaimer.

NAME: _____ SIGNATURE: _____ DATE: _____
PLEASE PRINT (PARENT OR GUARDIAN) (PARENT OR GUARDIAN)

KMFL USE ONLY							
Registration Fee							
Early Registration: Prior to June 18, 2017		Regular Registration: From June 18, 2017 up to and including August 18, 2017			Late Registration: After August 18, 2017		
1 st Child:	\$250 (\$221.24 + HST) <input type="checkbox"/>	1 st Child:	\$275 (243.36 + HST) <input type="checkbox"/>	1 st Child:	\$295 (261.07 + HST) <input type="checkbox"/>		
Multiple Children:	\$225 (\$199.12 + HST) <input type="checkbox"/>	Multiple Children:	\$250 (\$221.24 + HST) <input type="checkbox"/>	Multiple Children:	\$250 (221.24 + HST) <input type="checkbox"/>		
Paid By:	Cash: <input type="checkbox"/>	Cheque: <input type="checkbox"/>	Name on Cheque:		Cheque Number:		
	Visa: <input type="checkbox"/>	MasterCard: <input type="checkbox"/>					
	Other: <small>(Specify)</small>	<input type="checkbox"/>	Details:				
Received By: _____				Date: _____			



KINSMEN MINOR FOOTBALL LEAGUE

PLAYER MEDICAL FORM / QUESTIONNAIRE / TEAM REQUESTS

PLEASE PRINT



See Over for: PLAYER MEDICAL FORM / QUESTIONNAIRE / TEAM REQUESTS

PLAYER TEAM REQUESTS – NEW PLAYERS ONLY

(Last Name)	(Given Name)

NEW PLAYERS will only be placed on specific teams in special circumstances. The committee will review all applications for player placement and will request in person meetings to discuss – noting siblings will continue to be placed on the same teams.

REQUESTS WILL ONLY BE HONOURED IF NEW PLAYERS ATTEND ONE OF THE EVALUATION NIGHTS.

Team and/or Player Request:	
Reason for Request: (i.e.: Transportation Purposes, Volunteering / Coaching)	

KMFL EVALUATION COMMITTEE USE ONLY

Did Player attend Evaluation Night	August 22 nd <input type="checkbox"/>	August 23 rd <input type="checkbox"/>	No <input type="checkbox"/>	If No, Specify:
Application reviewed and discussed with Player Parent/Guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, Specify:	
Application accepted?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes, Specify:	

PLAYER MEDICAL INFORMATION

(Last Name)	(Given Name)

While the Kinsmen Minor Football League has had an excellent record with regard to player injuries, or lack of; we require the following information in case a situation should arise, and as a condition of arranging a suitable insurance policy.

The Head Coach of each team will ensure any information volunteered will remain confidential, but is available at each practice and game in case it is needed in an emergency.

Parent / Guardian Name(s):			
Phone Number:		Alternate Phone Number:	
Family Doctor:		Family Dentist	
OHIP Number			

MEDICAL QUESTIONNAIRE

Is the player being treated for any medical problems?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes, Specify:
Does player have any allergies to any medication?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes, Specify:
Does player have any other allergies?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes, Specify:
Is player on any medication at this time?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes, Specify:
Has a physician ever placed any restrictions on player's athletic participation?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes, Specify:
Does the player wear eyeglasses or contact lenses?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes, Specify:
Has the player ever participated in "contact" sports other than football?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes, Specify:

ALLERGY ALERT

To all parents/guardians/sponsors – While the Kinsmen Minor Football League will do everything it can to prevent players with declared allergy problems from encountering the source of any allergy, you must understand that the league cannot control all areas or facilities used by it. This might include food or traces of food products used or brought to practice and/or game sites by others. It would include kitchen facilities and/or vending services available or used at banquets, barbecues, etc. Furthermore you agree to use your best efforts as parent/guardian/sponsor of any player with an allergy or other medical condition to be present at all times when the player is attending a KMFL event.

As parent/guardian/sponsor of a KMFL player I fully understand the risks involved when playing football. These of course include injury, allergy attacks and other medical emergencies. I/We agree to do all we can to limit the players exposure to these risks while still allowing them to enjoy the KMFL experience.

I hereby give my consent for the above named to participate in the Kinsmen Minor Football League; and will not hold the League, its Coaches and Executive responsible for any injuries received. I will also be responsible for all Football Equipment that is issued to the above mentioned Registrant

Signature of Parent or Guardian: _____ Dated: _____