

CHARGERS FOOTBALL CLUB

PLAYER REGISTRATION FORM - 2010 MIDGET (CURRENTLY IN GRADES 9, 10, 11)

NAME _____		
ADDRESS _____	POSTAL CODE _____	
PHONE NUMBER _____	BIRTHDATE (MM-DD-YY) _____	
E-MAIL: PARENT _____	PLAYER _____	
AGE (Dec 31, 2010) _____	HEIGHT _____	WEIGHT _____
SCHOOL (Current) _____	GRADE _____	
PREVIOUS TEAM PLAYED FOR: _____		
POSITION(S) TRYING OUT FOR: _____		
A.H.C.I.C. NUMBER _____	BLUE CROSS _____	
FAMILY DOCTOR _____	PHONE NUMBER _____	
HAVE YOU EVER HAD A CONCUSSION? _____ WHEN _____		
ALLERGIES _____		
LIST ANY MEDICATION YOU ARE NOW TAKING _____		

To be Completed by Parent/Guardian

MOTHER'S NAME _____

ADDRESS _____

PHONE NUMBERS - HOME _____ WORK _____

FATHER'S NAME _____

ADDRESS _____

PHONE NUMBERS - HOME _____ WORK _____

I hereby certify that I am the parent or legal guardian of _____
and that I give my full consent for him to play football for the Chargers Football Club (Midget team) and
that the date of birth and player's home address in the above statement are correct. I am also advised
that I will be held fully liable to replace all equipment (approximate value \$ 900) issued by the team to _____
(name of player).

Fees for the Selection camp are \$ 60. **These are non-refundable.** Registration fees for the regular
season are \$ 220. These funds totaling \$ 280 must be paid in full prior to the first practice. All parents
agree to participate in two fundraisers for the organization.

If, in the event a player is released by the club, prior to the first regular season game, a refund of \$ 220 will
be issued (balance is for administration cost). **No refunds will be given to players who quit or to
players who are released because of disciplinary action by the club.**

Signature of Parent/Guardian _____ Date _____