



ORLEANS AMATEUR FASTBALL ASSOCIATION 2008 REGISTRATION



Walk-in registration: March 1st & 29, 2008 9am-2pm Ray Friel Center

(PLEASE PRINT CLEARLY)

Family Name _____ Telephone _____ E-mail _____

Address: _____ City _____ Postal Code: _____

- All players must register using the information below and the OAFA fee chart. Comments can be made in the "comments" section.
- A family registering more than 3 players only has to pay for the 3 eldest players.
- Registration received before April 13, 2008 will receive a \$35.00 discount per player. Players are guaranteed a spot on a team if registered before this date.**
- To register for a Select Team you must first register your child in House Div. and then also check the option "Select". **Players selected for a select team will be charged an additional fee of \$40.**
- The deadline to register for "Rep" is March 3, 2008.** Players not assigned to a Rep team will be assigned to a house league team and will then be eligible to try out for a select team. **Players selected for a competitive Rep team will be charged an additional Rep Fee of \$130.**
- A fee of \$25 will be charged for NSF cheques.
- Refund Policy:** Before May 1st = registration fee less \$35 admin fee per player. After May 1st = no refunds.

Player's First Name	Date of Birth DD/MM/YYYY	Gender M/F	Division (1)	Fee (1,2)	League (<input checked="" type="checkbox"/>)		
					House	Select(4)	Rep(5)
				\$			
				\$			
				\$			
				\$			
Subtotal							
Less Discount (3)				\$			
TOTAL (6,7)				\$			

Player(s) live(s) with: Both Parents () Mother () Father () Joint Custody () Guardian ()

Parent / Guardian 1

Relation to player(s): Mother () Father () Guardian ()

Name: _____

Address is the same as above (), or

Address: _____

City: _____ Postal Code: _____

Telephone: _____ or: _____

Would you be willing to volunteer as:
 Head Coach () Assistant Coach () Division Convenor ()

Previous Coach/Assistant Experience:
 Yes () No ()

Previous Training:
 Grassroots () Learn To Play () NCCP # _____

Parent / Guardian 2

Relation to player(s): Mother () Father () Guardian ()

Name: _____

Address is the same as above (), or

Address: _____

City: _____ Postal Code: _____

Telephone: _____ or: _____

Would you be willing to volunteer as:
 Head Coach () Assistant Coach () Division Convenor ()

Previous Coach/Assistant Experience:
 Yes () No ()

Previous Training:
 Grassroots () Learn To Play () NCCP # _____

COMMENTS: _____

RELEASE OF CLAIMS AND WAIVER OF LIABILITY STATEMENT:
() I acknowledge to having read the entire Release of Claims and Waiver of Liability Statement prior to signing this document.
If you did not receive this document with the application form, it is available at www.oafa.org or contact the OAFA at 824-6787.

Date: _____ Signature: _____ Name: (please print) _____

Make cheque payable to: "OAFA" DO NOT SEND CASH
Return form and cheque to: OAFA Registrar
7826 Jeanne d'Arc Blvd
Orleans, ON. K1C 2E9

Questions? Contact: Lise Beaugregard at 824-6787 or Visit: www.oafa.org

Date		Date		Chq (#)	Cash ()	Bal
Rec'd:	MM / DD	Proc'd:	MM / DD			Due: