



T.N.T EXPRESS FOOTBALL CLUB

LEVEL: _____

FALL SKILLS REGISTRATION

T-SHIRT SIZE: _____

COST TO REGISTER \$125.00

PLAYER'S FULL NAME: _____

MAILING ADDRESS: _____

STREET NAME AND # _____ **PO BOX# OR RR #** _____

TOWN _____ **PROVINCE** _____ **POSTAL CODE** _____

HOME PHONE NUMBER: _____ **DATE OF BIRTH:** _____
MONTH/DAY/YEAR

PLEASE INDICATE RELATIONSHIP TO PLAYER / PARENTS CELL PHONE # IS ACCEPTABLE

EMERGENCY CONTACT : _____ **PHONE/CELL:** _____

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PARENTS E-MAIL ADDRESS: _____

ADDITIONAL E-MAIL ADDRESS: _____

I, _____ **WILL NOT HOLD NEW TECUMSETH FOOTBALL INC. (OPERATING**
PARENTS NAME
AS TNT EXPRESS FOOTBALL CLUB), RESPONSIBLE FOR INJURY OR ACCIDENTS OCCURRING TO THE
ABOVE NAMED PLAYER WHILE TRAVELING TO, FROM, OR DURING A PRACTICE, GAME, OR TNT EXPRESS
FOOTBALL CLUB FUNCTION. I ALSO AGREE TO PAY THE REGISTRATION FEES IN FULL AND UNDERSTAND
THAT FAILURE TO DO SO WILL RESULT IN MY CHILD BEING INELIGIBLE TO PLAY.

I HAVE READ AND UNDERSTAND THE CLUB'S REFUND POLICY.

BY CHECKING OFF THE BOX BELOW, I GIVE TNT EXPRESS FOOTBALL PERMISSION TO PUBLISH
THE IMAGE OF THE ABOVE NAMED PLAYER IN LOCAL MEDIA AND/OR ON CLUB/LEAGUE WEBSITES.

PERMISSION TO PUBLISH :

SIGNATURE (PARENT OR GUARDIAN): _____ **DATE:** _____

PAYMENT: CASH \$ _____ **OR CHEQUE#** _____ **RECEIVED BY** _____

WOULD YOU BE WILLING TO VOLUNTEER? GIVE US AN IDEA WHAT YOU WOULD LIKE TO DO.

