



# ORLEANS BENGALS/DUKES REGISTRATION FORM

[www.orleansbengals.org](http://www.orleansbengals.org)



## 1. REGISTRATION INFORMATION

Player's Last Name: \_\_\_\_\_ Player's First Name: \_\_\_\_\_

Player's Birth Date (dd/mm/yy): |\_\_|\_|/|\_\_|\_|/|\_\_|\_|

Player's Gender: M F

Program registering for: FLAG FOOTBALL  TACKLE FOOTBALL  GIRLS TOUCH FOOTBALL  CHEERLEADING

(please check only one)

Check Football Level: Mite  Tyke  Mosquito  Peewee  Bantam  Midget

OR  
Check Cheerleading Level: Junior  Senior

### Father/Guardian Information

### Mother/Guardian Information

Name (First & Last): \_\_\_\_\_

Name (First & Last): \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\*Note: Please circle primary contact if required

## 2. ASSOCIATION INFORMATION

Parent Volunteer: Position Requested: \_\_\_\_\_

## 3. PLAYER'S INFORMATION

T-shirt size: Youth M-L or Adult S M L XL or XXL \_\_\_\_\_ Years Experience: \_\_\_\_\_ School: \_\_\_\_\_

\*OHIP#: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Medical conditions or concerns: \_\_\_\_\_

Comments: \_\_\_\_\_

ORLEANS BENGALS Football Club is authorized to release registration information to the league governing body, the National Capital Amateur Football Association (NCAFA)

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

Note: If no OHIP number, is provided the child cannot play

## 4. TREASURER INFORMATION

Cash: Cheque Amount: \$ \_\_\_\_\_ Postdated? Yes: No: Cheque No: \_\_\_\_\_ Cheque Date: \_\_\_\_\_

Name on Cheque: \_\_\_\_\_

For more than this player? Yes No Name and Division of other player(s): \_\_\_\_\_

5. COACH/MANAGER SIGNATURE: \_\_\_\_\_