

**PENTICTON MINOR FOOTBALL ASSOCIATION
2007 COACHING REGISTRATION**

Last name: _____ First name: _____

Mailing address: _____
_____ Postal Code: _____

Phone: (H): _____ (Cell) _____

Email address: _____

Medical No. _____

Age group of interest: (circle one)

Peewee Jr. Bantam Bantam
Previous coaching experience: (if yes, level) _____

CONSENT:

I hereby approve and consent to myself participating in Penticton Minor Football Association program and on behalf of myself, members of my family, my heirs, executors, administrators, and assigns, forever release, discharge and hold harmless Penticton Minor Football Association and any of its members or volunteers from loss and any or all liability arising from any act or omission on their part resulting from an injury, fatality, illness, or damage or property occurring as a consequence of the said participant. I have read and understand the consent in which I now sign.

Name (print): _____

Signature: _____

Date: _____

Please complete and return this form to:

Penticton Minor Football Association
P.O. Box 21076
Penticton, BC V2A 5H0