

Twin Cities Minor Tackle Football Association Player Registration Form



Date of Application: _____

Player Name: _____

Address: _____ City: _____

Postal Code: _____ Birthday (mm/dd/yyyy): _____

Home Phone: _____ Family Email: _____

Height: _____ Weight: _____

Gender: Male Female Prefer: Offense Defense Either

Parent #1 Name: _____ Parent #1 Cell Phone: _____

Parent #2 Name: _____ Parent #2 Cell Phone: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Additional Items

2 Copies - Birth Certificate

2 Photos - With Name Written On Back

1 Player Medical Information Form

Payment Information

Cash Cheque Credit Card *(If paying by Credit Card, please provide the following)*

Name on Card: _____ Card Number: _____

Expiry: _____ Security Code: _____

Signature: _____ Card Type: _____

Please Sign Here

By signing, we will abide by and agree to **all** league policies as outlined on our league website. Page 4 of this multi-part form is meant to serve as your official receipt.

Signature: _____

TCMTFA Use Only

Division: _____ Total Fees: _____ Fee Assistance: No Yes

REPRESENTATIVE APPROVAL: Approved By: _____ Date Approved: _____