

Roger Wade

From: Frank Naso [FNaso@concordsecurity.com]
Sent: Wednesday, May 13, 2009 6:03 PM
To: 'les@chemtecwest.com'; 'pres@victoriarebels.com'; 'hadi@atlastruss.com';
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'quicksix@shaw.ca'; 'sreid@trophyhomes.ca'; 'd_bernardo@hotmail.com';
'ldettinger@shaw.ca'; 'kerry@insuranceheadhunters.com'; 'bcarrigan@shaw.ca'
Cc: 'donbark@shaw.ca'; 'nadasencharm@shaw.ca'; 'elliottjohncovey@hotmail.com';
'njones@telus.net'; 'reiffer@shaw.ca'; 'heatherfoster@shaw.ca';
'jay_christensen@telus.net'; 'jtucker@discoverycapital.com'; 'Ronald White'
Subject: 2009 CJFL Registration and Visor Request Forms
Follow Up Flag: Follow up
Flag Status: Completed

Gentlemen,

Attached are both the 2009 Registration Form and the Visor Request Form. Please forward them to the appropriate individuals within your organization.

Please note that the completed Visor Request Forms must be emailed directly to CJFL Commissioner Iadeluca. His email address is ti.sr@videotron.ca.

Contact me with any questions.

FN

No virus found in this incoming message.

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Version: 8.5.325 / Virus Database: 270.12.26/2110 - Release Date: 05/13/09 18:04:00

*Paul
have you seen this
K*

6/8/2009



Canadian Junior Football League

HELMET VISOR REQUEST FORM

Date of Request: _____

All requests for the use of a Helmet Eye Shield ("Visor") must be made to The Commissioner of the Canadian Junior Football League for due consideration and approval. Any use of a Visor without prior approval will result in disciplinary action by the Canadian Junior Football League against the offending parties.

CJFL Eye Shield Rules:

- (1) All eye shields must be transparent in color to allow medical exam without removing the helmet.

- (2) **Colored or tinted eye shields are prohibited unless approved in advance by the Commissioner of the Canadian Junior Football League as they present a safety issue. Medical certification must be presented when applying for approval and must be by a qualified ophthalmologist.**

This form is to be filled out and signed by both the player and the ophthalmologist. Completed forms are to be sent to the Commissioner for approval.

Players Name & Team Affiliation: _____

Players Address: _____

Players Contact Numbers: _____

Players Reason for Eye Shield:

Players Signature: _____

Physicians Name: _____

Physicians Contact Number: _____

Physicians Signature: _____

Physicians Comments: