



2012 Sherwood Park Rams Player Registration/Parental Consent Form

Player Information:

| | | | |
|---------------------|--|--|--|
| Last Name: | | Date of Birth: (DD/MM/YY) | |
| First Name: | | Age (this calendar year): | |
| Middle Name: | | Years of Football Experience: | |
| Address: | | School Attending in Sept. 2012: | |
| City: | | Grade in Sept. 2012: | |
| Province: | | NOTE: If you live outside the Rams recruitment area i.e. N of Hwy 16, you can still play for the Rams, provided a release is requested by the Team Registrar & approved by <u>all</u> the teams that draw from the area that you live in. | |
| Postal Code | | | |
| Home Phone: | | | |

* CDMFA may require a copy of player's report card which identifies player's current grade.

Guardian Information:

| Parent/Guardian 1 | | Parent/Guardian 2 | |
|---------------------------------|---|---------------------------------|---|
| (Relationship to Player) | | (Relationship to Player) | |
| Name: (first, last) | | Name: (first, last) | |
| Work Phone: | | Work Phone: | |
| Cell Phone: | | Cell Phone: | |
| Email address: | | Email address: | |
| Address | <input type="checkbox"/> same as above or | Address | <input type="checkbox"/> same as above or |
| Address: | | Address: | |
| City: | | City: | |
| Postal Code: | | Postal Code: | |
| Home Phone: | | Home Phone: | |

Parental / Guardian Certification

*I hereby certify that the above information is correct and that my child/ward is physically fit, and has my permission to participate in the CDMFA Football program.

*Since the CDMFA as a League seeks publicity, I understand and agree that the CDMFA from time to time may allow still and motion photographers to take pictures, action and pose, of above said player that may be used as promotional material or for reporting purposes for the League. I further understand that all rights of said photos belong to the League.

Date _____

Parent/Guardian Signature _____ **Players Signature** _____

**CAPITAL DISTRICT MINOR FOOTBALL ASSOCIATION
And SHERWOOD PARK RAMS**

Release of All Claims and
Waiver of Liability

**PARTICIPATING IN CAPITAL DISTRICT MINOR FOOTBALL ASSOCIATION (referred to as CDMFA) and
SHERWOOD PARK RAMS (referred to as Participating Association)**

**WARNING: BY SIGNING THIS FORM YOU ARE GIVING UP YOUR RIGHT TO BRING A COURT ACTION
TO RECOVER COMPENSATION FOR ANY INJURIES TO YOUR CHILD/WARD, YOURSELF AND YOUR
PROPERTY OUT OF PARTICIPATING IN THE CDMFA AND THE PARTICIPATING ORGANIZATION.**

I, (Full Name) _____ OF (Full Address) _____

STATE that I am the Parent/Guardian of (Print Child's Full Name) _____

whose age as at the date of my signing this Waiver/Release is _____ years old.

I AM OVER THE AGE OF EIGHTEEN YEARS AND I AGREE THAT, IN CONSIDERATION of myself and the minor being permitted to enter and participate in the CDMFA and Participating Associations programs THAT I HEREBY ACKNOWLEDGE AND AGREE THAT while I am participating in the activities or programs involving the CDMFA and Participating Associations:

1. I am aware that the programs and activities the CDMFA and Participating Associations are engaging in has inherent risks and I have full knowledge of the nature and extent of the risks associated with said programs and activities particulars of which include but are not limited to:

- a) physical contact between opposing players;
- b) multiple physical contact between multiple players;
- c) vigorous physical activity.

2. I am further aware that the programs and activities the CDMFA and Participating Associations are engaging in has certain additional dangers and risks, the particulars of which include but are not limited to the following:

- a) The risk of sustaining grievous bodily injury as a result of the physical contact;
- b) The risk of sustaining broken or fractured bones as a result of the physical contact;
- c) The risk of sustaining soft tissue injuries as a result of the physical contact.
- d) The risk of sustaining concussions and concussion related injuries as a result of the physical contact.

RELEASE AND WAIVER OF LIABILITY

I agree that I, the undersigned, on behalf of myself and the minor, our heirs, successors and assigns, HEREBY REMISE, RELEASE, INDEMNIFY, DISCHARGE, AND FOREVER HOLD HARMLESS the CDMFA and Participating Associations, and the associations/league(s) organizing the game or event, their directors, employees, volunteers, coaches, instructors, agents and independent contractors and their heirs, successors and assigns from any claims whatsoever arising by reason of any disease, deterioration of health, illness or injury to any person, including death or for damage to or loss of any of my property resulting from or arising from use of the lands and premises, from being present on the lands and premises, from participation in any program, from the use of any facilities or equipment located on the lands and premises, from acceptance of the advice of, or from the negligence of the Association or the association/league organizing the game or event, their directors, employees, volunteers, coaches, instructors, agents, independent contractors or any other persons using the lands and premises.

DATED at the City of Sherwood Park, in the Province of Alberta, this _____ day of _____, 2012

Witness

Signature of Parent/Guardian