



**Sherwood Park
RAMS
Football Club**

DIVISION

ATOM – 8-10 yrs
PEEWEE – 11-12 yrs
BANTAM – 13-15 yrs

WWW.SHERWOODPARKRAMS.COM

Player Registration + Parental Consent

PLAYER INFO

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 all the teams that draw from the area that you live in.

Name		Birthdate	
FIRST – MIDDLE – LAST		DD/MM/YYYY	
Address		Age	(this calendar year)
		Experience	(years of football)
City		Height	ft/in
Province	Postal Code	Weight	lbs
Phone		Grade at Sep this year	CDMFA may require a copy of player's report card which identifies player's current grade.
Email		School Attending	

GUARDIAN(S) INFO

Please provide info for at least one guardian. See reverse for waiver (required).

Name		Name	
FIRST – LAST		FIRST – LAST	
Rel. to Player		Rel. to Player	
Address	same as above, or:	Address	same as above, or:
City		City	
Province	Postal Code	Province	Postal Code
Home Phone		Home Phone	
Work Phone		Work Phone	
Email		Email	

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
_____	_____	
GUARDIAN SIGNATURE	PLAYER SIGNATURE	DD/MM/YYYY

All fees must be paid in full by June 30.

Paid in full Deposit

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, _____ OF _____
PRINT FULL NAME PRINT FULL ADDRESS

STATE that I am the Parent/Guardian of _____
PRINT PLAYER'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 _____, 20_____

GUARDIAN SIGNATURE

WITNESS SIGNATURE

Contact
Phone

Contact
Email