# FOOTBALL REGISTRATION

Atom _____ PeeWee _____
DATE SCMFA REC'D:

C.D.M.F.A. Capital District Minor Football Association

S.C.M.F.A. Strathcona County Minor Football Association

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| **COPY OF ALBERTA HEALTH CARE CARD MUST BE ATTACHED |
| PLAYER LAST NAME FIRST MIDDLE |
| HOME ADDRESS |
| CITY PROVINCE AB POSTAL CODE |
| HOME PHONE NUMBER |
| BIRTHDATE: (MM/DD/YY) **ALBERTA HEALTH CARE #: |
| RETURNING PLAYER: YES_____ NO_____IF YES, PREVIOUS FOOTBALL EXPERIENCE: (# OF YEARS) _____ |
| DIVISION (IF OTHER THAN SHERWOOD PARK) _____ |
| SCHOOL ATTENDING IN SEPT: GRADE: |
| PARENT/GUARDIAN INFORMATION |

| PARENT/GUARDIAN # 1 | | PARENT/GUARDIAN # 2 | |
|---|---|---|---|
| NAME: | | NAME: | |
| ADDRESS: SAME AS PLAYER ☐ OR: | | ADDRESS: SAME AS PLAYER ☐ OR: | |
| HOME PHONE: | | HOME PHONE: | |
| WORK PHONE: | | WORK PHONE: | |
| CELL PHONE: | | CELL PHONE: | |
| EMAIL: | | EMAIL: | |

EMERGENCY CONTACT NAME:_____ PHONE #: _____

PLEASE SPECIFY ANY MEDICAL PROBLEMS THE PLAYER MAY HAVE: ex ASTHMA, ALLERGIES, ETC.

_____

| PLAYING PREFERENCE | *requests will be considered however there are no guarantees for team placement |
|---|---|
| FRIEND/SIBLING: | |
| TEAM: | |
| COACH: | |

The Capital District Minor Football Association, Strathcona County Minor Football Association, and some of the individual teams maintain websites. The website is intended to promote minor football and the goals of the associations and teams. Team lists and game schedules will be available along with any statistics team coaches choose to provide/enter. As with previous years, player biographies and photos are planned. Candid pictures taken throughout the season may also be posted. I understand that over the course of the season the above listed may collect and post information including photographs of my child. I may at any time inform the above (through the team Manager) in writing, of any personal information to be removed from the website.

**PEEWEE ONLY**- The SCMFA receives requests each year from the local Bantam teams for information regarding the graduating Peewee players. Pursuant to the PIPA (personal information privacy act), by signing this form, you have agreed to allow pertinent information regarding your son, to be released to the Bantam teams. If you do not wish to have the information released (name, phone number) please advise the Peewee registrar in writing.

## MEDICAL AUTHORIZATION

I do hereby grant representatives of the S.C.M.F.A., permission to:

- apply first aid by a certified person to the player above, or
- transport the above noted player to the nearest hospital emergency room, either by private Vehicle or by ambulance, when necessary.

This permission shall apply only when the above noted player is participating in practices, games or other such S.C.M.F.A. sanctioned events and no parent or guardian is present at that event.

_____ _____ _____

PLAYER SIGNATURE PARENT/GUARDIAN SIGNATURE DATE

There is a $25.00 Cancellation Fee for any player who withdraws for any reason. Registration refunds (less canc. Fee) will only be considered prior to first regular season game.

SCMFA USE ONLY (all measurements in inches)

| WEIGHT( lbs) | HEIGHT | HEAD | SHOULDERS | CHEST | WAIST | HIP TO KNEE |
|---|---|---|---|---|---|---|
| | | | | | | |

| FEES | CASH | CHEQUE | CHEQUE # |
|---|---|---|---|
| REGISRATION | | | |
| SPRING CAMP | | | |
| EQUIPMENT DEPOSIT | | | |

COPY OF AHC ATTACHED:

VERIFIED BY: _____ ATOM_____PEEWEE_____
SCMFA EXECUTIVE MEMBER

COMMENTS:_____