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

Must show government issued ID to verify birth date (name of document used):		
PLAYER LAST NAME	FIRST	MIDDLE
HOME ADDRESS		
CITY	PROVINCE AB	POSTAL CODE
HOME PHONE NUMBER:		BIRTHDATE: (MM/DD/YY)
Verified by Exec.		

RETURNING PLAYER: YES_____ NO_____IF YES, PREVIOUS FOOTBALL EXPERIENCE: (# OF YEARS) _____ TEAM - _____
Atom _____PeeWee _____DIVISION (IF OTHER THAN SHERWOOD PARK) _____

SCHOOL ATTENDING IN SEPT: GRADE:

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

EMERG CONTACT NAME(other than above):_____ 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 REQUEST:	

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 child, 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. There is a $40 NSF fee for any returned cheques.

Wt:	**Ht:**	**Code of Conduct Signed (circle) Yes No**
FEES	**Paid By (Circle)**	**Cheque Number**
Registration Fees ($300)	**Debit Cash Chq Credit Card**	
Spring Camp ($25.00)	**Debit Cash Chq Credit Card**	
Equipment Deposit ($350) post dated to Nov1/12	**Cheque**	