

REGISTRATION FORM 2009

Name of Player: _____
Street Address: _____
City: _____ Prov.: _____ Postal Code: _____ Phone Number _____
Born: Month _____ Day: _____ Year: _____
School: _____ Grade (as of Sept.2009) _____
Parent / Guardian Email (_____)

Name of Family Doctor: _____ Phone No.: _____
Name of Family Medical Plan: _____

NOTE: PLAYERS MUST BE 15 YEARS OF AGE OR UNDER AND CANNOT BE 16 ON OR BEFORE DEC 31 OF THE PLAYING YEAR. PLAYER MUST NOT BE IN HIGH SCHOOL EQUIVALENT (GRADE 10, 11 OR 12). PLAYERS ON OFFENCE THAT ARE CARRYING THE FOOTBALL MUST NOT BE OVER 175 LBS. (QB, RUNNING BACKS, RECEIVERS).

FAMILY CONSENT AND RELEASE

I/We, the parents (guardians) of the above named Player hereby acknowledge that the Player will be playing full contact tackle football with equipment supplied ONLY by the CBFA and consent to the Player's participation in such activity and any and all of the activities of the **CALGARY BANTAM FOOTBALL ASSOCIATION** (the Association) and I/we, on my/our personal behalf and on behalf of the Player, acknowledge and fully understand and agree to assume all risks and hazards involved in and arising out of such activities or transportation to and from such activities. I/we further acknowledge that team practices and games will end at a time or times to be specified by the team's coaching staff and that the player ceases to be under the supervision of the coaching staff at such times. I/We further undertake to meet the player at the practice facility at the conclusion of each practice or game. Alternatively, I/We hereby grant the coaching staff permission to allow the Player to return to his or her residence on his or her own, or in any event, without any adult supervision. In consideration of the acceptance of the Player's application to be registered to participate in the Association's activities, I/we hereby waive, release forego, discharge and forever relinquish any and all claims, demands, suits, actions or causes of actions, which I/we may have against the Association, its teams, organizers, sponsors, executive supervisors, employees, agents, workmen, coaches and any person participating or assisting in the carrying out of the Association's objectives, arising out of or resulting from or incidental to the activities of the Association. **AND FURTHER**, I/we hereby agree to hold and save the Association harmless from any loss, costs or damage and from any claims, demands, suits, actions or causes of actions resulting from or arising out of or occasioned by the Player's participation in any or all of the activities of the Association.

NOTE: Registration Fee Maximum \$285 per player - \$235 - the league (non-refundable) - \$50 - the player's team

Dated at _____ this _____ day of _____, 2009

Signature of Player

Signature of Father (Guardian)

Witness to all Signatures

Signature of Mother (Guardian)

LEAGUE USE -DO NOT WRITE BELOW THIS

Registration fee Paid: _____ Birth Certificate Examined: Yes ___ No ___

Medical Release Received: _____ Weight: _____ lbs

Commissioner (Director) _____