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

Sherwood Park Wolverines Football Club
PO Box 57068, 2020 Sherwood Drive
Sherwood Park, AB T8A 5L7
www.spwolverines.com

2017 PLAYER INFORMATION:

Player Name: _____ _____
Last Name First Name, Middle Name

Home Address: _____
Street Address

_____ _____ _____ _____
City Province Postal Code Home Phone Number

Birthdate: _____ / _____/ _____
Year Month Day

Grade as of September 2017: _____ School Name as of September 2017: _____ Grade Verified: _____

Player Experience: Returning Player? ☐ Yes ☐ No If yes, number of years' experience: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+

Restrictions/Allergies: _____

PARENT / GUARDIAN INFORMATION:

Parent/Guardian #1:

Name: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____
Street Address City Province Postal Code

Parent/Guardian #2:

Name: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____
Street Address City Province Postal Code

Alternate Emergency Contact Name: _____ Phone Number: _____

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The Capital District Minor Football Association, Sherwood Park Wolverines Football Club, and some of the individual teams maintain a website. 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/ward. I may, at any time, inform the above (through the Team Manager) in writing, of any personal information to be removed from the website.

Player Name: _____

Player Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Comments: (i.e. would like to coach/assistant coach) _____

_____

TO BE COMPLETED BY WOLVERINES: (player MUST be present)

AHC Card Verified by: _____

Player Stats:

_____	_____	_____	_____	_____	_____	_____
Height (inches)	Weight (in lbs)	Head (inches)	Chest (inches)	Shoulders (inches)	Waist (inches)	Hip to Knee (inches)

Measurements Confirmed by Wolverines: Date: _____ Executive Initials: _____

CAPITAL DISTRICT MINOR FOOTBALL ASSOCIATION

and the Sherwood Park Wolverines Football Club
Release of All Claims and
Waiver of Liability

PARTICIPATING IN CAPITAL DISTRICT MINOR FOOTBALL ASSOCIATION (referred to as CDMFA) and the Sherwood Park Wolverines Football Club (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 Including Postal Code)

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. 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 of 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 land and premises.

DATED at Sherwood Park, in the Province of Alberta, this _____ day of _____, 2017.

_____ _____
Signature of Parent/Guardian Signature of Witness

Sherwood Park Wolverines Football Club
Personal Information & Privacy
General Release & License

_____
Parent/Guardian Name

_____
Player's Name

_____
Address City Province Postal Code

_____
Telephone (Home) (Cell) (Work)

I hereby grant to the Sherwood Park Wolverines Football Club, hereinafter called the Club, the right to take and use my child's/ward's photograph and football player information for inclusion in public information and promotional material for the Club. I understand that these photos and information may be included in print publications or on the Club's web page(s) for the purpose of program promotion.

I further represent that this right will not infringe or otherwise violate any right of another person, and I hereby release, indemnify and save harmless the Club, its directors, agents, successors and assigns from and against all claims arising from a breach of the representation.

DATED at _____, in the Province of Alberta, this _____ day of _____, 2017.
City/Town Day Month

_____ _____
Signature of Parent/Guardian Signature of Witness

Your child's/ward's picture and information will be used for the purpose described above as consented. Your child's/ward's personal information is protected through the privacy provisions of PIPA and is collected under the authority of Part 2, Div. 2, Sec. 8 (1-4) of the *Personal Information Protection Act*.

SHERWOOD PARK WOLVERINES

FOOTBALL CLUB

Dear Principal:

The Sherwood Park Wolverines Bantam Football Club would request your signature verifying the grade that the following student will be entering for the 2017/2018 school year. We thank you in advance for your time. This is a registration procedure we must follow set out within the association we participate in.

_____	_____
Student's Name	**Grade 2017/2018**
_____	_____
Principal's Name	**Principal's Signature**
_____	_____
School	**Date**

Sherwood Park Wolverines Football Club
Player Emergency Information Card

Player's Last Name / First Name:	Player's Date of Birth: Year / Month / Day
Player's Address:	
Player's Telephone:	
Person to Contact in case of Emergency:	Emergency Contact Telephone:
Parent or Guardian's Name:	Relationship to Player: (i.e. Father, Aunt)
Parent or Guardian's Address:	
Parent or Guardian's Home Telephone:	Parent or Guardian's Cell:
Family Doctor's Name:	Family Doctor's Telephone:

Important: Answer ALL of the questions below by checking YES or NO

HAVE YOU EVER HAD OR DO YOU NOW HAVE:

	YES	NO		YES	NO
Asthma	_____	_____	Epilepsy	_____	_____
Irregular Heart Beats	_____	_____	Diabetes	_____	_____
A Heart Murmer	_____	_____	"Stingers" or "Burners"	_____	_____
Frequent or Severe Headaches	_____	_____	A Concussion or Been "Knocked Out"	_____	_____
Dizziness or Fainting Spells	_____	_____	Loss of Memory	_____	_____
Broken Bones	_____	_____	If YES, which Bones: _____		
Contact Lenses or Glasses	_____	_____	If YES, which do you play sports with: _____		
An Eye Condition Requiring a Tinted Visor	_____	_____	If YES, please attach doctor's note		
Pins, Plates or Screws in your Body	_____	_____	If YES, where: _____		
Are You Taking ANY Medications	_____	_____	If YES, what for: _____		
Do You Have Any Allergies to Medications	_____	_____	If YES, please list: _____		
Do You Have Any Other Allergies (i.e. bees)	_____	_____	If YES, please list: _____		

Other relevant information:

Date:

Signature:	Print Name: