



The Capital District Minor Football Association, Sherwood Park Northstars 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. 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.

Player Name: _____

Player Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

VOLUNTEER INTERESTS:

I would like to help with (please circle):

Bottle Drives

Game Announcer

Trainer

Jersey Parent

Scorekeeper

Fundraising

50/50 Sales

Stick Crew

Executive

TD Can

Spotter

Social Media

CONCUSSION BASELINE TESTING:

All Northstars players will be provided the opportunity for baseline testing from an official Complete Concussion Management™ clinic prior to the start of the season.

TO BE COMPLETED BY NORTHSTARS REPRESENTATIVE:

AHC Card Number: _____ Verified by: _____

**CAPITAL DISTRICT MINOR FOOTBALL ASSOCIATION
and the Sherwood Park Northstars 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 Northstars 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, 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 _____ in the Province of Alberta, this _____ day of _____ 2018

Signature of Parent/Guardian

Signature of Witness



Sherwood Park Northstars 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 Northstars Football Club, hereinafter called the Club, the right to take and use my child'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, on the Club's web page(s) and included publically on social media 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 _____ 2018
City/Town Day Month

Signature of Parent/Guardian

Signature of Witness

Your child's picture and information will be used for the purpose described above as consented. Your child'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 Northstars Football Club Registration Fees

2018 Registration Fees

Make all 3 cheques payable to: Sherwood Park Northstars

Registration Fee*

\$400 due at the time of registration (before March 31)

\$450 after March 31

Exceptions can be made through the PeeWee and Bantam Team Managers

Equipment Deposit**

\$350 (post-dated November 1, 2018). Returned upon return of equipment in usable condition

Fundraising Commitments***

\$200 (post-dated August 30, 2018). Returned upon participation in required fundraising activities

Registration will not be considered confirmed until all of the above requirements have been met

*Registration fees are deposited prior to the season starting

**Deposit cheques are held until required or returned at the end of the season

***Expectation is to participate in a minimum of 3 fundraising activities

Additional equipment required and not paid for by the club:

- mouthguard, girdle and cleats
- water bottle
- hand warmers, pouch (optional but nice to have for cold weather)

Registration fees need to be paid in order for a player to receive a team jacket (Bantam Only) as this represents a commitment to the team

SHERWOOD PARK NORTHSTARS REGISTRATION REFUND POLICY

This refund policy applies to **ALL** withdrawals based on personal circumstances or injuries. Refunds requested before the first league game are *fully refundable less a \$25.00 processing fee and will be pro-rated from the first day of Spring Camp. Refunds requested after league sets the registration deadline will not be accepted.

REGISTRATION FEE PAYMENT DETAILS

Cheque #	Date	Amount	Executive Initials

Sherwood Park Northstars 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

Asthma _____ _____

Irregular Heartbeats _____ _____

Heart Murmur _____ _____

Frequent or Severe Headaches _____ _____

Dizziness or Fainting Spells _____ _____

Epilepsy _____ _____

Diabetes _____ _____

"Stingers" or "Burners" _____ _____

Concussion or Been "Knocked Out" _____ _____

Loss of Memory _____ _____

Broken Bones _____ _____

If Yes, which bones:

Contact Lenses or Glasses _____ _____

If Yes, which do you wear for sports:

Eye Condition requiring tinted visor _____ _____

If Yes, please attach doctor's note

Pins, Plates, Screws in body _____ _____

If Yes, where:

Taking any medications _____ _____

If Yes, what for:

Allergies to medications _____ _____

If Yes, please list:

Any other allergies _____ _____

If Yes, please list:

Other relevant information:

Date:

Signature:

Print Name: