

2010 Shuswap Minor Football Association Registration

Box 702
Salmon Arm, BC
V1E 4N8

Registrar : Shannon Qiodravu
contact: smfaregistrar@gmail.com
(250) 833-6528 (cell)
(250)833-5788 (home)

Player Surname _____ Given Name(s) _____

Which school will you attend in September _____

Name of Parent(s)/Guardian(s) _____

Street Address _____

City _____ Postal Code _____

Home Phone # _____ Work Phone # _____

Other Phone #(cell etc.) _____

Emergency Contact (if parent unavailable) _____

Phone # _____

Family Doctor _____ Phone # _____

Date of Birth ____/____/____ BC Care Card # _____
Month Day Year Mandatory Requirement

*****Please attach a legible copy of the birth certificate. This is a mandatory requirement before the player is allowed to play regular season games*****

Player email address _____

Parent email address _____

Program Information & Fees (Please check one)

Pee Wee \$175 _____
(born 1999/2000)

Bantam \$225 _____
born 1995/1996)

Junior Bantam \$225 _____
(born(1997/1998)

High School \$225 _____
(born 1993/1994)

Atom \$150 _____
(born 2001/2002)

A \$35 administration fee will be charged to players who have not started playing regular season games but wish to withdraw from the program. A \$100 refund will be available to players that wish to withdraw after playing up to 2 regular season games. There is no refund available once the regular season has reached it's third game date.

Equipment deposit is \$200. Please provide a cheque dated December 15, 2010. Each player will receive a helmet, mouth guard, shoulder pads, girdle, (7) safety pads, practice jersey, practice pants, game jersey, game pants, game socks and a belt. Each player must provide his/her own cleats. Any equipment that is lost or damaged will be replaced at the players expense.

Your equipment deposit cheque must be presented before the equipment is handed out and will be held until the equipment return date following the end of the playing season. All equipment must be returned **clean** and in appropriate condition. The mouth guard and socks are to be kept by the player.

Any players who advance to provincial playoffs may incur additional costs to cover out of town travel and accommodations.

All cheques are to be made payable to Shuswap Minor Football Association (S.M.F.A.)

Consent

I, the parent/guardian of the above named minor hereby consent to his/her participation in any or all of the activities of the Shuswap Minor Football Association and I acknowledge and fully understand and agree to all risks and hazards involved in and arising out of the acceptance of the above named minor's application to be registered to participate in the association's activities. I hereby waive, release, forgo and forever relinquish any and all claims, demands, suits, actions, or causes of employees, agents, volunteers 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.

Further, I hereby agree to hold and save harmless the Shuswap Minor Football Association from any loss or damage and from any claims, demands, suits, actions, causes of actions resulting from or arising out of or occasioned by the above named minor's participation in any or all activities of the association.

Signature of parent/guardian _____

Printed name of parent/ guardian _____

Signature of Witness _____

Printed name of Witness _____

Date _____

Medical History

Please place an X by any that apply. Be sure to advise the team coaches and trainers of any existing conditions or changes in the child's health.

Asthma _____ Diabetes _____ Heart Disease _____

Headaches _____ Seizures _____ Black outs _____

Chest Pains _____ Other (please specify) _____

Allergies (please list) _____

Injuries(please list) _____

In the event of a Bee or Wasp sting I _____ give
Parent/guardian's name (please print)
permission for SMFA coaches or trainers to administer an antihistamine to

_____ . _____
player's name (please print)

Parent/guardian's signature

Freedom of Information Act Consent Form

As a condition of the Freedom of Information and Protection of Privacy Act, I hereby consent for the Shuswap Minor Football Association to gather and release information typified by the following circumstances:

1. Game/Team Photos on Website
2. Team Photos
3. Game Videos
4. Photographs and/or name to be published or identified in media coverage
5. Team phone lists

Player Name (please print) _____

Parent/Guardian Name (please print) _____

Parent Signature _____

The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the president of the Shuswap Minor Football association, Paul Peach (250)832-9284.

Volunteer Information

The SMFA requires parent and family volunteer participation. Please check the area(s) that you would be available to help with. Each team will be required to provide the following volunteers:

First Aid attendant (level 1 or higher) _____

Team Parent _____

Coaches Helper _____

Field Volunteer _____ (require 3 per game)

Game Commissioner _____

Stats Collector _____

Fund Raising Committee _____

50/50 Coordinator _____

Concession _____

Other Committees _____

Volunteer Name _____

Phone # _____

