

**Wetaskiwin & District Amateur Football Association
Registration 2010**

Name _____ Birth Date day ____ month ____ year _____

Address _____

Telephone _____ Email ** _____

Grade in as of Sep/10 _____ School Name: _____

Atom (10yrs or under by Dec 31/10) _____ Pee wee (11-12yrs) _____ Bantam (13-15yrs not in HS) _____

Mother's name _____ Phone: home _____ work _____ cell _____

Father's name _____ Phone: home _____ work _____ cell _____

Person to contact in case of accident or emergency, if parents are not available:

Name _____ Relationship _____ Phone _____

Liability Release

- I acknowledge that football is a full contact sport played at high speed.
- I agree to assume all risks involved as a result of my child's' enrollment in amateur football in Wetaskiwin, operating under of the auspices of Wetaskiwin and District Amateur Football Association, before, during and after all instructional sessions and games.
- I agree to Wetaskiwin and District Amateur Football Association, their agent, and servants relieving themselves of all liability for losses and damages of all and every description.

I acknowledge having read this liability release form and my acceptance of the above disclaimer clause by my signature. In the event the Enrollee is less than eighteen (18) years of age, the parent or legal guardian must sign this agreement.

Signature _____ Date _____

Volunteer and Fund Raising Commitment

I understand that volunteering and fundraising are necessary and valuable for the strength of WDAFA and the football experience of the players. Understanding this, I commit to participate in the activities that will maintain the positive environment and experience of the players of WDAFA. I understand that **I will be required to participate in the bottle drive as well as the required number of other volunteer positions** and have completed the volunteer signup sheet and submitted required deposit.

INITIAL: **Parent/Guardian** _____

For Association Use Only

- | | | |
|--------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Spring Camp | Registration fee paid: Spring Camp (All ages) \$50 _____ |
| <input type="checkbox"/> | Registration form complete | |
| <input type="checkbox"/> | Equipment deposit \$150 Cash _____ Cheque (Name and number) _____ | |
| <input type="checkbox"/> | Equipment Form Complete and Signed by parent | |
| <input type="checkbox"/> | Athlete Medical History Form | |
| <input type="checkbox"/> | Parental Consent and waiver signed | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | Regular Season | Registration fee paid: Pee wee/Bantam \$225 _____ OR 3 X \$75 _____ : Jul 1 _____ Aug 1 _____ Sep 1 _____ |
| <input type="checkbox"/> | Regular Season | Registration fee paid: Atom \$150 _____ OR 3 X \$50 _____ Jul 1 _____ Aug 1 _____ Sept 1 _____ |
| <input type="checkbox"/> | Volunteer Form Complete | |
| <input type="checkbox"/> | Volunteer commitment \$75 Cash _____ Cheque (Name and number) _____ | |
| <input type="checkbox"/> | Birth Certificate copy | |
| <input type="checkbox"/> | Healthcare card copy | |