



WCFA - West County Football Association

Box 299 Wembley, AB T0C3S0

Email: westcountyfootball@gmail.com

Please fill out ALL required information in order for registration to be accepted. Male Female

Player's Name _____

Date of Birth: _____ School Attending: _____ Grade: _____

Address: _____

Postal Code: _____ Phone #: _____

Parent's Email Address: _____ Returning Player: Yes No

Alberta Health Care Number: _____

Level of Football that you are registering for:

Pee-Wee

Bantam

Parent/Guardian #1 Information

Name: _____ Home Phone: _____ Work/Cell Phone: _____

Parent/ Guardian #2 Information

Name: _____ Home Phone: _____ Work/Cell Phone: _____

Emergency Contact (other than parent/guardian above):

Phone #: _____ Relationship to Player: _____

I/We the parent/guardian understand and agree to the terms and conditions of the CONSENT AND RELEASE waiver.

Name: _____ Signature: _____ Date: _____

I/We the parent/guardian have read and agree to abide by the CODE OF CONDUCT AND CONFLICT AGREEMENT.

Name: _____ Signature: _____ Date: _____

I, the player, have read and agree to abide by the CODE OF CONDUCT AND CONFLICT AGREEMENT.

Name: _____ Signature: _____ Date: _____

The Consent and Release Waiver can be found on the back of this form. The Code of Conduct and Conflict agreement can be found in your handbook.

OFFICE USE

Received by: _____

Volunteer Cheque Cheque Returned

Date Received: _____

Registration Fees (Amount \$)

Birth Certificate

Cash Cheque #

Equipment Deposit (chq# Amount \$)

WCFA Handbook Given to Parent



spells	Subject to fainting	Epileptic	Asthmatic
	Wears Contact Lenses	Wears Glasses	Braces
	Hearing Problems	Allergies	Diabetic
	Heart Condition	Currently taking any Medication	Surgery over the past Year
	Wears Medic Alert	Presently Injured	Hospitalized in the Past

Please provide information for anything you have checked or anything not mentioned here. _____ Year

I understand that it is my responsibility to keep the team trainer advised of any changes to the status of my child's health.

I hereby authorize team management to arrange for appropriate transportation of my child to hospital if deemed necessary and further authorize the physician and nursing staff to undertake any examination or investigation necessary for the treatment of my child.

Date: _____ / _____ / _____ Parent/Guardian: _____
DD MM YR (Signature)

I/We, the parents or guardians of the aforementioned player hereby acknowledge that the Player will be playing in full contact tackle football and consent to the Player's participation in this activity and any and all of the activities of the West County Football Association. 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 and/or transportation to and from such activities. In consideration of the acceptance of the Players application to be registered to participate in the Association, I/We hereby waive, release, forego discharge and forever relinquish any and all claims, demands, suits, actions or causes of 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 activities of the Association including, but not limited to that of any negligence or gross negligence on behalf of any person associated in any manner with the Association. AND FURTHER I/WE hereby agree to hold and save the Association harmless from any loss, costs, or damages 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 notwithstanding that such loss, costs or damage may be the result of negligence or gross negligence of the Association or any person associated with the Association.

I/WE HAVE READ THE FOREGOING AND UNDERSTAND THAT I/WE ARE RELINQUISHING ANY RIGHT TO SUE IN THE EVENT OF ANY INJURY TO MY/OUR SON/DAUGHTERWHO IS REGISTERING AS A PLAYER IN THE WEST COUNTRY LIGHTNING FOOTBALL ASSOCIATION. I/WE HAVE HAD AMPLE OPPORTUNITY TO CONSIDER THIS FORM, THE IMPLICATIONS OF SIGNING THIS RELEASE AND TO OBTAIN ANY OPINION OR ADVICE I/WE DESIRE.

I/We also understand that by signing this release, I/We give our consent in the use of any pictures or film taken for the purpose of promoting full contact football.

I/We believe that the Player is healthy and medically fit for full contact tackle football and I/We are not aware of any medical condition, illness, or disease that would place the Player or other player's health at increased risk. **Due to the age of the players involved and understanding that football is a contact sport, parents and guardians must be present for the duration of practices and games as scheduled by the association.**

_____ Initial