

CALGARY PEEWEE FOOTBALL LEAGUE

REGISTRATION FORM

NAME OF PLAYER: _____

ADDRESS: _____

PHONE: _____ BIRTHDATE: _____
(MO/DA/YR)

SCHOOL: _____ GR: _____

NOTE: PLAYERS MUST BE 12 YEARS OF AGE OR LESS AND CAN NOT BE 13 ON OR BEFORE DECEMBER 31 OF THE CURRENT YEAR.

PLAYERS CAN NOT BE REGISTERED IN THE CALGARY BANTAM FOOTBALL ASSOCIATION DURING THE CURRENT YEAR.

FAMILY CONSENT AND RELEASE

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 Calgary and area Peewee Football Association (the 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 Player's application to be registered to participate in the Association's activities, I/We hereby waive, release, forego, discharge and forever relinquish any and all claims, demands, suits, actions or causes of actions, which I/We may have against the Association, it's 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 WE ARE RELINQUISHING ANY RIGHT TO SUE IN THE EVENT OF ANY INJURY TO OUR SON/DAUGHTER WHO IS REGISTERING AS A PLAYER IN THE CALGARY and area PEEWEE FOOTBALLASSOCIATION. I/WE HAVE HAD AMPLE OPPORTUNITY TO CONSIDER THIS FORM , THE IMPLICATIONSO F 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 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 players at increased risk.

DATED AT _____, ALBERTA, THIS _____ DAY
OF _____, A.D. 20_____.

Player's Signature

Parent's Signature

Witness to all Signatures

Parent's Signature

FAMILY DOCTOR: _____

PHONE: _____ AHCI # _____

MEDICAL CONDITIONS: _____

RELEASE: (to be completed by home team head coach)

I, _____ of the _____ hereby

Release _____ from my program.

Signature of Head Coach

Date

Print Name (head Coach)

CPFA MEDICAL EXAMINATION FORM

Part I: To Be Completed by parent/guardian of Player:

NAME: _____

Medical History – Check all that apply; please note date

Heart Disease	_____	Tuberculosis	_____
Liver Disease	_____	Kidney Disease	_____
Jaundice	_____	Mental Disorder	_____
Peptic Ulcer	_____	Depression	_____
Anemia	_____	Epilepsy	_____
Hernia	_____	Hypertension	_____
Skin Condition	_____	Rheumatic Fever	_____

Other diseases not listed above including dates:

Detail major operations/hospitalizations including dates:

Part II: To be completed by Player's physician.

Notes to be Examining Physician:

1. The participant will be playing full contact tackle football with and against players who are less than 13 years of age.
2. The playing season extends from August through to November.
3. Each team has a person on staff trained in first aid.
4. A player receiving any medical treatment, or receiving medication while involved with the Calgary and are Peewee Football Association as a player, should have a letter from the examining physician detailing the full nature of the treatment and all medications. The full pharmacological name of all medication used by the player should be given.
5. All medical information will be regarded as strictly confidential.

CURRENT MEDICATIONS/PURPOSE:

Has the player suffered any injuries or disease of a muscular-skeletal nature which could be aggravated by the layer's participation in full contact tackle football or which the player's coaches should otherwise be made aware of?

Are you aware of any medical reason why the player should not participate in full contact tackle football?

FULL PHYSICAL ACTIVITY _____ recommended

_____ not recommended

Restrictions:

(Family Physician)

(Date)

CPFA HEALTH QUESTIONNAIRE

1. PERSONAL DATA

Name: _____ Phone #: _____

Address: _____ AHCI# _____

_____ Prov. _____

GENDER: F _____ M _____ Date of Birth: _____ (d/m/y)

2. EMERGENCY CONTACT:

Name: _____ Phone # (h) _____

Address: _____ Phone # (w) _____

Relation: _____

Family Physician _____ Phone # _____

Family Dentist _____ Phone # _____

3. MEDICAL CONDITIONS

Indicate "yes" or "no" to the following questions and explain any "yes" answers

Have you ever been hospitalized? Yes No

Do you have any allergies (medicine, bees, or other stinging insects) Yes No

Do you or any of your family members have high blood pressure? Yes No

Have you been told that you have a heart murmur? Yes No

Do you or any family members have a history of heart problems? Yes No

Do you have any skin problems (itching, rashes, acne)? Yes No

Have you passed out or been dizzy during or after exercise? Yes No

Do you have medical conditions that affect participation? (diabetes, Epilepsy, asthma)? Yes No

Have you had a head injury (ie. Concussion)? Yes No

Have you ever passed out during or after exercise? Yes No

Have you ever had a stinger, burner, or pinched nerve? Yes No

Have you ever had heat cramps or muscle cramps? Yes No

Have you had medical problems since your last physical?

Explain any "yes" answers you have given: _____

4. ORTHOPAEDIC CONDITIONS

If you have injured any bones, joints, or muscles that require medical attention, please elaborate:

Body Area	Specific Injury	Rt or Lt	Date
Head/Neck	_____	_____	_____
Shoulder/Arm	_____	_____	_____
Wrist/Hand/Fingers	_____	_____	_____
Chest	_____	_____	_____
Back	_____	_____	_____
Pelvis/Hip	_____	_____	_____
Thigh	_____	_____	_____

Knee _____
Shin/Calf _____
Foot/Toes _____

Do you wear any special equipment (braces/splints/eye guards/etc) Yes No
Do you wear glasses, contacts, or protective eyewear? Yes No
Are you presently taking any medications or pills? Yes No
Have you missed five (5) games in a row due to injury? Yes No
Have you been treated for any medical conditions in the past
Three months? Yes No
Do you wear a dental appliance? Yes No
Do you wear a medic alert bracelet? Yes No
List the medications that you are taking for the above mentioned medical conditions or
injuries: _____
How long have you been participating in this sport? _____
What other sports do you participate in? _____

5. CONSENT

I, _____, parents/guardian of _____ have
completed the medical questionnaire to the best of my knowledge and have not willingly withheld
information on any condition or injury for which my child has had in the past or am currently being
treated. I recognize the importance of the medical questionnaire in assisting the coaches in
providing prompt and accurate medical attention. I am aware that the team staff member attending
to my child's injury may need to clarify any previous condition or injury that my child has sustained.
I understand that this information will be kept confidential unless it is necessary to divulge it to
another medical practitioner/medical facility.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

