



2023 ATOM COLTS REGISTRATION FORM

Registration Checklist

Registration Forms

Photo Release

Copy of Birth Certificate

Proof of Address

Medical Questionnaire (Pewee Only)

First Aid Waiver

Payment (Square Invoice)

Payments will be made through the Square App. You will receive an invoice to your primary email address. The system does accept Credit Card payments.

ATOM COLTS REGISTRATION FORM

Player Information

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Street Address: _____ Postal Code: _____

Note: The address listed above must be the player's place of residence. Misrepresentation will not be tolerated.

Date of Birth (mm/dd/yyyy): ____/____/____ Age: ____ Grade: ____ Height (ft/in): ____ Weight (lbs): ____

Current School: _____ Number of Years of Football Experience: _____

Emergency Contact #1

Name: _____ Cell: _____

E-Mail Address: _____ Street Address: _____

Emergency Contact #2

Name: _____ Cell: _____

E-Mail Address: _____ Street Address: _____

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 Atom 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 IMPLICATIONSOF 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 Signature

Parent's Signature



FIRST AID AND MEDICAL EMERGENCY CARE CONSENT FORM

First Name: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): ____/____/____ AHS #: _____

I authorize Colts and facility staff who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility, and to secure necessary medical treatment for my child

Child's Physicians Name: _____

Street Address: _____ Telephone: _____

Child's Allergies: _____

Chronic Conditions: _____

Emergency Contacts (in order to be contacted)

Emergency Contact #1

Name: _____ Cell #: _____

E-Mail Address: _____ Work #: _____

Emergency Contact #2

Name: _____ Cell #: _____

E-Mail Address: _____ Work #: _____

Emergency Contact #3

Name: _____ Cell #: _____

E-Mail Address: _____ Work #: _____

Relationship to Player: _____ I give permission for my child to be released to this person:



Photographic Release Form

First Name: _____ Last Name: _____

By joining the Colts, you understand that your child's image will be utilized for the South Calgary Colts website and Facebook pages.

I, _____, (parent's name) do hereby grant permission to South Calgary Atom/PeeWee Colts to take and use photos of my child, _____, (player's name) and family during any and all 2023 Atom/PeeWee Colts activities. Any and all photos of my child and family may be used for appropriate purposes, including, but not limited to: still photography, videotape, electronic, and print media, including websites. I give this consent with no claim for payment or copyright.

I agree that South Calgary Atom/PeeWee Colts may use such photographs of my child and my family with or without our names.

I understand and agree that if I wish to withdraw this authorization, it will be my responsibility to inform the South Calgary Atom/PeeWee Colts in writing.

I have read and understand the above.

Parent's Name (printed)

Parent's Signature

Date

