



Strathmore Community Football

Player Registration Form

SCFA TEAM: ___Pee Wee ___Bantam check one (see eligibility criteria below)

Player Information:

First Name: _____ Last Name: _____
AB Health Care Number: _____ Birth Date: _____
Address: _____ City: _____ Postal Code: _____
Phone Number: _____ E-mail: _____
School: _____ Grade: _____ Date of Entry: _____

Parent/guardian information:

1 - First Name: _____ Last Name: _____
Work Number: _____ Home Number: _____
2 - First Name: _____ Last Name: _____
Work Number: _____ Home Number: _____

Medical Examination:

The Strathmore Community Football Association's (SCFA) recommendation is that ALL players should have a doctor's physical examination before playing any sport. We provide a form where you can advise us of the player's known medical issues and where a doctor can report additional matters. Suppose you choose not to have a physical examination performed. In that case, the SCFA reserves the right to request a doctor's advisory before, during, or after the player has commenced participation before any additional participation is allowed.

Parent/Guardian Signature: _____ Date: _____
SCFA Registrar's Signature: _____ Date: _____

FOOTBALL FEES (includes insurance):

Spring Camp: \$75.00 ___ Fall Season: \$325.00 ___ Both: \$375.00 ___
Cash Check E-Transfer contact@scfabadgers.ca

Player Eligibility

PeeWee: Age 10/11/12 (must be 12 or under on Dec 31)
Bantam: Age 13/14/15 (must be 15 or under on Dec 31, NOT in Grade10)



Strathmore Community Football

Waiver of Liability and Consent to Medical Treatment

Waiver of Liability:

It is with the understanding that participation in tackle football has inherent dangers when considering the opportunity of _____ (player), a minor, to participate in the football program. I (we), the undersigned parent(s) or guardian(s), hereby release all participating groups and other persons, including the league, SCFA, and associated volunteers, from any liability for any injury or damages whatsoever arising from said minor's participation in this football program.

The undersigned expressly agrees that the foregoing Waiver of Liability's intention is to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is an agreement that the balance shall, notwithstanding, continue to be in full legal force and effect.

Witnessed By:

Parent(s)/Guardian(s)

Date: _____

Date: _____

Consent to Medical Treatment:

I (we), the undersigned, parent(s) and/or guardian(s) of _____ (player), A minor voluntarily consents to administering such medical treatment as deemed necessary or advised by any licensed medical doctor or while a patient is in any hospital for treatment of injuries that may arise from, or connected with, participation in football activities with the SCFA.

Witnessed By:

Parent(s)/Guardian(s):

Date: _____

Date: _____



Strathmore Community Football

Medical Form

Last Name: _____ First Name: _____ Date of Birth: _____
 AB HealthCare: _____ Emergency Contact: _____ Phone Number: _____
 Family DR: _____ DR's Address: _____ DR's Phone Number: _____

Answer the questions below by checking YES or NO Have you ever had or do you have now?

Heart/Stroke/cramps	Yes	No	Irregular Heartbeats	Yes	No	Infectious Mononucleosis	Yes	No
High/Low Blood Pressure			Scarlet/Rheumatic Fever			Heart Murmur		
Tonsillitis/Sinusitis			Ear/Hearing Issues			Coughed up Blood		
Vision Issues			Asthma			Dizzy/Fainting Spells		
Pneumonia/Tuberculosis			Epilepsy/Fits			Tooth/Gum Issues		
Frequent/Severe Headaches			Stomach Ulcers			"Stingers"/"Burners"		
Anemia/Low Iron			Concussion/"Knocked Out"			Hepatitis/Liver issues		
Memory Loss			Hernia/Rupture			Mental Illness		
Piles/Hemorrhoids			Motion Sickness			Tumor/Cancer		
Smoked Cigarettes			Used Alcohol			Kidney Stones/Bloody Urine		
Frequent/Painful Urination			Non-Prescription/Street Drugs			Sexually Transmitted Infections		
Diabetes			Skin Rashes			Allergies		
Arthritis			Other medical illness					

Have you been treated for any infectious Disease in the last 12 months? YES- Which one?	YES	NO
Have you ever stayed in a hospital overnight? YES- What for?		
Have you ever had surgery? YES- What for?		
Have you ever broken any bones? YES- Which ones?		
Do you wear contact lenses/glasses? YES- which do you wear for sports?		
Have you seen a physiotherapist/Chiropractor? YES- What for?		
Do you have Pins/Plates/Screws in your body from any bone or joint surgery?		
Do you wear dental appliances(Braces/plates)?		

FAMILY HISTORY: Has anyone in your family had any of these illnesses? YES- Circle the illness	YES	NO
Diabetes, Allergies, Arthritis, Neurological Disorders, Gout, Heart Disease, High Blood Pressure, High Cholesterol, Bleeding Problems, Kidney Disease, Mental Illness, Sickle Cell Anemia		
Has anyone in your family died suddenly before the age of 40?		

Are you taking any Medications? YES- Please list.	YES	NO
Are you taking Supplements? YES- Please list.		
Do you have Allergies to Medications? YES- Please list.		
Do you have other Allergies? (E.I Bees) YES- Please list		
When was you Immunizations last updated?(Including tetanus) (mm/yy)		

Circle any areas you have injured in the past, and explain the injury below.														
HAND	ELBOW	NECK	HIP	SHIN/CALF	WRIST	KNEE	FOOT	ARM	CHEST	THIGH	ANKLE	FOREARM	SHOULDER	BACK



Strathmore Community Football

OPTIONAL

Medical Form Physical Examination

To be filled out by your doctor

Examining Physician: _____ Date: _____

Player Name: _____ Age: _____

Height: _____ Weight: _____ BP: _____ / _____ Resting Pulse: _____

Visual Acuity:(Corrected) - R: _____ /6 - L: _____ /6 (Uncorrected) - R: _____ /6 - _____ /6

EENT: _____ TEETH: _____

Chest: _____

Cardiovascular (pulses, heart sounds, murmurs): _____

Abdomen (organomegaly, hernias, genitals): _____

CNS: _____ DTRs: _____

Skin: _____

Musculoskeletal please note any evidence of prior injury, instability, or loss of flexibility):

Hand/Wrist: _____

Elbow: _____

Shoulder: _____

Neck/Back: _____ Scoliosis: _____

Hip/Pelvis: _____

Knee/Ankle: _____

Feet: _____

Comments/Abnormal Findings: _____

Laboratory (if applicable)

CBC: _____ Urine: _____

Others as indicated: _____

X-Rays as indicated: _____

<p><u>CLEARANCE FOR PARTICIPATION:</u></p> <p>NO restrictions (contact/collision): _____</p> <p>LIMITED contact/impact: _____</p> <p>NON-CONTACT Strenuous: _____</p> <p style="padding-left: 100px;">Moderate: _____</p> <p style="padding-left: 100px;">Non-strenuous: _____</p> <p>Needs further consultation/tests: _____</p> <p>NOT FIT FOR PARTICIPATION: _____</p>	<p><u>Recommendations before participation:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Physician Signature: _____

Player Signature: _____

Parent/Guardian Signature: _____



Strathmore Community Football

Privacy Statement

Protecting your privacy and the personal information under our control is paramount to the STRATHMORE COMMUNITY FOOTBALL ASSOCIATION(SCFA).

We are committed to meeting or exceeding all requirements of Alberta's Personal Information Protection Act (PIPA) (Bill 44). We will only collect, use, and disclose your information to conduct the Association's legitimate business.

We further commit to taking all reasonable steps necessary to ensure the accuracy of the personal information we keep about you and to prevent any unauthorized use of personal information under our control.

You may not provide us with some or all of your personal information. However, please understand that this choice may affect your membership eligibility.

Doug Thiessen
Phone: (403) 934-7825
Email:scfabadgers@gmail.com

Statement of Applicant:

I, _____(Parent/Guardian), have read and agree to the above privacy statement and consent to the STRATHMORE COMMUNITY FOOTBALL ASSOCIATION collecting (from myself and other sources), using, and disclosing personal information regarding (Player) as required for conducting the Association's legitimate business.

_____(Signature of Parent/Guardian)
Signed this _____day of _____, at _____, Alberta.

Statement of Witness:

I, _____(Adult), certify that I witnessed the above individual sign this consent on this _____day of _____, at _____, Alberta.

(Signature of Witness)



Strathmore Community Football

FIOP RELEASE FORM

Due to changes in copyright and various other legislations, including the Freedom of Information and Protection of Privacy Act (FIOP) Organizations, are required to get written permission from parents before any photographic images can be displayed.

I hereby grant permission to Strathmore Community Football Association on behalf of my child _____ to,

- Record, Photograph, and Tape(audio, video, still) my child
- Display image of my child on the SCFA Badgers Website, Social media, and marketing non-profit purposes.

I understand the photos or videos may be displayed during association-related activities, in the community, on the Internet, or in promotional materials.

Please write to your child's coach if you wish to revoke or change your consent. If you do not consent, the association reserves the right to exclude your child from any activity that includes collecting, using, and disclosing personal information.

Please contact the association if you have any questions or concerns regarding collecting, using, and disclosing your child's personal information.

I, _____ (Parent/Guardian), hereby consent to the collection, use, and disclosure of ALL personal information listed and similar collection, use, and disclosure of personal information described in the above-listed activities.

Full name of Player

Parent/Guardian Signature

Date