

**CALGARY BANTAM FOOTBALL ASSOCIATION  
REGISTRATION FORM 2019**

Name of Player: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number \_\_\_\_\_

Born: Month \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

School: \_\_\_\_\_ Grade (as of Sept. 2019) \_\_\_\_\_

**Parent / Guardian Email ( \_\_\_\_\_ ) Permission to Email Y / N**

Name of Family Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name of Family Medical Plan: \_\_\_\_\_

**NOTE: PLAYERS MUST BE 15 YEARS OF AGE OR UNDER AND CANNOT BE 16 ON OR BEFORE DEC 31 OF THE PLAYING YEAR. PLAYER MUST NOT BE IN HIGH SCHOOL EQUIVALENT (GRADE 10, 11 OR 12). PLAYERS ON OFFENCE THAT ARE CARRYING THE FOOTBALL MUST NOT BE OVER 180 LBS. (THIS INCLUDES QB, RUNNING BACKS, RECEIVERS).**

**FAMILY CONSENT AND RELEASE**

I/we, the parents (guardians) of the above-named Player hereby acknowledge that the Player will be playing full contact tackle football with equipment supplied **ONLY** by the Calgary Bantam Football Association (the "CBFA") with the exception of helmets (**players may use their own helmet provided they have the proper Waiver Form signed and monitored by their Head Coach**). I/we consent to the Player's participation in such activity and any and all of the activities of the CBFA, and 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 or transportation to and from such CBFA activities. I/we further acknowledge that the participation in such activities may result in injuries or harm, including but not limited to, concussions and such other related injuries. I/we further acknowledge that team practices and games will end at a time or times to be specified by the team's coaching staff and that the player ceases to be under the supervision of the coaching staff at such times. I/we further undertake to meet the player at the practice facility at the conclusion of each practice or game. Alternatively, I/we hereby grant the coaching staff permission to allow the Player to return to his or her residence on his or her own, or in any event, without any adult supervision. In consideration of the acceptance of the Player's application to be registered to participate in the CBFA's activities, I/we hereby waive, release, forego, discharge, and forever relinquish any and all claims, demands, suits, actions or causes of actions, damages and costs of any and every kind whatsoever, which I/we may have against the CBFA, its teams, organizers, sponsors, executive supervisors, directors, employees, agents, workmen, coaches and any person participating or assisting in the carrying out the CBFA 's objectives (the "Affiliates"), arising out of or resulting from or incidental to the activities of the CBFA, including but not limited to all games and practices. **AND FURTHER**, I/we hereby agree to hold and save the CBFA and the Affiliates harmless from any loss, costs or damage 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 CBFA.

**NOTE: Registration Fee \$400 per player - (non-refundable) - plus applicable team fees  
You pay you play!!!**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2019

\_\_\_\_\_  
Signature of Player

\_\_\_\_\_  
Signature of Father (Guardian)

\_\_\_\_\_  
Witness to all Signatures

\_\_\_\_\_  
Signature of Mother (Guardian)

How did you hear about the CBFA? \_\_\_\_\_

**LEAGUE USE – DO NOT WRITE BELOW THIS!**

Registration fee Paid: \_\_\_\_\_

Birth Certificate Examined: Yes \_\_\_ No \_\_\_

Medical Release Received: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs \_\_\_\_\_

Releases (attached) \_\_\_\_\_

Commissioner (Director) \_\_\_\_\_