



**SOUTH WEST EDMONTON MINOR FOOTBALL ASSOCIATION  
Player Registration Package 2010**

Welcome to Mustangs Football. Enclosed are the forms and information you will need to register for the 2010 season. **The Capital District Minor Football Association (CDMFA) requires this information to be completed in full, and on file, for players to be eligible for games.** Please ensure all information and documents are included.

CDMFA Divisions:

- |        |                                                                                                                       |
|--------|-----------------------------------------------------------------------------------------------------------------------|
| Atom   | Players who turn 10 or under in the current calendar year.                                                            |
| Peewee | Players who turn 11 or 12 in the current calendar year.                                                               |
| Bantam | Players who turn 13, 14, or 15 in the current calendar year, and are not entering grade 10 in September of this year. |

Registration Checklist

- Mustangs registration form completed in full
- CDMFA waiver form completed in full
- Copy of players birth certificate
- Copy of front page of school report card or other proof of grade (Bantam division only)
- Cheque for registration fee of \$350.00 made out to South West Edmonton Minor Football Association. Please note players name on cheque.
- Undated equipment deposit cheque for the amount of \$300.00 made out to South West Edmonton Minor Football Association. (cheque will be returned when equipment is returned) Please note players name on cheque

For more information see our website at [www.edmontonmustangs.com](http://www.edmontonmustangs.com)

Completed Registrations may be sent to:

Mustangs Football  
1018 - 108 Street NW  
Edmonton, AB T6J 6J2

***MUSTANGS FOOTBALL:  
MAXIMUM HORSEPOWER***



SOUTH WEST EDMONTON MINOR FOOTBALL ASSOCIATION
Player Registration Application 2010

Atom Peewee Bantam

Player Information:

Last Name: Date of Birth: (MM/DD/YY)
Middle Name: Weight in pounds:
First Name: Height in Inches:
Address: Measurement Date:
City: Years of Football Experience:
Postal Code: School Attending in Sept. 2010:
Home Phone: Grade in Sept. 2010

Guardian Information:

Guardian 1: Guardian 2:
Description: Description:
First Name: First Name:
Last Name: Last Name:
Address: Address:
City: City:
Postal Code: Postal Code:
Home Phone: Home Phone:
Cell Phone: Cell Phone:

Primary Contact e-mail address:

Medical Authorization I, (parent/guardian) do hereby grant representatives of South West Edmonton Minor Football Association permission to:

- 1. Apply basic first aid by a certified person to the player noted above, or
2. Transport the above noted player to the nearest hospital emergency room, either by private vehicle or by ambulance, when necessary.

This permission shall apply only when the above noted player is participating in practices, games, or other such South West Edmonton Minor Football Association (SWEMFA) sanctioned events and no parent or guardian is present at that event.

Date: Parent/Guardian Signature:

PERSON TO CONTACT IN CASE OF ACCIDENT OR EMERGENCY, IF PARENTS NOT AVAILABLE:

NAME: HOME PHONE: OTHER PHONE:

Acknowledgement and Disclaimer I, (parent/guardian) certify that the above information is correct and that my child/ward is physically fit, and has my permission to participate in the Capital District Minor Football Association Program. I understand and acknowledge the risk of serious injury to the player noted above by his/her participation in the sport of football and understand that CDMFA and SWEMFA accept no liability for any injuries which may be suffered by program participants and that I will be required to sign the CDMFA Release and Waiver of Liability form as part of completing the player's registration. I understand and agree that SWEMFA from time to time may allow still and motion photographers to take pictures, action and pose, of above said player that may be used as promotional material or for reporting purposes for SWEMFA. I further understand that all rights of said photos belong to SWEMFA

Player Signature MM/DD/YY Parent/Guardian Signature

ALL INFORMATION IN THIS FORM IS STRICTLY FOR THE USE OF THE LEAGUE FOR REGISTRATION PURPOSES. ALL PERSONAL INFORMATION WILL BE TREATED WITH THE UTMOST RESPECT IN ACCORDANCE WITH THE CDMFA PRIVACY POLICY.

**CAPITAL DISTRICT MINOR FOOTBALL ASSOCIATION**  
**and SOUTH WEST EDMONTON MINOR FOOTBALL ASSOCIATION**  
Release Of All Claims and  
Waiver Of Liability

**PARTICIPATING IN CAPITAL DISTRICT MINOR FOOTBALL ASSOCIATION (referred to as CDMFA) and**  
**SOUTH WEST EDMONTON MINOR FOOTBALL ASSOCIATION (referred to as Participating Association)**

**WARNING:** BY SIGNING THIS FORM YOU ARE GIVING UP YOUR RIGHT TO BRING A COURT ACTION TO RECOVER COMPENSATION FOR ANY INJURIES TO YOUR CHILD/WARD, YOURSELF AND YOUR PROPERTY OUT OF PARTICIPATING IN THE CDMFA AND THE PARTICIPATING ORGANIZATION.

I, \_\_\_\_\_ OF \_\_\_\_\_ (Full Address) STATE

that I am the Parent/Guardian of \_\_\_\_\_ (Print Child's Full Name)

whose age as at the date of my signing this Waiver/Release is \_\_\_\_\_ years, I AM OVER THE AGE OF EIGHTEEN YEARS AND I AGREE THAT, IN CONSIDERATION of myself and the minor being permitted to enter and participate in the CDMFA and Participating Associations programs THAT I HEREBY ACKNOWLEDGE AND AGREE THAT while I am participating in the activities or programs involving the CDMFA and Participating Associations:

1. I am aware that the programs and activities the CDMFA and Participating Associations are engaging in has inherent risks and I have full knowledge of the nature and extent of the risks associated with said programs and activities particulars of which include but are not limited to:
  - a) physical contact between opposing players;
  - b) multiple physical contact between multiple players;
  - c) vigorous physical activity.
  
2. I am further aware that the programs and activities the CDMFA and Participating Associations are engaging in has certain additional dangers and risks, the particulars of which include but are not limited to the following:
  - a) The risk of sustaining grievous bodily injury as a result of the physical contact;
  - b) The risk of sustaining broken or fractured bones as a result of the physical contact;
  - c) The risk of sustaining soft tissue injuries as a result of the physical contact.
  - d) The risk of sustaining concussions and concussion related injuries as a result of the physical contact.

**RELEASE AND WAIVER OF LIABILITY**

I agree that I, the undersigned, on behalf of myself and the minor, our heirs, successors and assigns, HEREBY REMISE, RELEASE, INDEMNIFY, DISCHARGE, AND FOREVER HOLD HARMLESS the CDMFA and Participating Associations, and the associations/league(s) organizing the game or event, their directors, employees, volunteers, coaches, instructors, agents and independent contractors and their heirs, successors and assigns from any claims whatsoever arising by reason of any disease, deterioration of health, illness or injury to any person, including death or for damage to or loss of any of my property resulting from or arising from use of the lands and premises, from being present on the lands and premises, from participation in any program, from the use of any facilities or equipment located on the lands and premises, from acceptance of the advice of, or from the negligence of the Association or the association/league organizing the game or event, their directors, employees, volunteers, coaches, instructors, agents, independent contractors or any other persons using the lands and premises.

DATED at the City of Edmonton, in the Province of Alberta, this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Parent/Guardian