



# 2015 STING REGISTRATION

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

(Last)

(First)

Date of Birth: \_\_\_\_\_ Age (Sept 2015): \_\_\_\_\_ Grade: \_\_\_\_\_

DD/MM/YYYY

Parent/Guardian Name: \_\_\_\_\_

Contact #'s:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home Work Cell

Parent/Guardian Name: \_\_\_\_\_

Contact #'s:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home Work Cell

Parent Email: \_\_\_\_\_

Player Email: \_\_\_\_\_

Player Mailing Address and Postal Code:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Player Stats:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Years Played: \_\_\_\_\_ Positions Played: \_\_\_\_\_

The personal information being collected on this form will be used to manage and administer the Fort High Football Program, and is authorized under section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. The personal information will be managed in accordance with the privacy provisions of the Act.



## Interview/Photograph/Video Consent Form

This Consent Form must be used when:

- Interviews are undertaken or when photos and/or videos are taken by the media or an outside organization and where individual students are identified by name or face.
- When photos and/or videos are taken by the District where individual students are identified and the materials to be used for purposes outside the school.

I \_\_\_\_\_, hereby  
(Name of parent/legal guardian or independent student -Please Print)

Consent to my son/daughter being photographed, videotaped or interviewed regarding football.

\_\_\_\_\_ Or  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Student if 18 years or older or Independent Student

For further information concerning the completion of the form, please contact Fort High School at 780-998-3751

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**Fort Saskatchewan Sting Football Club**

**Player Consent For 2015**

I, \_\_\_\_\_, hereby acknowledge

(Parent/Guardian Name)

that I have signed the following permission forms and the information is correct,

so that \_\_\_\_\_ can

(Player name)

participate in the Sting Football Program.

- Player information Form
- Contact Sports: Consent Form and Agreement to Participate
- Interview, Photograph, and/or Video Consent Form
- Equipment Deposit (**\$450 dated Nov 17th**) – Cheque Number \_\_\_\_\_
- Fees (**\$400 paying by cheque Dated Sept 1**) Cheque Number \_\_\_\_\_
- If paying by credit card (**\$411 to cover transaction fee**) transaction Number \_\_\_\_\_
- If financial arrangements need to be made contact Katrina Chapman Treasurer

**\*\* Cheques payable to Fort Sting Football**

By signing below, I am confirming that the information on the forms is true to the best of my knowledge and that I understand this information will be kept on file for use throughout the 2015 season. If changes need to be made during the season it is my responsibility to contact the registrar.

Player signature \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_



Player Information Form (please print clearly)

Name \_\_\_\_\_ Date of Birth ( / /19 )

Address \_\_\_\_\_ P Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

Practice Jersey Size \_\_\_\_\_

Practice Pant Size \_\_\_\_\_

Preferred Position \_\_\_\_\_

Physicians Name and Phone # \_\_\_\_\_

Health Care # \_\_\_\_\_

Are you taking any medication? If so please list below.

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Are you taking any supplements? If so please list below.

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Do you have any allergies? (ie: medication, food, stings) If so please list below.

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Do you have a history of neck/head injuries (ie: concussions)? If so please specify.

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Do you have any medication condition? If so please list below.

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**Parent Information**

***Mother***

Name \_\_\_\_\_

Address \_\_\_\_\_ P Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

***Father***

Name \_\_\_\_\_

Address \_\_\_\_\_ P Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

As indicated by my signature below, I hereby freely and voluntarily consent to have this information accessible as required.

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

\_\_\_\_\_  
DATE

I further acknowledge that I understand, appreciate and accept the inherent physical risks involved in participating in any football activities. By signing I assume the risk and release the releases the Fort Saskatchewan Sting Football Club of any liability.

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

## CONTACT SPORTS - Parent/Guardian Consent Form



This signed form is required for all students who wish to participate in contact sports (rugby, hockey, football, field lacrosse)

### 1. Elements of Risk and the Responsibilities of the Student-Athlete

Contact sports have physical demands and certain inherent risks which may be beyond the control of the school, school board and the organizers of the sport. Tackling, checking and blocking by their nature result in collisions between two or more players that can involve a great deal of force.

Students who participate in contact sports must accept that there is the possibility of serious injury as a result of their participation. Accidents can result from the nature of this activity and can occur without any fault on the part of the participants, the School Board, the employees or agents of the board, or the facility where the activity takes place. By choosing to participate in a contact sport, you are assuming the risk of an accident occurring. The chance of an accident occurring can be reduced by carefully following instructions at all times while engaged in this activity. Each student-athlete should also attempt to offset the risks of contact sports by:

#### 1.1 Physical Readiness

- Physical preparation through regular exercise particularly in the three months prior to the start of the season
- Athletes should strive for overall conditioning with particular attention to strength and flexibility in the neck, shoulder and knee areas

#### 1.2 Equipment Readiness

- Ensure that any personal equipment used is appropriate and in a good state of repair
- Notify the coaching staff of any problems with equipment issued by the team and see that this equipment is returned promptly and in good condition
- Always wear an intra-oral dental guard when playing contact sports

#### 1.3 Technical Readiness

- Learn and practice the skills and techniques of the activity, particularly regarding proper tackling, checking techniques
- Always warm-up properly before every practice and game
- Attend team practices regularly

#### 1.4 Safety Awareness

- Always attempt to participate with safety in mind as much as possible given the dynamic nature of the activity
- Never butt, ram or spear an opponent
- Never use performance enhancing drugs

### 2. Acknowledgement

We have read and understand the Elements of Risks and insurance information stated above. We have also read and understand the Responsibilities and have attempted to see that they have all been fulfilled.



\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**3. Permission**

3.1 I give my son/daughter \_\_\_\_\_ permission to participate in a contact sport.

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

\_\_\_\_\_  
Date

AND

3.2 If the student is 18 years of age or over, also complete this section. I agree to participate in the contact sport and abide by all measures to make this program as safe as possible.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

CONTACT SPORTS  
CONSENT FORM AND AGREEMENT TO PARTICIPATE



Print Name of Participant:

1 CONDUCT

I hereby understand, agree to abide by and support the rules of play, personal conduct, and terms of conditions for participation.

2 RISK OF SERIOUS INJURY

I understand and appreciate that the risk of injury from contact sports is significant, including the potential for permanent paralysis and death and, while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. By my child's participating, I KNOWINGLY ASSUME ALL SUCH RISKS, both known and unknown.

3 AUTHORIZATION FOR SERVICES

I hereby give consent for EIPS personnel to provide my participating child with emergency medical care as warranted and associated with participation on a member team during sanctioned events.

SIGNATURE(S)

I understand and agree to respect all these conditions of participation in contact sport programs.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Date

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