

LEDUC AND DISTRICT MINOR FOOTBALL ASSOCIATION

We accept registrations from players age 6 to 15 (excluding those who are entering grade 10 in September 2018). Visit <u>www.catsfootball.ca</u> to find out which registration date will work best for you to pick up or complete your registration. The Early Bird Registration deadline is April 31, 2018. Rosters may hold up to 50 players. Both BOYS and GIRLS are encouraged to participate. ALL ages are based on athlete's current 2018 calendar year age.

NOVICE: Players ages 6 - 8 years of age

ATOM: Players ages 9 - 10 years of age

PEEWEE: Players ages 11 - 12 years of age

BANTAM: Players ages 13 - 15 years of age (excluding those entering

grade 10)

Peewee and Bantam

Regular Season Home Games are played on Tiger Field at the John Bole Athletics Park, behind the Leduc Composite High School.

The Leduc Cats Clubhouse is located by the Kinsmen Hall at the John Bole Athletics Park.

Novice and Atom

Novice and Atom Teams will play at Commonwealth.

If you have any questions, please email us at registrar@catsfootball.ca



Capital District Minor Football Association and Leduc Minor Football Association

Novice ● Atom ● Peewee ● Bantam 2018 PLAYER REGISTRATION AND PARENTAL CONSENT FORM

Last Name:	
First Name:	
Middle Name:	
Address:	
Completed Years of Football with LDMFA:	
City: Pe	ostal code:
Home Phone: E	mail:
Grade in Sept 2018: Date of Birth:	Age (2018 birthday):
Guardian 1: First Name:	Guardian 2: First Name:
Last Name:	Last Name:
Address:	Address:
City: Postal Code :	City: Postal Code :
Cell Phone : C	ell Phone :
How did you hear about Leduc Minor Football Ass	sociation?
Did you participate in winter camps?	
motion photographers to take pictures, action and pose, of	It my child / ward is physically fit and has my permission to I understand and agree that LDMFA and CDMFA may allow still and above said player that may be used in publications and promotional understand that all rights of said photos belong to the Association.
Parent/Guardian signature:	Date:



Leduc Minor Football association 2018 Medical Information Form

Player's Name:		
Team Level:		
Home Telephone Number: Emergency Contact Name:	Cell:	
Emergency Number:		
Family Doctor:		
Telephone Number:		
Allergies:		
Medications:		
Additional medical Information:		
I, (parent / gu the Leduc Minor Football Association permission to	uardian), do hereby grant representatives of	
i. Apply basic first aid by a certified person to		
	rest hospital emergency room, either by private vehicle or b	y
ambulance, when necessary.		

This permission shall apply only when the above noted player is participating in spring camp, practices, games, or other such Leduc Minor Football Association sanctioned events where no parent or guardian is present at that event.

HOME OF THE CATS

🚴 Leduc & District Minor Football 4

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 YOU'RE PROPERTY FROM CDMFA AND THE PARTICIPATING ORGANIZATION.

Participation in the CAPITAL DISTRICT MINOR FOOTBALL ASSOCIATION (referred to as CDMFA) and the LEDUC MINOR FOOTBALL ASSOCIATION (referred to as "Participating Association") hereby say:

I, ______(Name of Parent), 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 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 Leduc, in the Province of Alberta, this _____ day of _____, 2018.

Witness: _____ Signature of Parent / Guardian: _____