

## Underage Player Form

Completed form to be forwarded to the CDMFA before the player participates in any practices or games.

The CDMFA does not encourage underage players to play in older age divisions.

### **Player Information**

**Name** \_\_\_\_\_ . **Club/Division** \_\_\_\_\_ .

**Date of Birth** \_\_\_\_\_ . **AB Health Care Number** \_\_\_\_\_ .

### **Coach**

- A) I have completed the Coaching Requirements and NCCP requirements outlined by Football Alberta. (<https://footballalberta.ab.ca/main/coaching-development/national-coaching-certification-program-nccp/>)
- B) The skill level, physical development, playing experience of the player and standard of opposition will be assessed to do my best to minimize risk to the player.

**Signature** \_\_\_\_\_ . **Date** \_\_\_\_\_ .

**Print Name** \_\_\_\_\_ . **Team** \_\_\_\_\_ .

### **Parent/Legal Guardian**

I hereby declare and understand that:

- A) I am a parent or legal guardian of the above mentioned player;
- B) The above mentioned player and I have been notified that he/she is acting outside the CDMFA Age Guidelines and all inherent risks associated with doing so.

**Signature** \_\_\_\_\_ . **Date** \_\_\_\_\_ .

**Print Name** \_\_\_\_\_ .

### **Club Executive**

I support and endorse this submission and am confident that the decision has been made with the best interest of the players development in mind.

**Signature** \_\_\_\_\_ . **Date** \_\_\_\_\_ .

**Print Name** \_\_\_\_\_ . **Position** \_\_\_\_\_ .

Please e-mail completed form to: [cdmfaexecdir@gmail.com](mailto:cdmfaexecdir@gmail.com)