



EQUIPMENT FORM

Player Last Name: _____

Division: _____

Contact Information:			
Players Name:		Age:	
Parent's Name:			
Address:			
City:		Postal Code:	
Phone #:		Email:	

SAMFA Equipment Guideline:
<p>SAMFA requires that all equipment be returned at the end of each season - date to be determined by SAMFA. This allows SAMFA the opportunity to inspect the equipment for defects, make repairs, acquire recertification, and have equipment professionally cleaned and sanitized. These measures are critical to help ensure the safety of all players.</p> <p>Equipment will be returned clean and laundered. Shoulder pads and helmets will be wiped clean with a wet soapy cloth, inside and out. Clothing will be laundered with colour safe detergent and hung to dry. DO NOT USE BLEACH on any SAMFA equipment or uniform.</p> <p>Equipment is intended to be used for SAMFA activities only (practices and games). Should equipment be required for activities outside SAMFA's season (such as camps, try-outs, etc), SAMFA agrees to its use however, damage to equipment occurring during non-SAMFA activities will be the responsibility of the above party.</p> <p>At SAMFA's discretion the above party may be liable for the cost of cleaning, replacement or repair of equipment lost or damage incurred whilst issued to them. Equipment deposit cheques and signatures are required at the time the equipment is fitted and handed to each player.</p>

Agreement:		
By signing below, I agree to the SAMFA equipment guideline, that all equipment will be returned as directed by SAMFA, and that I agree to cover the cost of cleaning, replacement and/or repair as directed by SAMFA.		
Signature: _____		Date: _____
Fund Raising:		
Raffle Tickets	SAMFA#	CDMFA#
Almonds Received		



EQUIPMENT FORM

Equipment Issued:		Equipment Returned:
Helmet – SAMFA Inventory #:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Shoulder Pad – SAMFA Inventory #:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Practice Pants (size):	All-in-one <input type="checkbox"/> Regular <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Game Pants (size):	All-in-one <input type="checkbox"/> Regular <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Girdle (size):		
Knee Pads:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Mouth Guard:		
Belt:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Practice Jersey:	Number : Colour:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Game Jersey:	Home Number : Away Number:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Game Socks:	Purple Black Pink	

EQUIPMENT DEPOSIT CHEQUE OF \$600 COLLECTED? (staple deposit cheque to this form)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Equipment Issued By: (SAMFA Volunteer)	Name:	
	Date:	

EQUIPMENT DEPOSIT CHEQUE RETURNED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Equipment Received By: (SAMFA Volunteer)	Name:	
	Date:	

Note any issues with the returned equipment here (e.g. damages, missing items):

By signing below, I acknowledge that I have received the equipment deposit cheque.

Signature: _____ Date: _____