



# REGISTRATION FORM

<b>Player's Name</b>	<b>Last</b>		<b>First</b>				
<b>Birth Date</b>	<b>Day</b>		<b>Month</b>		<b>Year</b>		
<b>Gender</b>	<b>Male</b>	<b>Female</b>					
<b>Program</b>							
<b>Club Rec</b>	<b>U5</b>	<b>U7</b>	<b>U9</b>	<b>U11</b>			
<b>Youth Competitive</b>	<b>U10</b>	<b>U11</b>	<b>U12</b>	<b>U13</b>	<b>U15</b>	<b>U17</b>	<b>U19</b>
<b>Adult</b>	<b>Open</b>	<b>Over 40</b>					
<b>League ID# (if known)</b>							
<b>Contact details</b>	<b>Street</b>			<b>Town/City</b>		<b>Province</b>	<b>Post Code</b>
<b>Address (Mother)</b>							
<b>Address (Father)</b>							
	<b>Cell</b>		<b>Home</b>		<b>Email</b>		
<b>Mother</b>							
<b>Father</b>							
<b>Player</b>							
<b>Proof of Age</b>	As part of the registration process for Chestermere United FC, we require formal proof of age for all players. <b>Please attach or email to:</b> <a href="mailto:CUFCinfo@gmail.com" style="color: red; text-decoration: underline;">CUFCinfo@gmail.com</a>						
	If you play in the CMSA competitive Leagues you will not be allowed to play without the Proof of Age being sent by us to the league administration.						
	Proof of Age can be a photo of <b>one</b> of the following documents that is clearly visible:-						
	Passport - Birth Certificate - Alberta Healthcare Card - Residency / Immigration Card						
	<b>Document must shown full name and Date of birth</b>						



<b>Waiver</b> (Must Be Signed)	<p>Parent or Guardian must sign this waiver if the participant is under the age of 18. In consideration for attending or participating in Chestermere United FC, practices, events and games, and trips, I for myself, my heirs, executors, administrators and assigns, do hereby release the CUFC, its employees and agents, from any claims, damages or causes of action arising out of or in connection with any loss, injury or damage to my person or property incurred while attending or participating in a CUFC event or game, regardless of whether or not such loss, injury or damage arises by reason of the negligence of the CUFC or its employees and agents. I further agree to indemnify the CUFC or its employees and agents from any claim or demands which might be made against the CUFC arising out of consequence of my attendance at or participation in any event or game at the CUFC.</p>				
<b>Print Name:</b>					
<b>Date:</b>					
<b>Signature:</b>					
<b>Photo/Video Release:</b>	<p>I am prepared to grant, now and in the future, CUFC permission to use, for promotional and/or educational use only, any photographs, video taped footage, or audio recording taken of the participant in any CUFC Program or Special Event.</p>				
<b>Print Name:</b>					
<b>Date:</b>					
<b>Signature:</b>					
<b>Payment Details</b>	<b>E-Transfer</b>	<b>Amount</b>	<b>Cheque</b>	<b>Number</b>	<b>Amount</b>
		\$			\$
	<b>Input Players name on E-transfer</b>				
<b>Refund Policy</b>	<p>If the Club cancels a program, a full reimbursement will be issued. Withdrawal from any program will be subject to a non-refundable \$50.00 administration fee. After the registration deadline, refunds will only be issued for medical reasons, and require a doctor's note. Medical refunds will be pro-rated based upon the time remaining in the current season, and will be less any participant expenses such as League fees, insurances, etc and will be subject to the \$50.00 administration fee.</p>				
<b>FOR OFFICE USE ONLY:</b>	<b>Staff member</b>		<b>Signature</b>		



# MEDICAL FORM

## PLEASE RETURN BY EMAIL

***CUFCinfo@gmail.com***

All players **MUST** complete and submit a CUFC Medical Form at the time of registration.  
 Players will **NOT** be permitted to play without submitting a signed Medical Form.

Players Name	Team (If known)	Date of Birth	Gender
Alberta H/care #	Address		

Does the player have or ever had any of the following:-				
Condition	Yes	No	If 'Yes' - please say when & give details	Dates
Concussion				
Broken bones				
Ligament Damage				
Heart Condition				
Asthma				
Allergies (environmental)				
Allergies (Food)				
Allergies (Drugs)				
Medication				
Learning issues				
Other				

How can you be reached in an emergency?				
	Name	Cellphone	Work phone	email
<b>Mother</b>				
<b>Father</b>				
<b>Other</b>				
<b><i>In a medical emergency:-</i></b>	I/we _____ the parent(s)/guardian(s) of _____ authorize Chestermere United FC (Coaches, Team managers or Club Officials) to take my child to the closest hospital for treatment or call the Emergency Services if necessary.			
<b>Signature</b>				