



Our Goal is having fun...



MILLWOODS MINOR FOOTBALL ASSOCIATION 2016 FOOTBALL SEASON

We accept registrations from players age 8 to 17. Visit www.millwoodsfootball.ca to find out which dates we are at Millwoods Park Pavilion, 7008-23 Avenue (grey building) to conveniently receive your registration (last weeks of January and select dates in February through to May). The early registration deadline is February 28, 2016. Rosters may hold up to 50 players. Both BOYS and GIRLS are encouraged to participate.

ATOM: Players who turn 8, 9, or 10 before December 31, 2016

PEEWEE: Players who turn 11 or 12 during the current year, 2016

BANTAM: Players who turn 13, 14 or 15 during the current year, 2016 and who are not entering grade 10 in September of 2016

MIDGET: Players in grades 9, 10 and 11, and who are not turning 19 in the calendar year, 2016. The *Midget level season runs from the end of February to May to allow players to join their High School teams. The Midget level is structured differently than the Atom, Pee wee & Bantam levels, see our website for more information. This team can fill up quickly-register last weeks of January 2016.

The Atom, Pee wee, and Bantam level season runs from mid-May to November:

Mid-May: Season begins with Spring Camp (May Long Weekend) and 2 practices per week

June: 2 or 3 practices per week (Mon, Wed, Thurs); receive equipment sometime this month

July: No football in Alberta to allow for summer vacations

August: 3 practices per week on Mon, Wed, Thurs (full equipment) and one game on weekend starting mid-month.

September to October: 3 practices per week and one game on weekend.

November: Playoffs (first week), equipment return, Awards Banquet (end of month)

The 2016 registration costs are \$325 for registration (\$300 prior to Feb 28-16), \$40 for Spring Camp (optional), \$40 for a padded girdle (keep), \$100 mandatory fundraiser (tickets to sell or use for West Edmonton Mall Waterpark at the end of the Season), \$300 equipment deposit, \$200 Volunteer deposit. Deposits are returned to you at the end of the season once equipment has been returned and when 16 volunteer hours per family have been completed.

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



Capital District Minor Football Association and Millwoods Minor Football Association



Atom • Peewee • Bantam • Midget

2016 PLAYER REGISTRATION AND PARENTAL CONSENT FORM

Player Information:

Last Name:	_____	Completed Years of Football:	_____
First Name:	_____	Community League #:	_____
Middle Name:	_____	School Attending in September of 2011:	_____
Address:	_____	Grade in Sept 2011:	_____
City:	_____	Shoulder Width (inches):	_____
Postal Code:	_____	Waist (inches):	_____
Home Phone:	_____	Weight (pounds):	_____
Email:	_____	Height (inches):	_____
Date of Birth:	_____	Measurement Date:	_____
Age (2015 birthday):	_____		

* CDMFA requires evidence of the registrant's date of birth from a Birth Certificate or Alberta Health Care Card.
 * For Bantam and Midget, the latest Report Card showing only the name of the player, school, and grade for current calendar year. In compliance with Information Privacy, no copies of this information will be collected.

Document Verified: _____ Verified by: _____

Parent / Guardian Information:

Guardian 1:	_____	Guardian 2:	_____
First Name:	_____	First Name:	_____
Last Name:	_____	Last Name:	_____
Address:	_____	Address:	_____
City:	_____	City:	_____
Postal Code:	_____	Postal Code:	_____
Home Phone:	_____	Home Phone:	_____
Cell Phone:	_____	Cell Phone:	_____

How did you hear about Millwoods Minor Football Association? _____

Parental / Guardian Certification and Photography Permission:

* I hereby certify that the above information is correct and that my child / ward is physically fit, and has my permission to participate in the CDMFA Football program.
 * Since MWMFA and the CDMFA as a League seek publicity, I understand and agree that MWMFA and CDMFA may allow still and motion photographers to take pictures, action and pose, of above said player that may be used in publications and promotional material or for reporting purposes for the League. I further understand that all rights of said photos belong to the Association.

Parent / Guardian Signature: _____ Date: _____



Millwoods Minor Football Association

2016 Volunteer Interest Form

We need volunteer time from you to make this Club a success. Each family must complete 16 volunteer hours during the season. For Midget level, the requirement is 8 volunteer hours. Please indicate below what areas you would be interested. This will assist our Volunteer Co-ordinator when tasks are assigned to you.

I **DO NOT** wish to participate in any volunteer activities and prefer to pay the volunteer fee. MWMFA is authorized to deposit my payment for \$ 200.00 (\$ 100.00 for Midget level).

Signature _____ Date _____

CONTACT INFORMATION

Player's Name: _____
 Team Level: _____
 Parent / Guardian Name(s): _____
 Home / Cell Number: _____
 Email Address: _____
 Best Times to Contact You: _____

Please check ALL areas of interest—check as many as you like. We will try to assign tasks based on these choices.

- | | |
|--|--|
| Spring Camp <input type="checkbox"/> | Coaching <input type="checkbox"/> |
| Millwoods Minor Football Day <input type="checkbox"/> | Team Manager <input type="checkbox"/> |
| Silent Auction Parent Event <input type="checkbox"/> | Trainer (First Aid) <input type="checkbox"/> |
| Year End Banquet <input type="checkbox"/> | Video Recording of Games <input type="checkbox"/> |
| Assist Volunteer Co-ordinator <input type="checkbox"/> | Field Set-up or Take Down <input type="checkbox"/> |
| Assist Fund Raiser Co-ordinator <input type="checkbox"/> | Yardage Sticks during Games <input type="checkbox"/> |
| Assist Social Co-ordinator <input type="checkbox"/> | 50 / 50 Draws during Games <input type="checkbox"/> |
| Assist Concession Co-ordinat <input type="checkbox"/> | Concession Gameday Help (16+) <input type="checkbox"/> |
| Serve as a Board Member <input type="checkbox"/> | Casino Worker (18+) <input type="checkbox"/> |

Are there other family members that would like to volunteer?

Name: _____
 Home / Cell Number: _____
 Email Address: _____
 Best Times to Contact Them: _____



Millwoods Minor Football Association

2016 Medical Information Form

CONTACT INFORMATION

Player's Name: _____

Team Level: _____

Home Telephone Number: _____ Cell: _____

Emergency Contact Name: _____

Emergency Number: _____

Family Doctor: _____

Telephone Number: _____

ADDITIONAL INFORMATION

Allergies: _____

Medications: _____

Additional Information: _____

MEDICAL AUTHORIZATION

I, _____ (parent / guardian), do hereby grant representatives of the Millwoods Minor Football Association permission to:

- i. Apply basic first aid by a certified person to the player noted above, or
- ii. Transport the above noted player to the nearest hospital emergency room, either by private vehicle or by ambulance, when necessary.

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

Date: _____

Parent / Guardian

Signature: _____



**Capital District Minor Football Association
and Millwoods Minor Football Association**



**RELEASE OF ALL CLAIMS AND
WAIVER OF LIABILITY**

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 YOUR PROPERTY FROM CDMFA AND THE PARTICIPATING ORGANIZATION.

Participation in the **CAPITAL DISTRICT MINOR FOOTBALL ASSOCIATION** (referred to as CDMFA) and the **MILL WOODS 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 participation in any program, from the use of any facilities or equipment located 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 Edmonton, in the Province of Alberta, this _____ day of _____, 2016.

Witness

Signature of Parent / Guardian