



2024 Estevan Minor Football Registration

Last Name: _____ First Name _____

Date of Birth: _____ Health Card# _____

Address: _____

Player Cell: _____ Player Email: _____

Mothers Name _____ Fathers Name _____

Address: _____ Address: _____

Mothers Cell: _____ Fathers Cell: _____

Mothers Email: _____ Fathers Email: _____

Estevan Minor Football will communicate through Teamlinkt App & emails, please ensure information is accurate and up to date.

EQUIPMENT DEPOSIT DUE UPON EQUIPMENT PICK UP (\$250.00 postdated check Nov 1/24)

U10 CUDA born 2015 or 2014 _____ Fee: \$200.00

U12 CHARGER born 2013 or 2012 _____ Fee: \$350.00

U14 OILER born 2011 or 2010 _____ Fee: \$400.00

U18 VIRAGO grades 7-12 _____ Fee: \$400.00

U18 VARSITY grades 9-12 _____ Fee: \$100.00

Player fees will be invoiced at later date. Payment options are check, cash or

Etransfer: emf_2008@outlook.com Include: Players Name, Age & Team

Mail to: Estevan Minor Football, P.O. Box 552 Estevan, Sk S4A2A5 or scan to: emf_2008@outlook.com

Electronically Submit from Estevan Football website.

Estevan Minor Football use only:

Payment received by: _____ from _____ Date: _____

Check: ___ Cash: ___ Etransfer: ___ Kidsport: ___





2024 Estevan Minor Football Registration

A parent or guardians' expectations and attitudes have a significant bearing on a child's attitude towards other players, officials, managers, coaches, other parents and executive members.

As a parent / guardian I will:

- Exhibit good sportsmanship at all times, never condone violations of the rules of the game or exhibit behavior contrary to the spirit of the game.
- Place the well-being and safety of each player above all considerations.
- Not make abusive remarks to any official, player, coach, and team support staff, volunteer or executive member.
- You are required to stay at their child's practices and games. Please assign a designate supervisor if you plan to leave your child at a game or practice, and inform the child and the Team Manager.
- Respect and show appreciation for the volunteers, coaches, officials, managers and trainers and remember that children learn best by example.
- Not use any wide-spread social media communication channels (email, texting, facebook, etc.) to communicate any offensive, abusive or insulting remarks towards any other player, official, parent, coaches, team support staff or executive members.
- Respect the designated smoking areas at all EMF functions, including practices, games and team building events.
- Entrance onto the Practice and Game Field as well as locker & storage rooms is not allowed, unless invited to do so by a Coach
- Bring adequate supply of water for game day and practices.
- Ensure Players mouth guard fits properly to their mouth and is used at games and practices.
- Notify the Coach and/or Team Manager of vacations or other events that may cause your child not to attend a practice or game.
- No Sunflower Seeds allowed inside the fence at the Practice Field.
- No Pets allowed at all EMF functions, including practices, games and team building events.
- Acknowledge that the use of illegal drugs and abuse of alcohol is not acceptable where minors are in attendance.
- Complaints, of any form, will only be addressed if they are in written format.
- Majority of team correspondence including team practices or cancellations will be though Teamlinkt App available on smart phones or personal computer.

Signature

Date:



ESTEVAN MINOR FOOTBALL
 PARENT PERMISSION – MEDICAL DISCLOSURE – LIABILITY FORM

Name of child: _____

Date of birth: ____/____/____ Age: _____ Grade: _____

Sask. Health Card Number: _____

Name of parent 1: _____

Relationship: _____ Home phone: _____

Work phone: _____ Cell: _____

Name of parent 2: _____

Relationship: _____ Home phone: _____

Work phone: _____ Cell: _____

Emergency contact name: _____

Contact phone number: cell / home / work _____

Medical Disclosure

List any known injuries (sprains, strains, fractures, torn muscles, ligament damage, dislocations)

<u>Injury</u>	<u>Year</u>	<u>Description</u>
Skull fracture		
Concussions		
Face: eye, ear, nose, jaw		
Neck		
Back		
Shoulder		
Upper arm		
Elbow		
Forearm		
Wrist		
Hand		
Pelvis		
Hip		
Groin		
Upper leg		
Knee		
Lower leg		
Ankle		
Foot		
Chest and ribs		
Abdominal		

ESTEVAN MINOR FOOTBALL
PARENT PERMISSION – MEDICAL DISCLOSURE – LIABILITY FORM

Allergies: _____

Asthma: YES / NO If yes, describe severity: _____

***any children with asthma must provide an additional inhaler to be held by the team trainer or coach

Medications: _____

Bleeder: YES / / NO Bruise easily: YES / / NO Seizures: YES / NO

Additional information: _____

Permission and Liability

I am satisfied that my child, _____, is in good health to take part in strenuous activity including; tackling, blocking, kicking, throwing, catching, running. They have permission to participate in these physical activities conducted by Estevan Minor Football. I give permission for first aid personnel to administer first aid/sports training techniques in the event of an injury. Any serious injury will be escalated to Emergency Services. I understand and will comply with all concussion protocols as directed by the team trainer, coach, sports therapist, and doctor. I recognize that Estevan Minor Football cannot accept responsibility for injuries or conditions that may develop as a result of participation in football.

Signature of parent

____/____/____
Date



Photographic & media consent form

I hereby consent to the collection and use of my child's personal image by photography or video recording.

I acknowledge these may be used on the Estevan Minor Football website, social media, newsprint, publications as well distributed to members.

I further acknowledge that image may be used by Estevan Minor Football Committee & media to promote football in the future.

I understand that no personal information, such as names, will be used in any publication unless express consent is given.

I also understand that my consent can be withdrawn at anytime in writing to Estevan Minor Football Box 552 Estevan, Sk S4A2A6

CONSENT

I, _____

(name of person giving consent & parent/guardian if under 18 years of age)

Consent to the use of photographs or video footage for use on the Estevan Minor Football website, in newsletters & publications as well as for distribution to members.

Consent to the use of photographs or video footage being used to promote future youth football events by Estevan Minor Football Committee and other media.

I further understand that this consent may be withdrawn by me at anytime upon written notice.

I give this consent voluntarily

(Signature of person giving consent or parent –guardian if under 18 years of age)

Players Name _____

Date _____