



Clarington Tigercats and Durham Knights Football Club Registration 2012 Season



Date of Registration: _____

Player's Name: _____ **DOB:** _____ mm/dd/yyyy

Address: _____ **City:** _____ **Postal Code:** _____

Phone: _____ **E-mail:** _____

Parent/Guardian Name: _____ **Email:** _____

Parent/Guardian Name: _____ **Email:** _____

Parent/Guardian's complete Address: (if different from above)

Emergency Name & number: _____

Did you play football in 2011? YES/NO If yes, for what team? _____

If yes, what Level? House League / Rep **Numbers of years in organized football:** _____

Waiver

There is a potential risk in training and participating in any sport. We do our best to create a safe environment for all involved. The Clarington Tigercats and Durham Knights Football Club have established rules for participation. Proper conduct must be followed at all times. While team authorities will exercise reasonable precaution to avoid injury, I understand that they assume no financial or moral obligation for injury that may occur.

NSF Policy: Any cheque that is returned NSF will be subjected to a \$20 NSF fee.

Unpaid registration fees: If any fees are outstanding by the start of their season, your child(ren) will not be allowed to participate until all fees are paid.

Agreement

I have read and understand the Waiver. I agree to abide by the published rules of the Ontario Football Association and the Clarington Tigercats and Durham Knights Football Club. I also understand that Clarington Tigercats and Durham Knights Football Club retains the right to use, for publicity and advertising purposes, photographs of players registered with the Clarington Tigercats and Durham Knights Football Club.

Permission is hereby granted for the above named player to participate in all activities involved with being a member of the Clarington Tigercats and Durham Knights Football Club. I authorize the Clarington Tigercats and Durham Knights Football Club to secure such medical advice and services as may be deemed necessary for the health and safety of my child in my absence. I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health. I understand that full contact football is played and that the Clarington Tigercats and Durham Knights Football Club, the leagues and it's associations we play with are not responsible for any injury to player before, during or after practices or games. I take full responsibility for the equipment lent to the above named player and agree to return it at the end of the season at the time and place identified by the Clarington Tigercats and Durham Knights Football Club.

Parent or Guardian Signature Print Name Date

(For league use office)

Knights **House League** **Tigercats** **Division:** _____

Payment Method:

MasterCard/Visa Amount: _____ Cash Amount: _____

Cheque #: _____ Amount: _____ Date: _____

Signature of Executive representative Heard about the club how? _____