



# Storm Football

## PeeWee Registration Requirements

**PLEASE ENSURE ALL FORMS ARE FULLY COMPLETED AND LEGIBLE (Parent & Player Signatures, Parent emails) AND ALL OTHER DOCUMENTS PROVIDED.**

**PLEASE ENSURE YOU ARE IN STORM TERRITORY.**

**Please check box when each requirement fulfilled. Please return all documents together.**

- 1. Storm Registration Data Sheet**
- 2. Registration Payments (Cheque, Cash, Money Order, email transfer)**
  - A. Team Fee**
    - includes Insurance (non-refundable)
    - includes League Registration Fee (non- refundable after league Registration)
  - B. Equipment Rental Post dated cheque \$250.00**

(Please note if you have attended any camps in 2011 reduce amount by \$25.00 PER CAMP)  
**Please Make Cheques payable to AIRDRIE STORM**

=====Forms due at Registration=====

- 3. Pee wee CPFA League Medical Form – Health Questionnaire**
- 4. Pee wee League Consent Form- Registration Form**
- 5. Photocopy of Current Utility Bill or drivers license (proof of address)**
- 6. Storm Code of Conduct and Conflict Agreement**  
(\*child and all parents must sign)
- 7. Photocopy of Alberta Health Care or Birth Certificate (proof of age)**
- 8. Volunteer Sheet (2 Items selected)**
- 9. Holidays (if leaving cannot draw EQ until return)**
- 10. Signed Waiver Release (If out-of-area - Due at registration)**

\* All Parents that are attending games or practice field must have read and signed the Code of Conduct & Conflict Agreement,



# STORM FOOTBALL CLUB

GM Jane Rohl 948-0694

## Registration Data Sheet

*(Please attach a photocopy of Birth Certificate and Alberta Health Care Card & Utility bill)*

**Please Fill Out Prior to Paying Registration Fee**

*(Note: Player must reside in Storm jurisdiction or if out-of-area, have a waiver from in area team.)*

Ages – Pee wee (11-12)  Atom (7-10)

Family Name: \_\_\_\_\_

Player's First Name and Initial: \_\_\_\_\_

Date of Birth (yyyy/mm/dd): \_\_\_\_\_

School Attending: \_\_\_\_\_

AHCP#: \_\_\_\_\_

Special Medical Needs/Allergies: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Dr Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

*(Please specify who the child lives with for emergency purposes)*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number (home): \_\_\_\_\_

Phone Number (cell): \_\_\_\_\_

Email (checked daily):  
\_\_\_\_\_

August to November Vacation (begin to end dates):  
\_\_\_\_\_

**Privacy Statement** – The information collected here is to be used solely for the registration of players in the Airdrie Storm Football programs and their governing bodies, and remains the property of the Airdrie Storm. It will not be distributed in any fashion, to any parties, without the prior written consent of the parents and/or legal guardians of the registering player.

**Volunteer Preference:** (please choose 2)

SIDELINE CREW (pee wee only)	TEAM PARENT REPS (2)	
PARENT REFEREE ( <b>Mandatory</b> )	ATTENDANCE / WASHROOM	
EQUIPMENT FITTING & MAINT.	FIRST AID	
DRILL OBSERVER (practices)	PHOTOGRAPHER	
FIELD SETUP /TAKEDOWN	BANQUET (potluck)	

**Registrar Use Only-**

Fees - \$ \_\_\_\_\_ Cash, Chq. # \_\_\_\_\_ MO \_\_\_\_\_ (no-refund after CPFA League Registration)  
Equipment Deposit - \$ \_\_\_\_\_ (post dated cheque Nov 15<sup>th</sup>)

**AIRDRIE STORM PEEWEE-ATOM FOOTBALL**  
**CODE OF CONDUCT & CONFLICT AGREEMENT**

**RESPECT: Responsible Educated Sportsmen Promoting Ethical Conduct Together**

The following regulations govern the conduct of each Player & Parent in the Airdrie Storm Peewee & Atom Football Program and as a member of the Calgary Peewee Football Association.

**Calgary Peewee Football Association (CPFA) Rules state a Player shall:**

- (i) Not utilize tobacco in any form whatsoever;
- (ii) Not indulge in alcoholic beverages; Not utilize narcotics or abuse drugs ;
- (iii) Not use inappropriate language at any time,
- (iv) Not participate in or instigate any physical or verbal abuse or actions against any Player, Coach, Official or Fan
- (v) Not commit any other act which the Calgary Peewee Football Association deems detrimental to the Team or its staff or objects.

**Airdrie Storm Code of Conduct for Players and Parents I will have:**

- Respect for the Athletes
  - BE ON TIME,
  - TAKE CARE OF EQUIPMENT,
  - PROVIDE NECESSARY FEES,
  - ENSURE I HAVE WATER,
  - HAVE A PARENT at ALL PRACTICES and GAMES,
  - CALL COACH FOR ALL ABSENCES
- Respect for the Team
  - CHEER NOT COACH,
  - BE A POSITIVE ROLE MODEL,
  - CONGRATULATE WIN OR LOSE
  - ENCOURAGE MY TEAMMATES
  - PROMOTE SPORTSMANSHIP and NON-VIOLENCE BOTH ON AND OFF THE FIELD
- Respect for the Coaches, Team Staff, Officials and Facilities
  - COACH'S DECISION; be supportive, even when my athlete is not playing
  - OFFICIALS –Play call
  - FACILITIES –Rules and Regulations ( i.e.) Shouldice, Shriners , East Lake, McMahon)

*(It is hereby understood and agreed that there will be technical demonstrations between coaches and players requiring physical contact. Contact is oftentimes necessary to teaching proper skills)*

**Airdrie Storm Parents Conflict Agreement:**

**STEP 1**

- a) Observe 24 hour rule, a time to breathe and let cooler heads prevail
- b) Confidentiality must be maintained in regards to all conflicts please keep between Parent and the Head Coach.

**STEP 2**

- a) After 24 hours Only Head Coach is to be contacted at the Field
  - o Present conflict in a clear and concise manner
  - o Write down your concerns
- b) Head Coach will then do his due-diligence and respond within 5 working days.

**STEP 1 Failure**

**Escalation of Conflict:**

- Failure to respect and comply with conflict agreement Step 1a and 1b will result in automatic removal from Team and no release will be given.

**We the Parents and our child have read and understand the above stated Code of Conduct and conflict agreement (Must be signed by both Parents)**

We agree that any questions we have in regards to our child and this sport will be directed to the Head Coach @ 948-0694

**CODE OF CONDUCT:**

\_\_\_\_\_  
Print Players Full Name

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Players Signature

\_\_\_\_\_  
Father/Guardian Signature

## HEALTH QUESTIONNAIRE

### 1 PERSONAL DATA

Name: \_\_\_\_\_ Phone #: 403- \_\_\_\_\_ AHCP# \_\_\_\_\_  
 Address: \_\_\_\_\_ Prov. AB \_\_\_\_\_  
 Gender: M F Date of Birth: \_\_\_\_\_  
 (d/m/y)

### 2 EMERGENCY CONTACT:

Name: \_\_\_\_\_ Phone # (h) \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone # (w) \_\_\_\_\_ Relation: \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Family Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

### 3 MEDICAL CONDITIONS

*Indicate "yes" or "no" to the following questions and explain any "yes" answers*

Have you ever been hospitalized?	YES	NO
Do you have any allergies (medicine, bees, or other stinging insects)	YES	NO
Do you or any of your family members have high blood pressure?	YES	NO
Have you been told that you have a heart murmur?	YES	NO
Do you or any family members have a history of heart problems?	YES	NO
Do you have any skin problems (itching, rashes, and acne)?	YES	NO
Have you passed out or been dizzy during or after exercise?	YES	NO
Do you have medical conditions that affect participation? (Diabetes, Epilepsy, asthma)?	YES	NO
Have you had a head injury (i.e. Concussion)?	YES	NO
Have you ever passed out during or after exercise?	YES	NO
Have you ever had a stinger, burner, or pinched nerve?	YES	NO
Have you ever had heat cramps or muscle cramps?	YES	NO
Have you had medical problems since your last physical?	YES	NO
Explain any "yes" answers you have given _____		

### 4 ORTHOPEDIC CONDITIONS

If you have injured any bones, joints, or muscles that require medical attention, please elaborate:

<u>Body Area</u>	<u>Specific Injury</u>	<u>RT</u>	<u>LT</u>	<u>Date</u>
Head/Neck	_____			_____
Shoulder/Arm	_____			_____
Wrist/Hand/Fingers	_____			_____
Chest	_____			_____
Back	_____			_____
Pelvis/Hip	_____			_____
Thigh	_____			_____
Knee	_____			_____
Shin/Calf	_____			_____
Foot/Toes	_____			_____

Do you wear any special equipment (braces/splints/eye guards/etc)

Do you wear glasses, contacts, or protective eyewear? YES NO

Are you presently taking any medications or pills? YES NO

Have you missed five (5) games in a row due to injury? YES NO

Have you been treated for any medical conditions in the past 3 months? YES NO

Do you wear a dental appliance? YES NO

Do you wear a medic alert bracelet? YES NO

List the medications that you are taking for the above mentioned medical conditions or injuries: \_\_\_\_\_

How long have you been participating in this sport? \_\_\_\_\_

What other sports do you participate in? \_\_\_\_\_

### 5 CONSENT

I, \_\_\_\_\_ parents/guardian of \_\_\_\_\_

have completed the medical questionnaire to the best of my knowledge and have not willingly withheld information on any condition or injury for which my child has had in the past or is currently being treated. I recognize the importance of the medical questionnaire in assisting the coaches in providing prompt and accurate medical attention. I am aware that the team staff member attending to my child's injury may need to clarify any previous condition or injury that my child has sustained. I understand that this information will be kept confidential unless it is necessary to divulge it to another medical practitioner/medical facility.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

CALGARY and area PEEWEE FOOTBALL LEAGUE

REGISTRATION FORM

NAME OF PLAYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
(MO/DA/YR)

SCHOOL: \_\_\_\_\_ GR: \_\_\_\_\_

NOTE: PLAYERS MUST BE 12 YEARS OF AGE OR LESS AND CAN NOT BE 13 ON OR BEFORE DECEMBER 31 OF THE CURRENT YEAR.

PLAYERS CAN NOT BE REGISTERED IN THE CALGARY BANTAM FOOTBALL ASSOCIATION DURING THE CURRENT YEAR. FAMILY CONSENT AND RELEASE

I/We, the parents or guardians of the aforementioned Player hereby acknowledge that the Player will be playing in full contact tackle football and consent to the Player's participation in this activity and any and all of the activities of the Calgary and area Peewee Football Association (the Association). I/We on my/our personal behalf and on behalf of the Player acknowledge and fully understand and agree to assume all risks and hazards involved in and arising out of such activities and /or transportation to and from such activities. In consideration of the acceptance of the Player's application to be registered to participate in the Association's activities, I/We hereby waive, release, forego, discharge and forever relinquish any and all claims, demands, suits, actions or causes of actions, which I/We may have against the Association, it's teams, organizers, sponsors, executive, supervisors, employees, agents, workmen, coaches, and any person participating or assisting in the activities of the Association including, but not limited to that of any negligence or gross negligence on behalf of any person associated in any manner with the Association. AND FURTHER I/WE hereby agree to hold and save the Association harmless from any loss, costs, or damages and from any claims, demands, suits, actions, or causes of actions resulting from or arising out of or occasioned by the Player's participation in any or all of the activities of the Association notwithstanding that such loss, costs or damage may be the result of negligence or gross negligence of the Association or any person associated with the Association.

I/WE HAVE READ THE FOREGOING AND UNDERSTAND THAT WE ARE RELINQUISHING ANY RIGHT TO SUE IN THE EVENT OF ANY INJURY TO OUR SON/DAUGHTER WHO IS REGISTERING AS A PLAYER IN THE CALGARY and area PEEWEE FOOTBALLASSOCIATION. I/WE HAVE HAD AMPLE OPPORTUNITY TO CONSIDER THIS FORM , THE IMPLICATIONSOF SIGNING THIS RELEASE AND TO OBTAIN ANY OPINION OR ADVICE I/WE DESIRE

I/We also understand that by signing this release, I/We give our consent in the use of any pictures taken for the purpose of promoting full contact football.

I/We believe that the Player is healthy and medically fit for full contact tackle football and I/We are not aware of any medical condition, illness, or disease that would place the Player or other players at increased risk.

DATED AT \_\_\_\_\_, ALBERTA, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D. 200\_\_.

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Witness to all Signatures

\_\_\_\_\_  
Parent's Signature

FAMILY DOCTOR: \_\_\_\_\_

PHONE: \_\_\_\_\_ AHCI # \_\_\_\_\_

MEDICAL CONDITIONS: