



STORM FOOTBALL CLUB

HC Thomas Rohl 948-0694

Registration Data Sheet

(Please attach a photocopy of Birth Certificate and Alberta Health Care Card)

2010 Season

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.)

2010 Season - Peewee Atom

Family Name: _____

Player's First Name and Initial: _____

Date of Birth (yyyy/mm/dd): _____

Special Medical Needs/Allergies: _____

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): _____

Scheduled Vacation (begins and 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 (peewee only)	TEAM PARENT REPS (2)	
EQUIPMENT FITTING & MAINT.	ATTENDANCE	
FIELD SETUP /TAKEDOWN	STORM WEAR ORDERS	
DRILL OBSERVER (practices)	FIRESIDE PARTY NIGHT	
TIMEKEEPER	BANQUET (potluck)	
FIRST AID	WASHROOM	
PHOTOGRAPHER	NEWS REPORTER	
PARENT REFEREE (Mandatory)		

Registrar Use Only- Insurance-\$ _____ Chq. # _____ **(non-refundable)**

Fees - \$ _____ Chq. # _____ **(non-refundable after CPFA League Registration)**

Equipment Deposit - \$ _____ Chq. # _____ **(refundable at year end banquet)**

Cheques, Cash, money order, bank transfer,