



BECKWITH IRISH MINOR FOOTBALL

PLAYER REGISTRATION FORM

2012 Spring session: April 10 – June 24

Name _____ Date of Birth _____
day/month YEAR

Address _____ Age as of January 1, 2012: _____

City _____ Postal Code _____

Telephone - Home _____ Work _____

Email _____

Parent's or Guardian's Name _____

Alternate address:

Parent's or Guardian's Name _____

Address _____

City _____ Postal Code _____

Telephone - Home _____ Work _____

Email _____

Grade as of Sept 2011: _____

Tyke: Grade 3, 4
Born: 2002 and later

Mosquito: Grade 5 or 6
Born: 2001, 2000

Pee Wee: Grades 7 & 8
Born: 1999, 1998

Mail or drop off forms to:
Beckwith Township Office
1702 9th Line Beckwith, RR2
Carleton Place ON K7C 3P2
Please include medical/waiver form

Beckwith Irish Minor Football relies on the contributions of parent volunteers. As a parent or guardian, you will be contacted by the Volunteer Coordinator to arrange details of your participation in our program. The following are areas in which you could choose to volunteer:

- | | | | |
|-------------|------------|---------------------|-------------|
| Coach | Canteen | Equipment | Scorekeeper |
| Trainer | Field Crew | Executive | Marketing |
| Fundraising | Stick Crew | Game Day/Tournament | |

A **\$50.00** cash deposit for volunteer participation should be submitted during the equipment handout. This will be returned to families who complete 5 hours of volunteer time during the Spring session when equipment is returned.

We will be asking for a **cheque post-dated to June 23** to cover the cost of replacing any damaged or lost equipment. That cheque for **\$100.00** will be returned when all equipment is received in good working condition.

Cheques should be made payable to: **BECKWITH TOWNSHIP**

Early-Bird Registration Fee valid until April 9: \$180.00	
Rate after April 9: \$200.00 Balance Received (date): _____ cheque /cash (circle one)	
Received	Received
Post-dated cheque received for: Volunteer (\$50) Yes/No	Equipment (\$100) Yes/No (circle one)

***See next page 2 for Medical and waiver**

PLAYER MEDICAL INFORMATION and CONSENT and WAIVER

BECKWITH IRISH MINOR FOOTBALL STRONGLY RECOMMENDS THAT EACH PLAYER HAS A MEDICAL EXAMINATION BEFORE THE SEASON STARTS.

It is also essential that Beckwith Irish Minor Football has current information on each player. Please review the list below carefully; if you would answer “yes” to any item, please give details below. If there is **EVER** any change, Beckwith Irish Minor Football must be **IMMEDIATELY** advised.

Previous concussion(s)	Wears contact lenses	Epileptic
Fainting during exercise	Wears dental appliance	Asthmatic
Trouble breathing	Surgery within the last year	Diabetic
Currently injured	Allergies	Heart Condition

Are you aware of ANY medical matter that would in any way impair the player’s ability to participate in the program? If you answer “yes” to this or any of the above, please give details (use extra sheet if necessary).

Tetanus vaccination within the last 8 years? Yes _____ No _____

Ontario Health Card Number: _____

Parents or guardians are expected to remain near the field during practices or games. However, in the event that you will not be able to be present when your child is playing football, please provide a contact name and telephone number in case of emergency:

Name: _____ Phone Number: _____

Alternate Number: _____

Consent and Waiver

The undersigned parent or guardian:

(a) consents to the player named above participating in the Beckwith Irish Minor Football program and acknowledges that he/she is aware that Beckwith Irish Minor Football will be playing tackle football and that injuries can occur; and

(b) waives and releases Beckwith Irish Minor Football, its organizers, directors, officers, volunteers and representatives and any physician, nurse and/or hospital or emergency services staff referred to below from any and all costs, damages, or other liabilities of any nature whatsoever arising out of or related to such participation and/or exercise of any authority or consent contained herein.

The undersigned parent or guardian understands and agrees that it is his/her responsibility to advise Beckwith Irish Minor Football management immediately of any change in the above information, medical or otherwise. In the event of injury to the named player, Beckwith Irish Minor Football shall have authority to release the player to the care of a paramedic and/or to take the player to an MD or hospital, if considered appropriate, and for such purpose to designate any adult over the age of 18 having a valid Ontario driver’s license. Consent is hereby given for the release of any information herein contained to Beckwith Irish Minor football or medical staff, as considered appropriate.

Print Name: _____ Signature: _____ Date: _____
Parent or Guardian

Beckwith Irish Minor Football respects your right to personal privacy. The information on the Player Registration Form and Medical Information and Consent and Waiver form will be handled and stored in a secure manner to protect it from unauthorized access or disclosure. Our database consists of the name of the registrant and parent/guardian(s), addresses, telephone numbers and email addresses. It also includes the age and birthdates of program registrants, and current and past registrations. The information collected is used for contact information, program and marketing decisions, disciplinary purposes, attendance statistics, and account billing and collections. www.beckwithirish.com email: info@beckwithirish.com