

COMOX VALLEY RAIDERS YOUTH FOOTBALL CLUB

YEAR	DIVISION		BIRTH CERTIFICATE
			No.

THIS SECTION IS TO BE FILLED IN BY THE PLAYER - USE INK - PRINT BLOCK LETTERS - PRESS FIRMLY

NAME OF PLAYER _____

Last Name

First Name(s) ... in full

ADDRESS _____

Postal Code

MAILING ADDRESS _____

Postal Code

EMAIL ADDRESS _____

TELEPHONE _____ EMERGENCY TELEPHONE _____

In the event there is no one at home

DATE OF BIRTH Day _____ Month _____ Year _____

CARE CARD NO. _____

SCHOOL PRESENTLY ATTENDING _____

PREVIOUS TEAM PLAYED FOR _____

Club

Team Name

Division

WAIVER AGREEMENT: In consideration of this application under the auspices of Georges P. Vanier Secondary School, Mark R. Isfeld Secondary School, School District #71, The British Columbia Secondary Schools Football Association, and Comox Valley Raiders Youth Football, I do hereby for myself, parents or guardians, heirs, executors, relations, and administrators release and forever discharge Comox Valley Raiders Youth Football, Georges P. Vanier Secondary School, Mark R. Isfeld Secondary School, School District #71, The British Columbia Secondary Schools Football Association, their officers, membership, coaches, staff members and anyone acting on their behalf from all manner of litigation, damage claims, or documents in law or in court writs/claims I may have or acquire by reason of personal injury to myself, loss or damage to myself or property which may occur during or by reason of my participation in games, travel, and team related events or practices under these jurisdictions.

THIS CERTIFICATE HAS BEEN ISSUED AT THE DISCRETION OF THE COMOX VALLEY RAIDERS YOUTH FOOTBALL CLUB AND MAY BE SUSPENDED BY THEM FOR CAUSE.

MUST BE SIGNED BY PARENT OR GUARDIAN BEFORE PLAYER CAN PARTICIPATE IN PRACTICES OR GAMES.

SIGNATURE OF PARENT OR GUARDIAN _____ / _____
 If player is a minor Signature Please print

DATED _____ 20 _____

CLUB USE ONLY	FEE	PAID	CASH	CHEQUE	EQUIPMENT	DATE OUT	DATE IN
REGISTRATION FEES	\$						
VOLUNTEER FEE	\$				NOTES		
CAMP FEE	\$						
	\$						

SIGNED _____ DATE _____

SIGNIFICANT MEDICAL PROBLEMS

White Copy - Registrar

Canary - Treasurer

Pink - Player