



SALISBURY SABRES FOOTBALL CLUB REGISTRATION 2008

Player Name: _____
(Last) (First)

Date of Birth: _____ Age (Sept 2008): _____ Grade: _____
DD/MO/YR

Parent/Guardian Name: _____ Contact #'s: _____ / _____ / _____
Home Work Cell

Parent/Guardian Name: _____ Contact #'s: _____ / _____ / _____
Home Work Cell

Preferred E-Mail Contact Address: _____

Player Mailing Address and Postal Code: _____

Emergency Contact: Name: _____ Phone: _____

Player Stats: Height: _____ Weight: _____

Years Played: _____ Positions Played: _____

Interview/Photograph/Video Consent Form

This information is collected and distributed in accordance with the
Freedom of Information and Protection of Privacy Act, Sections 32, 33 and 37

This Consent Form must be used when:

- interviews are undertaken or when photos and/or videos are taken by the media or an outside organization and where individual students are identified by name or face.
- when photos and/or videos are taken by the District where individual students are identified and the material is to be used for purposes outside the school.

I _____, hereby consent to my son/daughter
(name of parent/legal guardian or independent student - Please Print)

being photographed, videotaped or interviewed regarding football.

Signature of Parent/Legal Guardian

or

Signature of Student if 18 years or older
or Independent Student

For further information concerning the completion of the form, please contact Salisbury Composite High School at 467-8816.

RELEASE AND ENDEMNITY

Please Read Carefully

RE: Salisbury Sabres 2008 Spring Camp and Tournament
Salisbury Sabres 2008 Football Games, Practices and Activities

TO: Salisbury Sabres Football Club ("Salisbury Sabres") and its director, officers, employees, representatives, sponsors, officials, coaches and agents (volunteers, contributing school, community organizations providing equipment, medical personnel, hosting facility and its employees and directors, collectively call "Agents").

I have read the guidelines and timelines issued for all the above events, which I understand and I agree to be bound by them. In consideration of your acceptance of my entry into one or all of these events and activities associated therewith, I agree to release, save harmless and indemnify the Salisbury Sabres and/or its agents from and against all claims, actions, cost and expenses and demands in respect to death, injury, loss or damage of my person or property, wheresoever and however caused, arising out of or in connection with, my taking part in the event and not withstanding that the same may have been contributed to or occasioned by an act or failure to act (including, without limitation, negligence) by Salisbury Sabres and or any one or more of its agents I further acknowledge that:

1. The rules and guidelines governing this event are solely for the purpose of regulating the event and it remains the sole responsibility of me to govern myself in such manner as to be responsible for my own safety.
2. I am aware of the risks inherent in participating in the events.
3. I assume the risks and waive notice of all conditions, dangers or otherwise in or about the events.

I agree that this release shall bind my heirs, executors, administrators and assigns.
I have read this release and understand it.

Dated this _____ day of _____, 2008.

Signature of Participant

Signature of Parent/Legal Guardian
If Participant under 18 years of age

Registrar Information

___ Completed Medical

___ Camp Registration Fee (\$40.00)

___ Waiver Signed

___ Equipment Deposit Cheque (\$350.00 Post Dated Dec. 1/08)

___ Senior Registration Fee (\$400.00)

___ Junior Registration Fee (\$350.00)

Post Dated Cheque Date and Amount: _____

Comments:

Please make all cheques payable to The Red and Black Booster Club

Copy to: ___ Coach ___ Treasurer ___ Parent/Guardian ___ Registrar

