

# SASKATOON TOUCH FOOTBALL LEAGUE REGISTRATION FORM

**TEAM NAME:** \_\_\_\_\_

**DIVISION:** (if applicable) \_\_\_\_\_

**CLASSIFICATION:** (Please circle)                      **Mens**                      **Womens**                      **Co-ed**                      **Masters**                      **Youth**

Each player should read the following statements before completing and signing this form. Football Saskatchewan strongly recommends that every player receive a medical examination prior to participating in any division of the game of football. Any team members under the age of 18 must have a parent/guardian complete a consent form prior to participating in any Saskatoon Touch Football League game or event.

### PLAYER DECLARATION & RELEASE

I, the undersigned, hereby agree to play for the team indicated on this registration form throughout the current season. I also agree to abide by all the rules, bylaws, and regulations of my TEAM, the SASKATOON TOUCH FOOTBALL LEAGUE, the SASKATCHEWAN TOUCH FOOTBALL ASSOCIATION, FOOTBALL SASKATCHEWAN and FOOTBALL CANADA, which at anytime are legally in effect. I, the undersigned, fully understand the risks involved in competing in the sport of touch football and hereby agree to release and absolve FOOTBALL SASKATCHEWAN and/or any staff, directors, executive, associations, members, volunteers or sponsors from any and all liability arising from any act omission on their behalf, resulting in any injury, fatality or illness occurring as a consequence of the said participation. In signing this form, I declare the information contained in this registration form to be correct and understood by me.

**COACHES/CONTACT PERSON: PLEASE PRINT**

	LAST NAME	FIRST NAME	EMAIL	PHONE # (H)	PHONE # (W)	PHONE # (C)
1						
2						
3						

**TEAM MEMBERS:** (If coach/contact person is also a team member, enter name in both areas of the form)

	LAST NAME	FIRST NAME	ADDRESS & POSTAL CODE	BIRTHDATE (dd/mm/yyyy)	SIGNATURE
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I am the coach/contact person for the above named team, and I declare that all the information supplied above is correct to the best of my knowledge and that all the team members signed the above in their own hand writing.

\_\_\_\_\_

**Signature of Coach/Contact Person**

\_\_\_\_\_

**Date**