



Name	
Phone Number: Home and Cell	/
Email	
Home Address	
City	
Postal Code	
Date of Birth	
Age	
Height	
Weight	

Years of experience	
High School	
University	
Other	
Positions Played	

Other Activities and Commitments: ie Work Schedule, planned Vacations, etc.

Size T shirt [] Size Short []

Team Use only			
Registration / Insurance forms			
Registration Paid	\$	date	method
Registration Paid	\$	date	method
Registration Paid	\$	date	method
Gear Payment			
Gear Deposit			

2006 FOOTBALL NOVA SCOTIA
APPLICATION FOR ACCREDITATION – PLAYER FORM

www.footballnovascotia.ca

PLEASE COMPLETE BOTH PAGES OF THIS FORM AND PRINT CLEARLY

PERSONAL INFORMATION

TEAM: _____ LEAGUE/PROGRAM: _____

PLAYER NAME: _____ DATE OF BIRTH: _____

(Please provide a photocopy of your Birth Certificate with this form)

ADDRESS: _____

CITY/TOWN/PROV: _____ POSTAL CODE: _____

HOME PHONE #: () _____ WORK PHONE #: () _____

Gender: Male: _____ Female: _____

PLAYER EMAIL: _____

PARENT EMAIL: _____

MEDICAL/HEALTH INFORMATION

PROVINCIAL HEALTH INSURANCE NUMBER _____ (9 digit number)

IN THE CASE OF AN EMERGENCY PLEASE CONTACT: _____

AT: () _____ RELATION: _____

TAKING ANY MEDICATION? YES ____ NO ____

IF YES, PLEASE SPECIFY: _____

ALLERGIES (i.e. bee stings, codeine, penicillin): YES ____ NO ____

IF YES, PLEASE SPECIFY: _____

MEDICAL CONDITIONS (i.e. Heart Condition, Epilepsy): YES ____ NO ____

IF YES, PLEASE SPECIFY: _____

SPECIAL DIET (i.e. Food Allergies, Vegetarian): YES ____ NO ____

IF YES, PLEASE SPECIFY: _____

PROGRAM INFORMATION

Home Club/Team Affiliation _____ Position _____ (one only)

Height ____ Ft. ____ In. Weight _____ T-shirt Size _____ Shorts Size _____ (Small, Medium etc.)

Complete Next Page Also!

RELEASE AND INDEMNITY (PLEASE READ CAREFULLY)

RE: 2006 Football Nova Scotia Programs

TO: **Football Nova Scotia** and its Directors, Officers, Representatives, Sponsors, Officials, Coaches, and Agents (volunteers, contributing schools/community organizations providing equipment and facilities, medical personnel, hosting facility and its employees and directors collectively called "Agents").

I have read the guidelines issued for the above listed event, which I understand and agree to be bound by them. In consideration of your acceptance of my entry into the above listed event and all of the activities therewith, I agree to **RELEASE, SAVE HARMLESS, AND INDEMNIFY** Football Nova Scotia, its committees, and /or its Agents from all claims, actions, cost and expenses and demands in respect to death, injury, loss or damage to my person or property wheresoever and howsoever caused, arising out of or in conjunction with, my taking part in the program and notwithstanding that same may have been contributed to or occasioned by any act or failure to act (including, without limitation, negligence) by Football Nova Scotia, FNS, its Committees or its Agents. I further acknowledge that:

1. The rules and guidelines governing this program are solely for the purpose of regulating the program and it remains the sole responsibility of me to govern myself in such a manner as to be responsible for my own safety;
2. I am aware of the risks inherent in participating in the program; and
3. I assume the risks and waive notice of all conditions, dangers or otherwise in or about this program.
4. I agree that this release shall bind my heirs, executors, administrators, and assigns.
5. I agree to allow photos and videos taken of me during football games and practices to be used by Football Nova Scotia for advertising and marketing efforts and may be shown in public.
6. I have read this release and understand it.

"I attest that the above information is true and that I have read and fully understand the eligibility requirements as stipulated of the football program."

X _____
Signature of Player

X _____
Date

INDEMNIFICATION FOR PARENTS

In consideration of Football Nova Scotia accepting the application of _____ (the "Applicant") to participate in Football, I, _____ parent/guardian of the Applicant agree to indemnify Football Nova Scotia, its servants, agents, or employees from any claims or demands which might be made against Football Nova Scotia arising out of or in consequence of the attendance or participation by the Applicant.

I consent to the collection and use of my personal information as stated in the Football Nova Scotia Privacy Policy. I understand that the Football Nova Scotia Privacy Policy is accessible at www.footballnovascotia.ca or in electronic or hard copy format by contacting football@eastlink.hfx.ca or 880-2816.

X _____
Signature of Parent or Legal Guardian

X _____
Date