



**FOOTBALL CANADA CUP 2010
UNDER 18 PLAYER FORM**

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND PRINT CLEARLY

THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

Football Canada collects, uses, and discloses only such information from individuals as is required for the purpose of providing services or information to them, managing databases, conducting research and such other purposes as described in Football Canada's Privacy Policy.

Football Canada does not sell, trade, barter, or exchange for consideration any Personal Information obtained. Football Canada's collection, use and disclosure of personal information shall be done in accordance with its Privacy Policy, a copy of which is available at www.footballcanada.com.

PLAYER INFORMATION

PROVINCIAL TEAM: _____ **AGE DIVISION:** _____

NAME: _____ **DATE OF BIRTH (dd/mm/yyyy):** (/ / 19)

ADDRESS: _____

CITY/TOWN: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

HOME PHONE: () - _____

E-MAIL ADDRESS: _____

IN THE CASE OF EMERGENCY PLEASE CONTACT: _____

RELATION: _____ **PHONE:** () - _____

MEDICAL INFORMATION

This information will be kept in confidence and will ONLY be released if required to deal with a medical situation concerning the health and well-being of the athlete.

Medical Number: _____

Family Doctor: _____

Family Doctor Phone Number: _____

Are you taking any medication: **Yes** **No**
If yes, please list: _____

Are you taking any supplements: **Yes** **No**
If yes, please list: _____

Do you have any allergies to medications: **Yes** **No**
If yes, please list: _____

PLAYER AGREEMENT

PLAYER ELIGIBILITY

Players must be a minimum age of 15 as of December 31st, 2009 to participate in the Football Canada Cup. All players must be under 18 as of July 31, 2010. If a player turns 18 on August 1st, he will be eligible to play.

RESIDENCY CRITERIA

Players must be residents and paid members of the provincial association they are representing. Exceptions are noted in the FCC PPM Part V.

PROVINCIAL TEAM: _____ AGE DIVISION: _____

NAME: _____ DATE OF BIRTH (dd/mm/yyyy): (____ / ____ / 19 ____)

RELEASE AND INDEMNITY (PLEASE READ CAREFULLY)

EVENT: Football Canada Cup July 10th to July 18th, 2010.

TO: Football Canada and its Hosting Committee, Directors, Officers, Employees, 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 **and conclusion** 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 Canada, its Hosting Committee, 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 event and notwithstanding that same may have been contributed to or occasioned by any act or failure to act (including, without limitation, negligence) by Football Canada, its Hosting Committee or 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 a manner as to be responsible for my own safety;
2. I am aware of the risks inherent in participating in the event; and
3. I assume the risks and waive notice of all conditions, dangers or otherwise in or about this event.
4. I agree that this release shall bind my heirs, executors, administrators, and assigns.
5. I agree to abide by the Code of Ethics and Conduct outlined in the 2010 Football Canada Cup Policy and Procedure Manual
6. I agree to release my medical card information to Football Canada for the purpose of this event. I understand that this information will be held on file for the period of one (1) year.
7. I have read this release and understand it.

I hereby irrevocably grant to Football Canada the exclusive right to permit or authorize, any firm or corporation to take and make use of any still photographs, motion pictures, or electronic digital or television pictures of me or my likeness as well as the reproduction of my name in connection with my participation in the activities of Football Canada Cup and which may be used, reproduced, distributed, or otherwise disseminated by Football Canada directly or indirectly in any manner it desires.

"I attest that the above information is true and that I have read and fully understand the eligibility requirements as stipulated in the 2010 Football Canada Cup Policy and Procedure Manual".

Signature of Player

Date

INDEMNIFICATION FOR PARENTS

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

Signature of Parent/Guardian

Date

This information is for Provincial Team Administration use ONLY: _____

Signature of Provincial Team Head Coach

**PLEASE RETURN THIS FORM TO FOOTBALL CANADA NO LATER THAN MONDAY JUNE 17, 2010.
A FINE OF \$300 PER DAY WILL BE IMPOSED ON LATE FORMS AS PER PART V OF THE 2010 FCC PPM.**