



SOUTH DELTA RAMS FOOTBALL ASSOCIATION

www.sdramsfootball.com



2010 REGISTRATION FEES

<i>Year of Birth</i>	<i>Division</i>	<i>Up to May 8th</i>	<i>After May 8th</i>
2003 - 2004	Flag	\$75.00	\$80.00
2001 - 2002	Atom	\$200.00	\$225.00
1999 - 2000	PeeWee	\$200.00	\$225.00
1997 - 1998	Junior Bantam	\$200.00	\$225.00
1995 - 1996	Bantam	\$225.00	\$250.00
1994 - 2003	Cheerleader	\$50.00	\$50.00

Family Rate: 1st two players pay full fee, 3rd and subsequent pay 1/2 lowest fee.

REFUND POLICY

Full refund (less \$25.00 withdrawal fee) up to and including the first league game for NEW players. No refunds after the first league game.

Players who are returning to the association will received a full refund (less \$25.00 withdrawal fee) prior to the first game of the season only when one of the following applies:

- 1) A player can no longer continue due to illness or injury.
- 2) A player moves from the Ladner or Tsawwassen area.
- 3) The Head Coach requests that a player not continue.
- 4) A first year Atom player chooses not to continue

ALL issued equipment must be returned to the equipment manager before a refund is issued.

DON'T FORGET...

- Cheque for registration fee with current date
- Cheque for parent participation in the amount of \$200.00 (post dated to November 30, 2010)
- Cheque for equipment deposit in the amount of \$300.00 (post dated to November 30, 2010)
- Completed Medical Form
- Copy of Birth Certificate, Passport or BC Care Card (For new players only)
- Mark calendar for Rams Skill camp: Saturday May 8, 2010 at Dennison Field
- Mark calendar for 2010 Rotary Bowl: August 7 & 8, 2010

Cheques are payable to "SOUTH DELTA RAMS FOOTBALL ASSOCIATION"

* Post dated cheques are returned to registrant when volunteer hours are completed and ALL issued equipment is returned.

* Cheques returned as not paid are subject to a \$40 NSF charge. Cash only after an NSF cheque.

* Cheques written by minors are NOT accepted

SOUTH DELTA RAMS REGISTRAR

*** Registration forms must be
dropped off or mailed to the
Registrar only**

ALLISON JOHNSON

5141 7B Avenue

Tsawwassen, BC V4M 1S3

(604) 943-4575

dljohnson@dccnet.com



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2010 REGISTRATION

ASSOCIATION USE

Division

- Registration Fee
- Proof of Age
- Medical Form
- Equipment Deposit
- Parent Participation

PLAYER INFORMATION

PLEASE PRINT CLEARLY

NAME _____

Last Name, First Name

Returning Player

New Player

Primary Residence: _____

Address

City Postal Code

Home Telephone: (_____) _____

Date of Birth: _____

Month Day Year

PARENT/LEGAL GUARDIAN INFORMATION

Mother: _____ (_____)

Name

Cell Phone

Email

Father: _____ (_____)

Name

Cell Phone

Email

PARENT PARTICIPATION

The South Delta Rams depend upon your continued support throughout the season in its entirety. I understand that an ADULT in my family will be asked to perform field or team duties during the upcoming season. It is an expectation that parents contribute 6 full hours **minimum** per registered player. No pro-rating for partially completed time. A cheque in the amount of \$200.00 is required, dated at November 30, 2010 is a requirement of registration. If you feel you are unable to contribute to the association with this small donation of your time, kindly date your parent participation cheque with the current date. Please identify below **3** areas (In addition to concession) that you are willing to lend assistance with:

- Team Manager
- Coaching
- Fundraising
- Field Preparation
- Game Announcer
- Golf Tournament
- Game Videographer
- Game Reporter
- BBQ
- Concession
- Volunteer Coordinator
- Commissioner

Signature: _____

Date: _____

PHOTO RELEASE

Yes. I grant permission for my child's photo to be published on the Association website (Internet) or newspaper

No. I do not grant permission for my child's photo to be published on the Association website (Internet) or newspaper

Signature: _____

Date: _____

CONSENT AND LIABILITY RELEASE

My child and I are aware that participating in football is a potentially hazardous activity. We assume all risks and hazards incidental to the conduct of The Corporation's activities, and we hereby release, absolve, indemnify and hold harmless The Corporation of Delta, South Delta Rams Football Association and each of their respective Directors, Coaches or officers of all liability for injuries, loss and damages which may be suffered by _____ (Son/daughter) in connection with his/her participation in the South Delta Rams Football Association program. I acknowledge that I have read this document and that I am of full age and my signature indicates my acceptance of these terms.

Signature: _____

Date: _____



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2010

PLAYER MEDICAL INFORMATION

PLAYER INFORMATION

DIVISION: _____

NAME _____
Last Name, First Name

CARE CARD # _____

Residence: _____
Address

Date of Birth: _____
Month Day Year

_____ *City* _____ *Postal Code*

Home Telephone: () _____

PARENT/LEGAL GUARDIAN INFORMATION

Mother: _____ () _____ () _____
Name Cell Phone Work Phone

Father: _____ () _____ () _____
Name Cell Phone Work Phone

EMERGENCY CONTACT

(This person will be contacted if both parents are unavailable)

Name: _____ Relation: _____ Phone: () _____

TREATMENT PROVIDERS

Physician: _____ Phone: () _____

Dentist: _____ Phone: () _____

MEDICAL CONDITIONS

Are you aware of any medical conditions, injuries or allergies which may effect this participant? Yes No

If yes, please explain:

Does this participant require regular medication? Yes No

If yes, please provide name: _____

If yes, is player aware of procedures to administer own medication if necessary? Yes No

**Any medical concern or injury problem should be checked by a physician before participating in a football program. I understand that it is my responsibility to keep the team management advised of any changes regarding the above information, and that in the event no one can be contacted, team management or designate will take my child to hospital/M.D. if deemed necessary. I hereby authorize the physician and nursing staff to undertake examination investigation and necessary treatment of my child.*

PARENT / LEGAL GUARDIAN SIGNATURE: _____