The 2010 Grenadiers Football Club

Priorities

All of our coaches share these common beliefs and we insist upon the following order of priorities from players.

1. **Family and personal religious responsibilities** always come first.
2. **School** is the second priority. Players are not to neglect their academic responsibilities.
3. **Extracurricular activities** are extremely important. We are committed to respecting and supporting these school commitments and working with the athletes to accommodate these commitments.
4. Players are expected to display a strong **Commitment to the Grenadiers**, his team, his team mates and his coaches. It can be no other way if we are to be successful.
5. Outside **employment** is important, but you should be prepared to make your work schedule fit ours.
6. **Personal time and other recreational activities** are last. You have committed yourself to your coaches, to your team mates, and to your team. Missing practises or games for this kind of thing is not acceptable. It gives an inappropriate message to all.

Basic Philosophies

- As a staff, we are committed to teaching football. All players will be given the opportunity to learn and improve.
- We will endeavour to make this a positive experience for all players. It is our hope that each and every player will have some fun and be proud to be a Grenadier.
- No one should be excluded from feeling part of these teams.
- The inability to attend practises will of course impact upon playing time.
- If you cannot attend a practise you are to contact your head coach in advance.
- At all practises, games and functions, you represent the Grenadiers, your coaches and team mates. Abuse of equipment, and inappropriate language and/or deportment are simply not acceptable.
- You are expected to act with respect towards everyone with whom you come in contact as a Grenadier – including referees and opponents – no matter the circumstances.
- At all Grenadier functions, games and practises, we are all Grenadiers - no school clothing or attire is allowed.

GRENADIERS FOOTBALL CLUB

www.limestonegrenadiersfootball.org

P.O. Box 1475 Station Main
Kingston, Ont.
K7L 5C7

PLEASE PRINT CLEARLY OR TYPE

PeeWee Junior Varsity

Name: Date of Birth: _____/_____/_____
year month day

Address: _____-_____
Number Street City Postal Code

Telephone Number: (613) _____-_____ Working Full Time: YES_____ NO_____

Are you presently attending a High School, College or University? If yes, please indicate:

High School: College: University:

E-Mail Address:
(PRINT CLEARLY)

For Those Players **UNDER 18 YEARS OLD,** Please fill out the following:

Parent/Guardian E-Mail Address:

Mother's Name: Work Phone Number: -- Ext.

Father's Name: Work Phone Number: -- Ext.

Guardian's Name: Work Phone Number -- Ext.

For Parent/Guardian
Please choose one of the following:

I would like to receive by e-mail all messages sent from the Club to my son/daughter _____
I would like to receive by e-mail a notification that a message from the Club has been sent _____
I do not wish to receive any messages or indications of messages from the club _____

If you would prefer messages or notifications sent by fax, please provide your fax #: --

ADDITIONAL INFORMATION

Football Positions Previously Played:

Indicate Number of Years Playing Football With: OPP _____ High School _____ Grenadiers _____ Others _____

(If others indicate with which club, org. etc)

FOR CLUB USE ONLY

Height Weight Cranium Shoulder Blades Waist

PLEASE FILL OUT PAGE 2 – MEDICAL INFORMATION

PLAYER MEDICAL INFORMATION

Family Doctor: Telephone No.: (613) --

Last Tetanus Shot: _____/_____/_____ (year month day) Last Physical Exam _____/_____/_____ (year month day)

Do you presently wear braces or are required to use other dental appliances during the day: Yes _____ No _____

Please answer YES or NO to each of the following questions:

	YES	NO		YES	NO
Any problems during exercise?			Any previous concussions?		
Do you have hearing problems?			Any previous broken bones?		
Do you have asthma?			Are you presently injured?		
Do you wear a Medic Alert bracelet or necklace?			Did you have a major injury in the last year?		
Have you ever had an epileptic seizure?			Did you have a major illness in the last year?		
Do you wear eye glasses and/or contact lenses?			Have you had surgery in the last year?		
Are you currently on medication?			Do you have diabetes?		
Do you have plant based allergies?			Are you allergic to any substance or medication?		

If you answered YES to any of the above questions, please provide details below:

Any medical problem should be checked by your physician prior to the start of training. By signing this form, I understand that it is my responsibility to advise the DIRECTOR OF PLAYER DEVELOPMENT or the SECRETARY/REGISTRAR as promptly as possible of any change in the information provided on both pages of this form. I also authorize release of appropriate information contained on this form to Club/team management or coaches.

Date of Signature: _____/_____/_____ (year month day) Player's Signature:

In addition to the above and for players under 18 years of age, in case of sickness or injury to which I cannot be quickly contacted, I hereby authorize any member of team management to take my son/daughter named on this form to a doctor/nurse for examination and treatment.

Parent or Guardian: _____ (Please Print Name) Signature:

ONTARIO VARSITY FOOTBALL LEAGUE

PRIVACY – WAIVER – REGISTRATION FORM

OVFL Division (circle one): **Varsity** **Junior** **Pee Wee**

Privacy:
The Privacy Act protects Canadians from the misuse of information. The Ontario Varsity Football League is aware of these rights therefore abides by the following policy;

The Ontario Varsity Football League (OVFL) recognizes a member's right under the Privacy Act. The collection of personal information is limited to the minimum details needed to operate programs and activities. This information shall include name, address and birth date.

Address is required to establish to which team a member must participate with. His age categorizes in which age division he must play.

The OVFL shall retain these records as long as the participant remains a member of the organization. Records shall be destroyed once his membership ceases.

The OVFL retains statistics and photographs on its website for its members on (www.ovfootball.ca) for the purpose of communicating to prospective universities and recruiters the player's ability for the sole purpose to provide avenues for its players to participate in university and college programs through football. Every player has the right to waive this service upon registering with the OVFL.

The OVFL and its member teams/associations retain medical information critical to the wellness of the member in order to provide critical information to medical person(s) in case of an emergency or injury. This can include but is not limited to, OHIP number, list of allergies, injury records and required contact names in cases of an emergency. Members may refuse to provide the foresaid information and can request that such information be destroyed at any time.

The OVFL shall not disclose personal information without the written consent of the player unless specifically allowed by the Privacy Act or another law.

Waiver:
I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and to hold harmless Ontario Football Alliance, the Ontario Varsity Football League, teams, members, representatives and agents of the foresaid organizations for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in football activities and not withstanding that the same may have been contributed to or occasioned by the negligence of the Ontario Football Alliance and it's membership representatives or agents.

Players Name: _____ Date of Birth: _____ (D/M/Y)

Address: _____

City: _____, Ontario Postal Code: _____

Phone: (_ _ _) _____ Email: _____

I agree with the aforementioned privacy and waiver policy. I allow the Ontario Varsity Football League to use my personal information under these conditions. In addition, I am fully aware that there is a risk of injury involved in participating in this type of activity.

_____ _____
Players Signature **Team**

_____ _____
Signature of Parent or Guardian (If player under 18 yrs of age) **Date**

Parents/Guardian Name (Please Print) _____

Height: _____ Weight: _____ lbs. Position: _____ School: _____