## **Player Information (PLEASE FILL IN EACH BLANK)**

|  |  |  |
| --- | --- | --- |
| **Player1 Name:** | **Nickname:** | |
| Birthdate (mm/dd/yyyy): | Age: | Gender: |
| Shirt/Jersey Size: | Hat Size: | |
| Treaty #: | AHS #: | |
| First Nation Child is from (Check): Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Beaver Lake Cree Nation \_\_\_\_ Cold Lake First Nations \_\_\_\_ Frog Lake First Nations  \_\_\_ Heart Lake First Nation \_\_\_\_ Kehewin Cree Nation \_\_\_\_ Whitefish Lake First Nation No. 128 | | |
| **Player 2 Name:** | **Nickname:** | |
| Birthdate (mm/dd/yyyy): | Age: | Gender: |
| Shirt/Jersey Size: | Hat Size: | |
| Treaty #: | AHS #: | |
| First Nation Child is from (Check): Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Beaver Lake Cree Nation \_\_\_\_ Cold Lake First Nations \_\_\_\_ Frog Lake First Nations  \_\_\_ Heart Lake First Nation \_\_\_\_ Kehewin Cree Nation \_\_\_\_ Whitefish Lake First Nation No. 128 | | |
| **Player 3 Name:** | **Nickname:** | |
| Birthdate (mm/dd/yyyy): | Age: | Gender: |
| Shirt/Jersey Size: | Hat Size: | |
| Treaty #: | AHS #: | |
| First Nation Child is from (Check): Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Beaver Lake Cree Nation \_\_\_\_ Cold Lake First Nations \_\_\_\_ Frog Lake First Nations  \_\_\_ Heart Lake First Nation \_\_\_\_ Kehewin Cree Nation \_\_\_\_ Whitefish Lake First Nation No. 128 | | |

**Parent/Guardian #1 Parent/Guardian #2**

|  |  |
| --- | --- |
| Name: | Name: |
| Address: | Address |
| Phone: | Phone: |
| Email: | Email: |

**Medical Information**

|  |  |  |
| --- | --- | --- |
| Emergency Contact: | Relationship to player: | Phone: |
| Medical Conditions/Known Allergies/Dietary Restrictions: | | |

**Terms and Conditions**

1. I/We, the parents/guardians of the above-named candidates for a position on the Indigenous Rookie League team, hereby give my/ our approval to participate in any and all Indigenous Rookie League activities, including transportation to and from the activities.
2. I/We, know that participation in baseball/softball may result in serious injury and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Indigenous Rookie League, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether out of negligence or any other cause.
3. I understand that making the Indigenous Rookie League staff aware of any risk factors that my /our child may have such as asthma, allergies, medical concerns, or other risk factors will help reduce these risks.

**By checking this box, I consent for my/ our child/children’s picture to be used by *TCVI* and *Jays Care Foundation* for the purpose of: Reports and TCVI Presentations for future activities.**

**Parent Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send completed registration form to:**

**TCVI Indigenous Rookie League Coordinator:** [**madisonmacdonald66@gmail.com**](mailto:madisonmacdonald66@gmail.com)

**TCVI Jordan’s Principle Coordinator:** [**sangus@tcvi.ca**](mailto:sangus@tcvi.ca) **Or hand in registration to coach**