

Registration Form

Player Information			
Last Name:	First Name:	Middle Name:	
Address:			
City:	Postal Code:	Home Phone:	
School Attending in 2017: _		Grade in Sept. 2017:	
Date of Birth:	Age this calendar year:		
Weight in Pounds:	Height in feet & inches:	<u></u>	
Male Female	Years of Football Experience:		
Guardian Information	<u>1</u>		
Guardian #1 (NAME THA	T WILL APPEAR ON RECEIPT)		
Relation:	First Name:	Last Name:	
Address (if different from a	above):		
City:	Postal Code:		
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			
Guardian #2			
		1 ()	
Relation:	First Name:		
Relation:Address (if different from a		Last Name:	
Address (if different from a			
Address (if different from a City:	above): Postal Code:		

DIVISION AGE REQUIREMENTS	PRICE		
FLAGPlayers who turn 8 or under before Dec. 31 of the cu ATOMPlayers who turn 10 or under before Dec. 31 of the co PEEWEEPlayers who turn 12 or under before Dec. 31 of the co BANTAMPlayers who turn 15 or under Dec. 31 of the current year	urrent year\$ urrent year\$		
REGISTRATION FEE			
Amount: \$ Cash or Cheque #:	Fundraising Fee: 3 cheques of \$100 each		
Equipment Deposit: \$500 Cheque #:	3 Cheque #'s :		
Cleaning Deposit: \$50 Cheque #:	Volunteer Fee: <u>\$100</u> Cheque #:		
Girdle Fee if required: N/A or \$40 Cheque #:			
Report Card on File (Bantam Players only): YES NO			
REFUND POLICY: In order to receive a refund (minus the \$85.00 administration fee) after a player quits, you must inform the Registrar in writing, before May 31 of the current season or within 7 days from first practice if joining after May 31. After this, NO refunds will be issued, unless the player is injured and cannot continue to play before half of the regular season games have been played. At this time, only half of the registration (minus the \$85.00 administration fee and cost of player insurance will be refunded)			
PARENT/GUARDIAN CERTIFICATION			
I hereby certify that the above information is correct and that my child/war Plain Football Program.			
Since the CDMFA and Stony Plain Football seeks publicity, I understand a may allow still and motion photographers or persons to take pictures, action promotional material for reporting purposes for the league(s). I further understand the state of the s	on and pose, of above said player and that they may be used as		
That Stony Plain Football Association accepts no liability for any injuries we parents and guardians understand the refund policy and equipment return	policynoted above.		
That if a player has sustained a medical injury, a medical release fro participation.	m a MEDICAL PHYSICIAN must be received before any further		
Player information may be posted on the CDMFA & Stony Plain Football A	ssociation website.		
I AGREE THE ABOVE INFORMATION IS VALID			
Parent/Guardian Signature:	Date:		
Signature of Authorized personnel of Association:	Date:		