



Parkland Football Player Registration

Player Information

LAST NAME: _____ FIRST NAME: _____

DOB: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

HOME PHONE: _____ CELL PHONE: _____

PLAYERS EMAIL ADDRESS: (mandatory for Hudl) _____

High School Attending Sept of Current Year (**Please circle**): Spruce Grove Comp/Stony Plain Memorial/St. Peter the Apostle
Grade Sept of current year _____

Previous Football Experience

__ Bantam Bombers __ Bantam Cougars __ Midget Predators __ Stony Plain Marauders __ Spruce Grove Panthers

Parent/Guardian Information

Name: _____ Relationship: _____

Address: _____ City: _____

Postal Code: _____ Home Phone Number: _____ Work: _____

Parent Cell: _____ Parent email: _____

Name: _____ Relationship: _____

Address: _____ City: _____

Postal Code: _____ Home Phone Number: _____ Work: _____

Parent Cell: _____ Parent email: _____

Parent/Guardian and Player Agreement

1. I hereby certify that the above information is correct and that my child/ward is physically fit and has my permission to participate in the High School Football Program.
2. Parkland Football Association (PFA) seeks publicity, I understand and agree that Parkland Football Association from time to time may allow still and motion photographers to take pictures, action and pose, of above said player that may be used as promotional materials or for reporting purposes. I further understand that all rights of said photos belong to PFA
3. Parkland Football Association accepts no liability for any injuries which may be suffered by program participants.
4. A COMPLETE PHYSICAL EXAMINATION is necessary to play High School Football and the designated medical form MUST be completed. If a completed Medical Form is not provided, the player WILL NOT be allowed to participate in on-field activities.
5. Parents/guardians will assume full responsibility and/or cost of all or any equipment not returned, purposely damaged or altered by the above named player.
6. If a player has sustained a concussion or any injury that requires medical assistance a Parkland Football Association Injury Report must be filed and signed by a medical physician prior to player participation.
7. Player information may be posted on the High School Football / Parkland Football Association websites.
8. Canadian National Promoters may need player information for contact and website purposes.

Parent Signature: _____ Date: _____

Player Signature: _____ Date: _____