



REGISTRATION

Player Information:

Name (last) _____ First _____

Date of Birth _____ Age _____ Grade (in Sept. of playing year) _____
mm/dd/yyyy (as of Dec.31 of playing year)

Primary email _____ Home Phone _____
(for team correspondence – must be a parental email- please print clearly)

Player's Cell # _____ Player's email _____

AHC # _____

Address _____ City _____ PCode _____

Parent/Guardian Contact:

Parent/Guardian (1) _____ Primary contact # (other than home) _____

Email (other than primary if needed) _____

Parent/Guardian (2) _____ Primary contact # (other than home) _____

Email (other than primary if needed) _____

Emergency Contact Name _____ Phone # _____
(Other than parent/s)



Player Stats:

Height _____ Weight _____ Jersey # _____
(ft' in") (Lbs) (to be filled in once assigned)

Football experience (years) _____ Position(s) played _____

Parental/Guardian Certification:

I/we, the undersigned, hereby certify that the above information is correct and that my child/ward is physically fit and has my permission to participate in the Archbishop Jordan High School Football program. I/we also agree to the use and disclosure of the information provided above for the purposes of the Archbishop Jordan Football Club and other governing associations as may be deemed appropriate by the AJSFC executive for insurance and other administration requirements.

Parent/Guardian name _____ Signature _____

Player's signature _____ Date _____

***** **For Administration Use Only:**

T-shirt size: S M L XL XXL XXXL

- Spring Camp Fee
- Scots Football Registration Fee
- Medical Form
- ABJ High school Fee
- Informed Consent
- Volunteer commitment cheques
- Equipment