

FOOTBALL PLAYER REGISTRATION 2019 Season

Organization Name:					Da	te of		
Team:	Smurf	Peewee	Pony	☐Midget	Pla	yer:	□New	☐ Returning
First Name:				Last Name: _				
Address:								
City:				State:	PA	Zip	Code: _	
Parent/Guardian:								
Phone:	Email:							
Along with allowing Football Association follow the Zero Tole any sanctions or disc	sanctioned rance Polic	d games and p y* and Social	practices, Media Pol	l as a parent/guardicy* and agree, wi	dian, h	ave r	ead and	agree to
	(Pa	arent/Guardia	an signatu	re)				(Date)
		<u> </u>						
* A copy of the full Pa Organization.	rent/Guardi	an Zero Tolera	ance and So	cial Media Policies i	may be	obtai	ned from	your Team
Administrative Use Registration Form		- Date:						