			FL MM JP PW JM MD										
Association			**FOOTBALL OR CHEER**					**Date**			**CERTIFIER**		

Organization is to complete shaded area only

	Last Name	First Name	O/L	Wt.	Reg. Card	PIC	BC/DOB xx/xx/xx	Medical xx/xx/xx	PC and PCF	Report Card	SEF / Scholastic	PRF / Progress	Wavier
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
ADD													
ADD													
ADD													