2026 PR Youth Tackle Football Registration

CHILD INFO

LAST NAME:	FIRST NAME:	Preferred Name:	Grade 2026- 2027
Weight:	AGE (AS OF 8/1/26):	Gender:	DATE OF BIRTH:
Helmet	Shoulder Pads	Pants	Jersey Size/Number Practice: Game:

PARENT INFO

Mother/Guardian NAME	FATHER/Guardian NAME
ADDRESS:	ADDRESS: Check the box if the same ☐
CELL PHONE:	CELL PHONE:
EMAIL:	EMAIL:

ARE YOU INTERESTED IN BEING A PARENT COACH? YES_____ NO_____

COACHING REQUIRES A COMMITMENT TO ATTEND PRACTICES AND GAMES: PRACTICES 2X PER WEEK AND MOST GAMES ARE HELD SATURDAY MORNINGS.

COST: $75/PER PLAYER ($125 FAMILY MAX) PAID ☐

PLEASE MAKE CHECKS PAYABLE TO:
PR YOUTH FOOTBALL
QUESTIONS: **Greg Sjostrom** 651-226-0498 OR **Adriana Jenkins** 218-731-7823

PRYFB HEALTH INFORMATION FORM

HEALTH HISTORY	**YES**	**NO**
KIDNEY INJURIES	_____	_____
HEART CONDITIONS OR DISEASE	_____	_____
DIABETES	_____	_____
ASTHMA	_____	_____
EPILEPSY/SEIZURES	_____	_____
WHILE PLAYING, DO YOU WEAR CONTACTS?	_____	_____

MEDICATIONS PRESENTLY TAKING: _____
ALLERGIES: _____
PLEASE STATE ANY OTHER HEALTH INFORMATION THAT YOU FEEL MIGHT AFFECT YOUR CHILD'S ATHLETIC PERFORMANCE: _____

Injury Waiver & Release of Liability

Release of Liability: I hereby agree to participate in Pelican Rapids Youth Football Program that I have selected. I realize and understand that no special insurance is provided while participating in the activities. Therefore, I hereby waive and release any and all rights and claims for damages I and/or my child may have against the Pelican Rapids Youth Football Program, their representatives, or coaches. I further agree and consent to emergency treatment of my child by a physician or hospital in the event that I cannot be reached. I/we give the coaches of the Pelican Rapids Youth Football Program permission to transport my/our child to the emergency room of the hospital, or to use an ambulance if indicated, and authorize treatment if I/we, as parent(s)/guardian(s), are not able to be reaches by the coaches in case of serious accident or injury.

Parent/Guardian Signature: _____ Date: _____
Phone Numbers: _____
Doctors Name: _____Phone Number: _____
Name of Insurance: _____
Policy Number: _____ Phone Number: _____

The undersigned parent or guardian for and in consideration of accepting this application for a member of the Pelican Rapids Youth Football does hereby waive and release all rights and claims against said organization, sponsors, or representatives of anyone connected with the league. Physical examinations of participants are not required of those entering 2nd through 6th grade and are left to parental discretion. I understand that the Pelican Rapids Youth Football program may take pictures for use in recreational or promotional materials.

Parent/Guardian Signature: _____ Date: _____

Players Pledge of Sportsmanship

Players will abide by rules of conduct that display knowledge of the game, sportsmanship, and respect for oneself, their opponent, and officials.

Players:

1. **Will not use abusive, profane, or degrading language in the presence of anyone connected with Pelican Rapids Youth Football games or practices.**
2. **Will always conduct themselves in sportsmanlike conduct.**
3. **Will not engage in acts of violence. Striking a player, coach, official, spectator or any other participant and any like conduct will result in the player being suspended for the remainder or the year.**
4. **Will accept the decisions of the Game Officials on the field as being fair and called to the best of their ability and judgment as Game Officials.**
5. **Will not criticize, tease, or taunt the opposing teams, their players, coaches, or fans by word or by gesture.**
6. **Should players violate any Pelican Rapids Youth Football playing rules or directives, they can be subject to immediate disciplinary measures.**
7. **Cannot play in regular season games for any other team than their own, and any like conduct will result in the player being suspended for the next game.**

Player Signature: _____ Date: _____