



2018 NEW PLAYER Registration Checklist

(Open Registration is March 21st 2018, 5:30 p.m. to 7:00 p.m. at Clintonwood Park Carriage House)

Welcome to the Clarkston Chiefs! This registration packet is for ***New Players Only***. To expedite the registration process, new players should complete the registration paperwork and bring the completed paperwork to Open Registration on March 21st. New Players are added to teams based on available spots and a lottery system. ***There is no need to arrive early on the 21st as it will not improve your chances of being added to a team due to the lottery system.***

This checklist will help ensure that you complete all the registration paperwork. If you have any questions, please email us at info@clarkstonchiefs.org.

For EACH CHILD you could register, complete the following forms:

Steps	Form Name
1. Complete and sign registration form.	Registration Form
2. Complete minor waiver and release form, requires signature of parent and player.	Waiver Release Form
3. Complete and sign parent code of conduct form.	Parent C-of-C Form
4. Complete and sign player code of conduct form.	Player C-of-C Form
5. Complete and sign volunteer form.	Volunteer Form
6. A physical is required before the first day of practice starting in August. All Physicals must have a date and a Doctors signature. No player or cheerleader will be allowed to practice without a current Physical.	Health Form (if completed by registration; required by first practice)
7. Complete one payment form, for all your children you are registering. To determine your total registration fee due. Please see payment form to determine the cost for multiple players.	Player Registration Payment Form
8. Emergency Contact Form	Emergency Contact
9. Equipment Form (football only)	Equipment Form
10. Complete Concussion Waiver Form	Concussion Waiver Form

AND THEN:

Bring all completed forms listed above **AND A COPY OF YOUR CHILD'S BIRTH CERTIFICATE** to The Carriage House at Clintonwood Park (6000 Clarkston Road) on March 21st from 5:30 pm. until 7:00 p.m. (*note: showing up early will not improve your chances of obtaining a spot on a team. There will be a lottery system to determine who will fill open spots*).

REMEMBER: Completing the forms listed above will not guarantee a spot on a team; it only expedites the registration process. At registration, you will be assigned a registration number. That number will go into the lottery for open spots on teams. To determine if you will be offered a spot on our teams, you will need to attend the Clarkston Chiefs Parent Board Meeting on April 17th at 7 p.m. at the Clintonwood Park Carriage House. **Please bring a check or money order for the registration fee.** If your number is drawn, *you will need to be present to claim your spot.* **Payment is due in full at that time.** Please email us if you have any questions.



PLAYER INFORMATION

New Player

LAST Name:		FIRST Name:	
Home Address:			
City, State, Zip:			
Home Phone #:		Date of Birth:	
*Primary Email(s):		Skills Camp Shirt Size	YS YM YL YXL AS AM AL

PARENT / GUARDIAN INFORMATION

Mother / Guardian		Father / Guardian	
Name:		Name:	
Home Phone #:		Home Phone #:	
Work Phone #:		Work Phone #:	
Cell Phone #:		Cell Phone #:	
Email:		Email:	

IDENTIFY SQUAD CHOICE (print players age and select only one squad)

<p>← Please indicate Player's age on September 1, 2018</p>			
<p>Freshman Football (7-9 year old) Weight restrictions apply</p>		<p>Freshman Cheerleading (8-9 year old)</p>	<div style="border: 1px solid black; padding: 5px;"> <p>>> CFA Internal Use Only <<</p> <input type="checkbox"/> Returning Player Registration <input type="checkbox"/> NEW Player Registration </div>
<p>Jr. Varsity Football (10-12 year old) Weight restrictions apply</p>		<p>Jr. Varsity Cheerleading (10-11 year old)</p>	
		<p>Mascot (6-7 year old)</p>	

REGISTRATION FEE

- I understand that the total registration fee (see payment form NO CASH) and all registration forms are due at time of registration to ensure enrollment. Make check/money order payable to "CLARKSTON CHIEFS". There is a \$27 non-sufficient funds fee charged on any returned checks. If you have any questions, please email us at: clarkstonchiefs@gmail.com

REFUND POLICY

A Refund Request form (available on our website) must be completed, verbal and/or email requests will not be accepted. Upon payment of the registration fee \$170 is non-refundable for football players and \$150 is non-refundable for cheerleading. The balance of the registration fee is refundable until 8/08/2018 after which time the balance of the registration fee is non-refundable. The postmark date of the refund request will determine if the refund will be issued. No refunds will be issued until all equipment issued to the player has not been returned to the Clarkston Chiefs. Refund requests may be mailed to the Clarkston Chiefs address below.

Parent/Guardian

Signature: _____ Date: _____

All the information provided is true and accurate and I have read and understand the above refund policy.

*Please include your primary email address above as email is the main method of communication for the Clarkston Chiefs.



2018 Waiver/Release for Minor Participants

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

>> PLEASE READ CAREFULLY BEFORE SIGNING <<

IN CONSIDERATION OF _____, my child/ward, being allowed to
(name of minor child / ward)

participate in any way in the Clarkston Football Association (also known as the "Clarkston Chiefs") program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities in these programs is significant, including the potential of permanent disability and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from participation and bring such concern to the attention of the nearest official immediately; and,
4. I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Clarkston Football Association, its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the program and/or event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs. WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's/ward's involvement or participation in these programs EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I HAVE EXPLAINED THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT TO MY CHILD/WARD.

Parent/Guardian

Signature: _____

Print Name: _____

Date Signed: _____

UNDERSTANDING OF RISK

I have discussed this document with my parent/guardian and understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.

Child/Ward/Player
Signature:

Printed Name:

Date Signed:



**2018 PLAYER - Code of Conduct
and Problem-Solving Protocol**

**** PLEASE READ CAREFULLY BEFORE SIGNING ****

The focus of the Clarkston Football Association (“CFA”) is to provide a safe, fun, learning environment for our athletes. We strive to create an opportunity for athletes to work together towards a common goal. We emphasize sportsmanship, teamwork and respect. Establishing proper ethics is essential for the success of our program; therefore the CFA has developed code of conduct rules pertaining to all participants. The following is the code of conduct and problem-solving protocol that all players must abide by:

1. I hereby pledge to be positive about my youth sports experience, accept responsibility for my participation and will follow this player’s code of conduct.
2. I will demonstrate good sportsmanship at all times and follow the rules of the CFA.
3. I will attend every practice, game and event that I possibly can, and will notify the coach or director if I cannot attend.
4. I will do my very best to listen and learn from my coaches and directors.
5. I will refrain from talking back, using profanity or being disruptive.
6. I will encourage my parents to be involved with my youth sports team, in some capacity, because it is important to me.
7. I will act as a responsible representative of the Clarkston Chiefs and will show respect towards my coaches, directors, teammates, officials, fans and opposing players.
8. I will demand a drug, alcohol and tobacco free sports environment and I pledge not to use them.
9. I WILL DO MY BEST IN SCHOOL AND PUT MY SCHOOL WORK AND HOMEWORK BEFORE MY INVOLVEMENT IN THE CLARKSTON CHIEFS PROGRAM.
10. I will remember that sports are an opportunity to learn, grow and have fun.

Problem-Solving Protocol

It is the expectation of the CFA that all concerns are handled in a professional, respectful and caring manner on the part of players. In the event you have questions or concerns regarding playing time or practice issues, we would like players to first discuss them with their head coach or head director. You should discuss all concerns, issues, or problems with your parents who will work with CFA representatives to help you. **Any problems and/or concerns involving the health and/or safety of any athlete should be brought to the attention of your parents and the CFA IMMEDIATELY!**

Player’s Full Name *(please print clearly)*

PLAYER’S Signature

Date

Your Area of Participation?

Program Area *(select all that apply)*

Football Cheerleading

Division *(select all that apply)*

Freshman JV Mascots

Parents: Please review this document carefully with your child and ensure they understand it before signing.



**2018 PARENT - Code of Conduct
and Problem-Solving Protocol**

**** PLEASE READ CAREFULLY BEFORE SIGNING ****

The focus of the Clarkston Football Association (“CFA”) is to provide a safe, fun, learning environment for our athletes. We strive to create an opportunity for athletes to work together towards a common goal. We emphasize sportsmanship, teamwork and respect. Establishing proper ethics is essential for the success of our program; therefore the CFA has developed code of conduct rules pertaining to all participants. The following is the code of conduct and problem-solving protocol that all parents with athletes in the programs must abide by:

1. I hereby pledge to provide support, care and encouragement for my child participating in the any CFA program.
2. I will encourage good sportsmanship by demonstrating positive support for all players, coaches, fans and officials at every game, practice or other CFA event.
3. I will place the emotional and physical well-being of my child and the other athletes before any personal desire to win
4. I will insist that my child play in a safe and healthy environment.
5. I will provide support for coaches, directors and officials working with my child to provide a positive, enjoyable experience for all.
6. I will demand a drug, alcohol and tobacco free sports environment for my child and agree to refrain from using them at any CFA event.
7. I will also refrain from using profanity.
8. I will remember that the game is for the children and will do my very best to make the CFA program fun for my child and the other athletes.
9. I will remain in the spectator area during practices and games, unless asked by a coach or director for assistance.
10. I will insist my child treats other athletes, coaches, directors, fans and officials with respect.
11. I will assist in providing a fun and enjoyable experience for my child and the other athletes by volunteering for various activities.
12. I will refrain from addressing any conflict or disagreement with any CFA player, coach, director, fan or official in the presence of the athletes, and will follow proper procedures of communication relative to the situation.
13. Every uniformed Freshman and JV player for a game must play the following minimum number of plays per half: 31 or less players, 6 plays per half; 32-41 players, 4 plays per half; 42 or more players, 3 plays per half.
14. Please become a member of our Clarkston Chiefs Youth Football Facebook Page.
15. I will complete my **mandatory 6-8 (8 if three colors) volunteer obligations** in order to get my \$150 deposit check returned at the end of the season. If I do not complete my volunteer obligations, the \$150 becomes the property of the Clarkston Chiefs.

Problem-Solving Protocol

It is the expectation of the CFA that all concerns are handled in a professional, respectful and caring manner on the part of parents. **In the event you have questions or concerns regarding playing time or practice issues, it is the requirement of the CFA that the parents address the concerns, after a 24 hour cooling off period, with your child’s head coach and/or head director.** This cooling off period will allow for a clearer evaluation and discussion of your questions or concerns. If a parent feels their questions or concerns have not been adequately addressed they may submit the issue/grievance, in writing (dated and signed), to the CFA President for consideration by the CFA Executive Board. **Any problems and/or concerns involving the health and/or safety of any athlete should be brought to the attention of the CFA President IMMEDIATELY!**

Your Child’s Full Name *(please print clearly)*

Parent/Guardian Signature:

Date Signed:



2018 Volunteer Obligation Form

The Clarkston Football Association (also known as “Clarkston Chiefs”) is entirely a volunteer organization. Parent volunteerism is vital and required for the success of our organization. If we all volunteer a little our youth will have a fun and exciting experience.

Volunteer assignments will be coordinated and monitored by your child’s team directors. The following are the volunteer opportunities that need to be completed.

General Volunteer Opportunities
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- | | |
|--|--|
| <ul style="list-style-type: none">• Cleaning & bringing water bottles & water jug to games and practices (weekly commitment).• Coaching | <ul style="list-style-type: none">• Year-end banquet planning (Video)• Director• Team Photography• Yearbook (working with VP of Operations) |
|--|--|

Game Day Opportunities

- | | |
|--|--|
| <ul style="list-style-type: none">• Chain gang• Down Marker• Field Spotter (Home/Away)• Videotaping (camera provided)• 50/50 Raffle (Home Game Only) | <ul style="list-style-type: none">• Announcer (Home Game Only)• Announcer Spotter (Home Game Only)• National Anthem Singer (Home Games Only)• Half time snack: Fruit/Granola Bars• Game Clock (Home Game Only)• Clean-Up (Home Game Only) |
|--|--|

Volunteer Deposit-2018

It is mandatory that all Chief families are required to give a \$150 check at the first day of practice, July 31, 2018. This check is to ensure that each family fulfills their volunteer obligations and returns all borrowed equipment. If these obligations are not met, your \$150 check will **NOT** be returned. Volunteer obligations include any of the above General or Game Day obligations. At least **3** of your volunteer requirements must be from the **Game Day Volunteer list**. These are minimum requirements please feel free to volunteer for more.

Your child will not receive a football jersey or cheer uniform until the \$150 check has been paid to your Head Director. The \$150 will be returned at the end of the season to families who fulfilled their volunteer obligation upon return of all football and cheer equipment. I understand it is my responsibility as a parent to support my child’s team and the Clarkston Chiefs by volunteering to assist in 6 (if two colors) or 8 (8 if three colors) of the volunteer areas above.

Your Child’s Full Name (please print clearly)

Parent Signature: _____

Date: _____



>> *Volunteer Duties will be selected during the first week of practice* <<

2018 Online REGISTRATION

PAYMENT FORM

How many children are you registering in Clarkston Chiefs in 2018?

(includes children playing football, cheerleading, or mascots)

NAME	AMOUNT
FOOTBALL / CHEERLEADING/ MASCOT – REGISTRATION FEES	
For your <u>FIRST</u> child playing Football, Cheerleading, or Mascot the registration fee is : Check or Money Order (No CASH) For Football *\$375 write amount here → For Cheerleading *\$325 write amount here → For Mascot *\$250 write amount here → Child's Name →:	
Additional Siblings Playing Football	
For each additional sibling playing football, write their name and \$255 in the amount box	
Name:	
Name:	
Name:	
Additional Siblings in Cheerleading or Mascot Program	
For each additional sibling playing cheer, write their name and \$205 in the amount box For each additional sibling playing mascot, write their name and \$130 in the amount box	
Name:	
Name:	
Name:	
TOTAL AMOUNT DUE →	

*I understand that the entire registration fee is due upon registration; the non-refundable amount is \$170 for football and \$150 for Cheerleading. All refund requests must be requested and postmarked by August 8TH, 2018. *I understand that the football price for the 2018 season contains ONE pair of game socks per player. Additional socks will have to be purchased during Custom Threads Spirit Wear ordering periods. I understand that the cheer and mascot price includes socks, undergarments, and pom-poms for the 2018 season.*

>> For Internal CFA Use Only <<

Date Recv'd: _____

Ck Amount: _____ Ck #: _____

Parent Signature: _____

Primary Phone #: _____



CLARKSTON FOOTBALL ASSOCIATION

2018 Registration Form

**CLARKSTON FOOTBALL ASSOCIATION
2018 MEDICAL HISTORY FORM**

**** To be completed by parent or legal guardian. Please print clearly. ****

PLAYER'S NAME:	LAST	FIRST	SEX	GRADE	DATE OF BIRTH	AGE
PLAYER'S ADDRESS:	STREET ADDRESS		CITY	STATE	ZIP CODE	
FATHER'S/GUARDIAN'S NAME		WORK PHONE		MOTHER'S/GUARDIAN'S NAME		WORK PHONE
FAMILY DOCTOR		OFFICE PHONE		HOME PHONE		EMAIL ADDRESS

INSURANCE STATEMENT & MEDICAL HISTORY

Family Insurance Co.:

Contract #:

Signature of Parent/Legal Guardian:

HISTORY	YES	NO	HISTORY	YES	NO	HISTORY	YES	NO
Have you ever had:			Have you ever had:			Have you ever had:		
Fainting			Kidney Disease			Painful Joints		
Diphtheria			Tuberculosis			Backaches		
Scarlet Fever			Jaundice			Pounding of Heart		
Rheumatism			Sickle-Cell Anemia			Shortness of Breath		
Rupture						Frequent Urination		
Rheumatic Fever						Cough		
Poliomyelitis			Have you ever had:			Nosebleeds		
			Blurred Vision			Frequent Sore Throats		
Pneumonia			Headaches			Stomach Pains		
Asthma			Fainting					
Diabetes			Convulsions					
Heart Disease			Blackouts					

PHYSICAL EXAMINATION

To be completed by the examining MD, DO, Physician's Assistant or Nurse Practitioner & returned directly to the patient. (Categories may be added or deleted; check appropriate column)

SYSTEM	NORMAL	ABNORMAL	SYSTEM	NORMAL	ABNORMAL
Urinalysis			Thyroid		
Vision			Chest		
Blood Pressure			Lungs		
Pulse Rate			Heart		
Ears			Abdomen		
Nose			Hernia		
Throat			Genitalia/Testicular Exam		
Teeth – Cavities			Neurologic		
Orthopedic			Muscular		

RECOMMENDATIONS: _____

I certify that I have examined the above player and recommend him/her as being able to compete in supervised athletic activities not crossed out below:

COMPETITIVE CHEER - FOOTBALL

SIGNATURE OF EXAMINER:	CIRCLE ONE: MD DO PA NP
PRINTED NAME OF EXAMINER:	DATE:



CLARKSTON FOOTBALL ASSOCIATION
 2018 MEDICAL CONSENT and
 EMERGENCY CONTACT FORM

** Please Print Clearly **

PLAYER'S NAME:	LAST	FIRST	SEX	GRADE	DATE OF BIRTH / /	AGE
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MEDICAL TREATMENT CONSENT
 ** To be completed by Parent or Legal Guardian **

I, _____, the parent or legal guardian of the above named
 (parents full name)
 player, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that Clarkston Football Association volunteers may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances, and to assume the payment of expenses for such care. I authorize the sharing of the information on the CFA Medical History Form and this form with CFA volunteers who need to know of medical situations that might require special considerations and with medical personnel rendering assistance, even if such information is protected by FERPA or HIPAA.

Signature of Parent/Legal Guardian: _____ Date: _____

EMERGENCY CONTACT INFORMATION (To be completed by Parent or Legal Guardian)

In an emergency contact: Parents Information Below with Cell Numbers for Mom & Dad

Name	Relationship	Phone #
1.		
2.		
3.		

My Family Doctor Is: _____ Doctors Phone #: _____

Please detail any special medical information (allergies, known drug reactions, current prescribed medications, etc.):

The Medical History Form and Player/Parent or Legal Guardian Consent Form must be on file with the Clarkston Football Association before the player may practice or participate in any activities



2018 FOOTBALL PLAYER EQUIPMENT FORM

(For Football Players Only!)

Section 1: Player Information *(to be completed by player's parent)*

LAST Name:	
	<i>(This is the name that will appear on the back of the players football jersey)</i>
FIRST Name:	
Date of Birth: (month / day / year)	

Section 2: Player Status & Jersey Information *(to be completed by player's parent)*

All Players to Complete: Please select your top three choices for a jersey number. We will try to accommodate your choices, but may need to assign an arbitrary number.	
1 st Choice	
2 nd Choice	
3 rd Choice	



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports *one or more* symptoms of concussion listed below after a bump, blow, or jolt to

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”



CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

It's better to miss one game than the whole season. For more information on concussions, visit: www.cdc.gov/Concussion.

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

Student-Athlete Name Printed & Signed:

Date: Date

Parent or Legal Guardian Name Printed:

Legal Parent or Guardian Signature:

Date:



CLARKSTON FOOTBALL ASSOCIATION
2018 Registration Form
