

PROVIDENCE YOUTH ATHLETIC ASSOCIATION

2018 FOOTBALL REGISTRATION FORM

PYAA FOOTBALL MISSION STATEMENT:

"We are a Christ First driven program. Our mission is to teach the fundamentals of full contact football by emphasizing team building, sportsmanship, positive attitudes, honor, integrity, courage, and physical fitness. We emphasize the power of excellence and redemption through the personal relationship with Jesus Christ, and the positive effects of these principles on competitive youth football."

PLAYER INFORMATION:				
Diamer Name				
Player Name:	A 4: -I -II -	1	•	
Address:	Middle	Last		
Street		Stat	e Zip	
School 2018-2019:				
School Name			Grade	
PARENT/GUARDIAN INFOR	MATION:			
Mother's Name:	Father's Na	ıme:		
Email:	Email:			
Phone:	Phone:			
Mobile/Home/Work	Mobile/Home/Work			
REGISTRATION FEES:				
DueDescriptionAnd And And And And And And And And And	nount Paid Date	Туре (снеск, раурац)	PYAA Rep (INITIAL)	
PAYMENT OPTIONS: (Checl	k or PayPal)			
Make checks payable to: Providence Youth Athletic Association	Mail Payme	ents to:		
	271 Bethes	271 Bethesda Church Rd		
	Lawrencevi	ille, GA 30044		

^{*}For Mail Payment option: Completed Registration Form must be mailed along with check payment(s).

^{**}For PayPal option: Completed Registration Form to be emailed to tyclack@gmail.com