



Football Player Contract

Grade : K 1st 2nd 3rd 4th 5th 6th

Player Information:			
Name:			Phone:
Address:			Email:
City:	State:	Zip:	
Date of Birth:	Age:		
School Attending:	(Fall 2020) Grade:		
Did you play last year:	Yes	No	Coach / Team:

Physical Examination Statement: Must be completed and returned at Parent Meeting.	
I _____ have examined _____	
and found him/her physically capable of playing (check one: <input type="checkbox"/> tackle or <input type="checkbox"/> flag) football.	
_____	_____
Health Care Provider's Signature	Date:

Parents Acknowledgement:			
1)	My/our child has permission to play in the MVJFCA football program. By participation in MVJFCA program, we agree for ourselves and on behalf of our child to forever release, hold harmless and indemnify the MVJFCA, its officers, directors, coaches, or other club members, employees and sponsors from any and all liability for injury or damage sustained by, or caused by, our child while participating in the MVJFCA.		
2)	By signing this form constitutes permission for MVJFCA to contact the school for verification of age and grade.		
3)	Mill Valley Junior Football and Cheer Association carries supplemental insurance. Our family insurance is our primary insurance. My/our signature(s) below confirms that we understand the MVJFCA Insurance is supplemental to our primary insurance and is limited to our maximum coverage. Carrier _____ Policy # _____		
The contract must be signed by both parents/guardians. After approval by the team coach, contract shall be placed on file with the MVJFCA team coach.			
_____	_____	_____	_____
Parent / Guardian Signature	Date	Parent / Guardian Signature	Date

Coach Acknowledgement:	
This contract must be completed in full and submitted to the coach before the player will be allowed to participate in either a practice or game.	
_____	_____
Coaches Signature	Date: