

Football Player Contract

Grade	:	□K	□ 1 st	□ 2 nd	☐ 3 rd	□ 4 th	□ 5 th	□ 6 th	
Player Information:									
Name:	Name: Phone:								
Address: Email:									<u></u>
City:	y: State: Zip:								<u></u>
Date o	of Birth:			Age:		Height:	Weight	:	
School	chool Attending: (Fall 2023) Grade:								<u></u>
Did you	u play las	st year:	□ Ye	es □ No	Coad	ch / Team:			<u> </u>
Physic	cal Exam	ination S	tatement:	Must be cor	mpleted and	returned at	Parent Meetii	ng.	
I have examined and foun									and found
him/her physically capable of playing (check one: □ tackle or □ flag) football.									
Health	Care Pro	ovider's Si	gnature			Date:			
Parents Acknowledgement:									
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)	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								
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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	: / Guardia	an Signatı	ıre	Date	Pare	nt / 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
Signati	ιιrΔ				 Date				