

Football Player Contract

Grade	: 🗆 K	□ 1 st	$\Box 2^{nd}$	□ 3 rd	$\Box 4^{th}$	\Box 5 th	$\square 6^{th}$	
Player Information:								
Name: Phone:								
Address: Email:								_
City: State: Zip:								
Date o	f Birth:		Age:		Height:	Weight		
School Attending: (Fall 2024) Grade:								
Did you	u play last yea	r: 🗆 Y	es □No	Coac	h / Team:			—
Physic	al Examinati	on Statement:	Must be cor	npleted and	returned at	Parent Meetir	ıg.	
I have examined and found								
him/her physically capable of playing (check one: □ tackle or □ flag) football.								
Health Care Provider's Signature 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)	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. CarrierPolicy #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 Si	gnature	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.								
Signati	ure			Date:				Coaches