



Football Player Contract

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

Player Information:			
Name:	_____		Phone: _____
Address:	_____		Email: _____
City:	State: _____	Zip: _____	
Date of Birth:	Age: _____	Height: _____	Weight: _____
School Attending:	(Fall 2025) Grade: _____		
Did you play last year:	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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.

Signature _____ Date: _____ Coaches _____