



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 2025) 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: ☐ tackle or ☐ 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.

_____ Parent / Guardian Signature	_____ Date	_____ Parent / Guardian Signature	_____ Date
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This contract must be completed in full and submitted to MVJFCA before the player will be allowed to participate in either a practice or game.