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 2026) 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 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: