

# SHENANGO VALLEY MIDGET FOOTBALL LEAGUE

## FOOTBALL PLAYER AGREEMENT FORM

Player's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Estimated Weight: \_\_\_\_\_  
 School where player is enrolled to attend: \_\_\_\_\_

I/we, the parents of the above-named candidate for a position within the \_\_\_\_\_ **Midget Football Program**, hereby give my/our approval to their participation in all football activities during the **2023** season. I/we do assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the organizers, sponsors, supervisors, participants, and persons transporting my/our child to or from activities, from any claim arising out of any injury to my/our child.

By signing this form, the player and his parent/guardian affirm their understanding of the eligibility requirements to play in the Shenango Valley Midget Football League. Specifically, a player must be eligible with respect to:

	MIDGETS	PEE-WEE'S
<b>AGE</b>	Birth dates On/After 8/1/22 AND On/Before 7/31/23	Birth dates On/After 8/1/22 AND On/Before 7/31/23
<b>WEIGHT</b>	Less than or EQUAL to 155 lbs. when dressed for a game	Less than or EQUAL to 125 lbs. when dressed for a game
<b>RESIDENCE</b>	Public School: Players must play with the team located in the geographical school district where he or she ATTENDS SCHOOL. Private School: <del>Players must play with the team located in the geographical school district where he or she LIVES</del>	

It is hereby understood that any player found to be ineligible by the Board of Directors for any reason, would be immediately suspended, and forbidden from playing in any future games, as well as applicable penalties to the team they play for.

I/we hereby furnish a copy of a certified birth certificate for the above named candidate with this application for registration.

I/we will furnish a copy of the registrant's active health insurance card and physician approved physical to the Program Head Coach prior to the first full contact practice.

**SIGNATURE:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

NOTE: This form must be signed by a minimum of one parent/legal guardian.

-----  
 BIRTH CERTIFICATE:      MIDGET                      PEE-WEE'S                      NOT ELIGIBLE

JERSEY #: \_\_\_\_\_

\_\_\_\_\_  
 League Official