

SJIYFA JUNIOR HIGH PLAYERS' AGREEMENT

I, the undersigned, wishing to play in the League (the "League") of the South Jersey Youth Football Association (the "Association"). Agree as follows.

1. I will play with the _____ club in the SJIYFA, and not with any other Football Organization/League during the _____ season.

2. I agree to take proper care of and return or replace all team, League, and Association property and equipment given to me or placed in my custody upon the earlier of (i) request by the Association, (ii) my ceasing to play with my club, or (iii) the end of the current season.

3. I have read and understand the Association regulations, and agree to be governed by them and by the Constitution and By-Laws of the Association.

4. I understand that playing football involves risk of personal injury or damage or loss of my personal property, and I expressly release the League, Association, all team sponsors, their respective employees and all agents, all officials, coaches, assistants, other players and other persons connected with the Association (the "Association Parties"), from any and all liability associated with such risks.

DATE: _____

_____ **Players' Signature** **Player print name**

PARENT'S CONSENT

I, the undersigned, do hereby certify that I am the parent or legal guardian of the Player who has signed above (the "Player"), and hereby consent to the Player's participation in the Association's football program and approve the Player's entering into the foregoing Player's Agreement.

I also agree, for myself and in my capacity as parent or legal guardian of the Player, to be bound by all of the terms of the Player's agreement. In addition, for myself and on behalf of my spouse or other guardian and the Player, I hereby release the Association Parties from any and all liability for any personal harm or injury, or any damage to or loss of property sustained by the Player or myself in connection with the Player's participation in any league or Association activities. I certify that I understand the Association's eligibility rules for the Junior High Program and that by signing below grants the Association access to school records to verify Player's eligibility. (Subject to Local Board of Education cooperation).

DATE: _____

_____ **Parent or legal guardian** **Print Name**

Dear School Administrator,

Please verify to the best of your ability that the Player's date of Birth and School grade listed on the attached document are correct.

_____ **Please check here if correct**

_____ **Please check here if incorrect**

Signature _____ **Date** _____