

JEFFERSON COUNTY MIDGET FOOTBALL ASSOCIATION PLAYER ELIGIBILITY FORM

Injured
(Ineligible to play)

Discipline
(Limited Play)

Sick
(Limited Play)

Other
(Limited Play)

_____ of the _____
(Name of Player) (JMFA Team Name & Number)

Team is declared ineligible to play in the game dated _____
(Date of Game)

For the following reason(s):

Has both the Player and Parent been notified? YES NO

Coach's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Injured
(Ineligible to play)

Discipline
(Limited Play)

Sick
(Limited Play)

Other
(Limited Play)

_____ of the _____
(Name of Player) (JMFA Team Name & Number)

Team is declared ineligible to play in the game dated _____
(Date of Game)

For the following reason(s):

Has both the Player and Parent been notified? YES NO

Coach's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____