



Player Contract

**This form MUST
be completed and
submitted to your
head coach the**

**First Day
of Practice**

Blue Valley Football Club

P.O. Box 26324 ● Overland Park, KS 66213-9998

TACKLE PLAYER CONTRACT PLEASE PRINT

BVFC PLAYER INFORMATION

NAME OF PLAYER		PHONE		
STREET	CITY	STATE	ZIP+4	
_____ PLEASE CHECK IF YOUR ADDRESS HAS CHANGED IN THE LAST 12 MONTHS				
DATE OF BIRTH	AGE	APPROXIMATE WEIGHT	SCHOOL ATTENDING	GRADE
PLAYER LIVES IN WHAT HIGH SCHOOL AREA?		DID YOU PLAY LAST YEAR? IF SO, WHAT TEAM		
Signature of Player			Date	

PHYSICIAN SIGNATURE

PHYSICAL EXAMINATION STATEMENT

For the Health Care Provider: I have examined _____
and found him/her physically capable of playing tackle football.

Health Care Provider's Signature _____ Date (must be within 6 months of the start of the season) _____

PARENTS SIGNATURE

PARENTS ACKNOWLEDGEMENT

- 1) My/our child has permission to play in the BVFC football program. By participation in BVFC program, we agree for ourselves and on behalf of our child to forever release, hold harmless and indemnify the BVFC, 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 BVFC.
- 2) Blue Valley Football Club carries supplemental insurance. Our family insurance is our primary insurance. My/our signature(s) below confirms that we understand the BVFC Insurance is supplemental to our primary insurance and is limited to our maximum coverage.
- 3) By signing this form constitutes permission for BVFC to contact the school for verification of age and grade.

Signature of Mother/Guardian _____ Date _____ Signature of Father/Guardian _____ Date _____

Emergency Phone _____ Work Phone-Mother/Guardian _____ Work Phone-Father/Guardian _____

COACH SIGNATURE

**** NOTE TO PARENTS/GUARDIANS & COACHES ****

- 1) Players participating in the BVFC program must sign the contract with their own signature. The contract must be signed by both parents/guardians. After approval by the team coach, contract shall be placed on file with the BVFC Office.
- 2) **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 play in a game.**

Signature of Team Coach _____ Date _____ Team Name _____ Division _____