

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)

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? (Circle One) **Yes No**

Coach's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

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