Football Athlete Identification & Weight Card

Year Completed: _____

Team Affiliation: _____

Level/Div: _____

Athlete Name: _____

Conference Grade: _____

Physical Address: _____

Conference Age: _____

City: _____ *Zip:* _____

Jersey No.: _____

School: _____ *DOB:* _____

Photo:

Phone Number: _____

Medical Conditions: _____

TEAM CONFIRMATION OF INFORMATION

Player is registered currently with team as noted above and we certify that the information on this card is accurate. This player meets all conference eligibility requirements as referenced in the MVFL Constitution to participate during the current season.

League Representative_____ Date _____

Certification of this card requires one signature from another MVFL Organization

Organization _____Signature _____Date_____

Game day Records: ALL players must follow check-in/ weigh in procedures per MVFL Constitution. Records must be kept accurate through entire season. All players must have initial and date from opposing teams weigh master or authorized check-in person on each participating game day prior to game to verify elligibility.

Check-in/ Weigh-in Certification

Week	*Weight*	*Date*	*Initials*	*Week*	*Weight*	*Date*	*Initials*
Jamboree				8			
1				9			
2				10			
3				Playoff #1			
4				Playoff #2			
5				Superbowl			
6							
7							