



## Football Athlete Identification & Weight Card

Team Affiliation: _____	
Athlete Name: _____	
Athlete Address: _____	
City: _____	Zip: _____
School: _____	Grade: _____
Phone Number: _____	
Medical Conditions: _____	

Year Completed: \_\_\_\_\_

Level/Div: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Conference Grade: \_\_\_\_\_

Conference Age: \_\_\_\_\_

Jersey No.: \_\_\_\_\_

Weight: \_\_\_\_\_

***Certification of this card requires one signature from another MVFL Organizations***

Organization 1 \_\_\_\_\_ Signature \_\_\_\_\_

**TEAM CONFIRMATION OF INFORMATION**

We certify that the information on this card is accurate and that said player meets all conference eligibility requirements to play in MVFL and on this team.

League Representative \_\_\_\_\_ Date \_\_\_\_\_

Official Weight  
At Jamboree

**Game Weight Records:** Weekly weights must be approved below opposite corresponding weeks. Please check off the appropriate box as to which attempt the player has made weight. The weigh-master or authorized weight person must initial and date player's card. If player does not make weight or is not at game, strike through corresponding week.

\_\_\_\_\_

Weight

\_\_\_\_\_

Signature

### Weigh-in Certification

Week	Weight	Date	Initials	Week	Weight	Date	Initials
1				7			
2				8			
3				9			
4				10			
5				11			
6				12			