Player Certification Check-off List 2024 Season

Division: _____ League Age: ____ Player Weight: _____

PLAYER NAME:

Paperwork Required **on or before** Certification Day Date: Saturday August_3, 2024

Participant Contract (double and triple check)

-All signatures (child, parent, and Athletic Director)

-Every section must be dated

-Proof on insurance/social security number (must have 3 items)

-Franchise insurance deductible is written in

Physical Form

-Participant medical history section is completed by parent (yes/no boxes)

-Box marked by Doctor that player "meets requirement for participation"

-Box marked by Doctor that is licensed by the state

-Doctor license number written in, unless within the Office/Doctor stamp

-Stamped and Wet Signature of Doctor

Birth Certificate/Player ID

Report Cards/Grade Worksheet

-Once report card is received, calculate player GPA using Conference Grade Worksheet.

Parents Code of Conduct (only signature page #3 required)

-Both lines must be initialed at top of page -All parties must sign

Player Liability and Waiver

-2 blank lines filled in on top of form

-printed name, signed and dated in 2 sections

Concussion Form

-Parent: Name must be printed and signed

-Player: Name must be printed and signed

Player Affidavit Form (Address Verification)

-Form for NEW PLAYERS ONLY (Returnee Players do not submit)

-player must submit 3 items (1 per category)

-CUT/RELEASED PLAYER (new to your city) must submit FORM with appropriate box marked along with 3 signatures, but does not submit the 3 items if on previous year's SGVJAAFC certified roster.

Emergency & Participant Information Form

-All players must have completed form in Team Binder

-Do not bring to certification, unless requested by your Divisional President.