

**2023 Player Participation Form**

Official Use ONLY

Player# \_\_\_\_\_

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

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

CITY/TOWN \_\_\_\_\_

Circle Age Level:    PEE WEE-8U    LIGHTWEIGHT-10U    MIDDLEWEIGHT-12U    HEAVYWEIGHT-14U

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Birth \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

School Attending Sept. '22 \_\_\_\_\_ Grade (Sept.'22) \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_

*Signatures indicate that all information stated is correct and truthful. If a Parent or Participant unlawfully gave any untrue or false information, the Members of the ACFL may seek legal action. The PARTICIPANT will be removed from the ACFL and the program that the participant played for will be penalized and put on suspension or terminated from the ACFL.*

PARENT NAME (Print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**\*\* REQUIRED PAPERWORK \*\***

**PLAYERS MUST PROVIDE THE FOLLOWING PAPERWORK WITH THIS FORM IN ORDER FOR APPROVAL TO PARTICIPATE IN ANY OFFICIAL ACFL GAMES.**

1. COPY OF BIRTH CERTIFICATE
2. PROOF OF SCHOOL (REPORT CARD, LETTER, SCHEDULE, ETC.)
3. PROOF OF ADDRESS (UTILITY BILL, TAX BILL, LEASE, ETC.)
4. PROOF OF PHYSICAL EXAM, WITHIN LAST 12 MONTHS

**PARTICIPANT'S**

**"RECENT"**

**PHOTO**

If Proof of Physical Exam is Not Provided, Doctor Must Affirm Below

**DOCTOR'S DECLARATION OF PARTICIPANT**

*I declare the above named player, whose personal information appears on this form, is fit to participate in the sport of tackle football in the All County Football League.*

Doctor's Signature: \_\_\_\_\_

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

**LEAGUE CERTIFICATION**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_