

**RED ROSE MIDGET FOOTBALL LEAGUE  
PLAYER CONTRACT**

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Season

\_\_\_\_\_  
Name of Player

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

\_\_\_\_\_  
Address of Player

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Last Year's Team

\_\_\_\_\_  
Weight

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Address (if different from Player's)

Email: \_\_\_\_\_

\_\_\_\_\_

I agree to play for Donegal Braves Football of the Red Rose Midget Football League and to abide by all of the rules, in the interest of fair play and good sportsmanship, I pledge good conduct during all contests in which the club is engaged.

I understand that all football equipment issued to me is the property of the club and shall be returned to the club at the conclusion of the season or at such time as requested by the manager or other club official.

\_\_\_\_\_  
Signature of Player

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
The above named Parent and/or Guardian of Player hereby requests that the Player participate in the organized football league sponsored by the Red Rose Midget Football League, and in consideration of such participation and intending to be legally bound hereby, said Parent and/or Guardian of Player acknowledges that Player will participate in the league and all games and practices incident hereto and be using said facilities at his own risk. Said Parent and/or Guardian of Player on his own behalf hereby releases, discharges and indemnifies the Red Rose Midget Football League and its successors, assigns, officers and employees from all liability for injury to the person or damage to property of himself and Player. This release and indemnification shall bind Parent and/or Guardian, his/her spouse, heirs and legal representatives.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

(The following section is to be completed by Physician)

\_\_\_\_\_ has been examined by me and is in sound physical condition and fully able to participate in football practice and games.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name (Printed) & Practice Name

\_\_\_\_\_  
Phone Number

**NOTES:**

- Excess insurance is carried on all players.
- Any player who signs a contract with a given team must remain with that team unless he secures a written release from the director of the team with which he is registered. A copy of this release must be forwarded to the league Commissioner.