

# 2024 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 Manheim Athletic Association 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.

# Football Physical Guide

This form is a *guide* for your child's football physical. When arriving at your appointment, please have your Physician complete and signoff on the page above, titled Red Rose Midget Football League Player Contract.

The contract with the doctor's signature and approval to play needs to be turned in to MAA prior to participating in our 2024 Football Season.

## To Be Completed by Parent:

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

### Past Medical History

Circle

1. Presently taking medication Yes/No
2. Allergic to medicine, food, etc. Yes/No
3. Wears glasses, contact lenses, hearing aid, dentures Yes/No
4. History of braces, chipped teeth, bridges Yes/No
5. Has ongoing medical problems Yes/No
6. Had serious or significant illness in the past Yes/No
7. Any past surgical operations Yes/No
8. Any past injuries, accident requiring medical help Yes/No
9. Any past injuries directly related to sports Yes/No
10. Any hospitalization not explained above Yes/No
11. Any known deformities (such as curvature of back, heart problems, one kidney, blindness in one eye, etc.) Yes/No
12. Any serious family illness (such as diabetes, bleeding disorders, heart attack before age 50, etc.) Yes/No

If yes, please explain: \_\_\_\_\_

### Review of Systems (please check if there are any problems with the following)

\_\_\_ Skin      \_\_\_ Nose      \_\_\_ Abdomen      \_\_\_ Lungs      \_\_\_ Muscle Strength  
\_\_\_ Head      \_\_\_ Ears      \_\_\_ Back      \_\_\_ Heart      \_\_\_ Shoulders/Arms  
\_\_\_ Eyes      \_\_\_ Genital      \_\_\_ Neck      \_\_\_ Hips, legs, feet

I certify that the above information is correct to the best of my knowledge: \_\_\_\_\_

Parent/Guardian Signature

## To Be Completed by Physician

Height \_\_\_\_\_

Weight \_\_\_\_\_

General	Normal/Abnormal ___/___	Lungs	Normal/Abnormal ___/___	Skin	Normal/Abnormal ___/___	Orthopedic	___/___
Neck	___/___	Heart	___/___	Abdomen	___/___	Genitalia	___/___

Recommendations or Comments: \_\_\_\_\_

\_\_\_\_\_ has been examined by me and is in sound physical condition and fully able to participate in the 2023 Football season practice and games. Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*\* Physician Signature, approving play and date is required on Player Contract Above \*\*\***