

JEFFERSON COUNTY YOUTH FOOTBALL ASSOCIATION PLAYER ELIGIBILITY FORM

Injured (Ineligible to play) **Discipline** (Limited Play) **Sick** (Limited Play) **Other** (Limited Play)

_____ of the _____
(Name of Player) (JYFA Team Name)
team is declared ineligible to play in the game dated _____
(Date of Game)

For the following reason(s):

Has both the Player and Parent been notified? (Circle One) **Yes** **No**

Coach's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

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