# BEAVER COUNTY YOUTH FOOTBALL LEAGUE

## Player Early Weigh In

This form is to be filled out by the team that has requested an early weigh in. The signatures of both of the organizations authorized representatives verify that the player has weighed in and has been witnessed by both parties.

| | |
|---|---|
| Organization: | |
| Team: | |
| Name: | |
| Jersey Number: | |

| | |
|---|---|
| Actual Weight: | |
| Player's Representative Signature/Date: | |
| Opposing Representative Signature/Date: | |

This signed form shall be retained by the head coach of the team that requested the early weigh in for the duration of the season. This form shall be presented to any representative of the opposing organization, or BCYFL representative, upon request.