RED ROSE MIDGET FOOTBALL LEAGUE PLAYER CONTRACT

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CLUB	SEASON
NAME OF PLAYER	ADDRESS OF PLAYER
DATE OF BIRTH	PHONE NUMBER
LAST YEAR'S TEAM, IF ANY	NAME OF PARENT / GUARDIAN
ADDRESS OF PARENT / GUARDIAN	
	of the Red Rose Midget Football League and to d good sportsmanship, and I pledge good conduct
	to me is the property of the club and shall be returned to time as may be requested by the Manager or other club
Date Signature of Pla	yer
organized Football League sponsored by the Red I participation and intending to be legally bound he acknowledges that Player will participate in the L be using said facilities at his own risk and said Pa releases, discharges and indemnifies the Red Rose officers and employees from all liability for injury	
DATESIGNATURE OF PAREN	T / GUARDIAN
WITNESS	
has and fully able to participate in football practice an	been examined by me and is in sound physical condition ad games.
DATEDOCTOR'S SIGN	NATURE
NOTE: EXCESS INSURANCE IS CARRIED ON ALL PLAYS	ERS
	VEN TEAM MUST REMAIN WITH THAT TEAM UNLESS HE OR OF THAT TEAM WITH WHICH HE IS REGISTERED. A COPY GUE COMMISSIONER.