

# JEFFERSON COUNTY MIDGET FOOTBALL ASSOCIATION PLAYER ELIGIBILITY FORM

**Injured**  
(Ineligible to play)

**Discipline**  
(Limited Play)

**Sick**  
(Limited Play)

**Other**  
(Limited Play)

\_\_\_\_\_ of the \_\_\_\_\_  
(Name of Player) (JMFA Team Name)  
team is declared ineligible to play in the game dated \_\_\_\_\_  
(Date of Game)

For the following reason(s):

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

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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