



















OFFICIAL PLAYER ELIGIBILITY FORM

[Any Questions – Please contact our Competition Chairman at Competion@JrSkylandFootball.com]

Program Name			
Player Full Name:			
Level for 2016: (circle one)	Varsity	JV	Peewee
Parent/ Guardian Name:			
Date of Birth:	Grade Fall 2016:		
PRIMARY RESIDENTIAL ADDI	RESS DICTATES THE PRO	OGRAM THE PLAYER I	S ELIGIBLE TO PLAY FOR.
Primary Residential Address: the player's recognized by the state used to determine wh Street/Apt:			
City/Township & Zip:			
School Attending*:			
*If attending a private school please attach a current utility bill. *If attending another school outside of your sending district, please attach current utility bill and use back of this page to explain the situation.			
By signing, I attest that all of the and I have validation/proof of th			
understand that if any of the information is found to be inaccurate the player, team and program will be subject to the following <u>PENALTIES</u> : Penalties could be stronger and/or the offense is egregious or there if there are multiple offenses			
 b. Program loses JSFC von c. Program must apply 2. Player is ineligible to play on 3. Team receives a loss for of expension 	suspended from the JSFC Be oting privileges for a minimu to JSFC board for reinstatem any of the program's teams very game player played in. eligible for playoffs/postseas	um of 12 months nent if not other infraction for a minimum of 12 mon son. If multiple offenses,	s while on probation ths this may extend to the program.
PLAYI	er Signature		Date
Parent/Gu	JARDIAN SIGNATURE		Date
LEAGUE REPRESENTATIVE SIGNATURE			DATE