



Athlete Identification & Weight Card

Date Completed: ____/____/____

Team Affiliation: _____	
Athlete Name: _____	
Athlete Address: _____	
City: _____	Zip: _____
School: _____	Grade: _____
Medical Conditions: _____	
Other Information: _____	

Level/Div: _____

Birth Date: _____

Conference Age: _____
As of **Nov. 1st** of Current Year

Uniform No.: _____

Weight: _____

Certification of this card requires two signatures from other MVFL Organizations

Organization 1 _____ Signature _____

Organization 2 _____ Signature _____

TEAM CONFIRMATION OF INFORMATION

We certify that the information on this card is accurate and that said player meets all conference eligibility requirements to play in MVFL and on this team.

Head Coach Signature _____ Date _____

Team Manager _____ Date _____

Official Weight
At Jamboree

Weight

Signature

Game Weight Records: Weekly weights must be approved below opposite corresponding weeks. Please check off the appropriate box as to which attempt the player has made weight. The weigh-master or authorized weight person must initial and date player's card. If player does not make weight or is not at game, strike through corresponding week.

Weigh-in attempts

Week	1 st	2 nd	3 rd	Date	Initials
1					
2					
3					
4					
5					
6					

Weigh-in attempts

Week	1 st	2 nd	3 rd	Date	Initials
7					
8					
9					
10					
11					
12					