|  |  |  |
| --- | --- | --- |
| PARTICIPANT TRACKING & IDENTIFICATION |  |  |

Team Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Viral Sports Football League [VSFL] |  |  |  |  |  |
| Team | | | | | |
| Division |  |  |  |  |  |
| Jersey Number |  |  |  |  |  |
| Age as of next July 31 |  |  |  |  |  |
| Position |  |  |  |  |  |
| Parent / Guardian First & Last Name |  |  |  |  |  |
| Home Phone |  |  |  |  |  |
| Cell Phone |  |  |  |  |  |
| **Regular Season**  Field Marshal Will (1) Enter Date (2) Verify The Identity Of Each Player (3) Initial Each Participant Card With  **CODES:** **OK = verified I = Injured / Impaired A = Absent**  **ALL MUST BE CHECKED IN / VERIFIED PLAYING OR NOT. PARTICIPANT TRACKING & IDENTIFICATION MUST BE SUBMITTED TO VSFL CHAIRPERSON FOR SIGNATURE.** | | | | | |
|  | **Date** | **OK = Verified** | **I = Injured / Impaired** | **A = Absent** |  |
| Week 1 |  |  |  |  |  |
| Week 2 |  |  |  |  |  |
| Week 3 |  |  |  |  |  |
| Week 4 |  |  |  |  |  |
| Week 5 | | | | | |
| Week 6 |  |  |  |  |  |
| Week 7 |  |  |  |  |  |
| Week 8 | | | | | |
| **Post Season** |  |  |  |  |  |
| Week 9 |  |  |  |  |  |
| Week 10 |  |  |  |  |  |
| Week 11 | | | | | |
| Week 12 |  |  |  |  |  |
| **By signature I hereby certify that the information above has been collected and verified as instructed by the VSFL Rulebook and Operations Manual** |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| -----------------------FIELD MARSHAL OR VSFL CHAIRPERSON OFFICIAL USE ONLY BELOW THIS LINE-------------------------PLAYER PROFILE INFORMATIONDate of Birth [M/D/YYYY] \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_AGE: [as of 7/31] \_\_\_\_\_\_\_PARTICIPATION CONTRACT: YES or NO *(circle one*)MEDICAL CLEARANCE: YES or NO *(circle one)*MEDICAL TREATMENT PARENTAL CONSENT FORM: YES or NO *(circle one)*SCHOLASTIC STANDING: YES or NO *(circle one)*IMAGE RELEASE CONSENT: YES or NO *(circle one)*LIABILITY WAIVER: YES or NO *(circle one)*Field Marshal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VSFL Chairperson Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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**-PRINT DOUBLE SIDED 2 PAGE DOCUMENT - PRINT DOUBLE SIDED 2 PAGE DOCUMENT-**