



Cobb Football League

2011 Player Certification Form

TEAM: _____ **UNIFORM #** _____

LAST NAME: _____ **FIRST NAME:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

DATE OF BIRTH: _____ **GRADE:** _____

MALE GUARDIAN: _____ **EMAIL:** _____

HOME PHONE: _____ **CELL PHONE:** _____

FEMALE GUARDIAN: _____ **EMAIL:** _____

HOME PHONE: _____ **CELL PHONE:** _____

I, the parent or legal guardian of the above named child, affirm that the information above is true and correct and that the picture below is an accurate picture of the child named above. Furthermore, I affirm that the birth certificate presented is accurate and reflects the correct information for the child listed above. If necessary, however; I give my permission for a representative of the Cobb Football League (CFL) to obtain any supporting documentation needed to confirm the age of my child. I also understand I am required to follow the rules set forth by the Cobb Football League's By Laws and Playing Rules including, but not limited to the Parent/Spectator Conduct and Player Eligibility.

LEGAL GUARDIAN SIGNATURE _____ **DATE** _____

PRINTED NAME _____ **RELATIONSHIP** _____

	<p>I understand and do affirm that the information listed above is correct and accurate to the best of my knowledge.</p> <p>HEAD COACH: _____ (Signature)</p> <p>CERTIFIED BY: _____ (CFL representative signature)</p> <p>RESTRICTED WEIGHT PLAYER? <input type="checkbox"/></p>
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