

**New Lenox Mustangs
Player/Physical Contract**

NAME _____ DATE OF BIRTH _____ AGE _____

ADDRESS _____ CITY _____ PHONE _____

I hereby release the New Lenox Mustangs of any and all financial responsibility due to any injuries received while playing, practicing or traveling with the above mentioned team during the current season.

DATE _____

PARENT SIGNATURE _____

DOCTOR PERMIT

_____ (Name) is of excellent health, sound physical condition and can participate in all football activities.

DATE _____

DOCTOR SIGNATURE _____