



# 2024 NATIONAL FOOTBALL FOUNDATION & COLLEGE FOOTBALL HALL OF FAME VERMONT CHAPTER



Practices: Sunday, November 10, Tuesday November 12, Thursday November 14, Saturday November 17

Game Day: Sunday, November 17, 2024

## ◆ PLAYER COMMITMENT FORM ◆

PARTICIPANT NAME: \_\_\_\_\_

PARTICIPANT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

PARTICIPANT STATEMENT OF COMMITMENT TO INVOLVEMENT WITH NORTH-SOUTH SENIOR BOWL CLASSIC and to THE GAME'S STANDARDS & IDEALS:

**I AM DELIGHTED TO HAVE BEEN SELECTED TO PARTICIPATE IN THE NORTH-SOUTH SENIOR CLASSIC. BARRING ANY UNFORSEEN EMERGENCIES, I PROMISE TO ATTEND ALL PRE-GAME PRACTICE SESSIONS AS WELL AS THE GAME ITSELF. I ALSO UNDERSTAND THAT I WILL BE REPRESENTING MY HIGH SCHOOL & THE STATE OF VERMONT AND, AS SUCH, I WILL DO MY BEST TO PERFORM WITH THE UTMOST CLASS & DEMONSTRATE THE HIGHEST LEVEL OF SPORTSMANSHIP, BOTH ON AND OFF THE FIELD. I FULLY UNDERSTAND & ACCEPT THAT ANY CONDUCT ON MY PART FAILING TO ADHERE TO THESE STATED STANDARDS WILL RESULT IN MY IMMEDIATE & UNCONTESTABLE DISMISSAL FROM PARTICIPATION IN THE NORTH-SOUTH SENIOR BOWL CLASSIC.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

*If under 18 years of age:*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please note that the Vermont Chapter of the National Football Foundation & College Football Hall of Fame (NFFCHOF) is insured for the Senior Bowl Classic with a \$1,000,000.00 Primary Liability Insurance rider and separate "Excess" medical accident policy. The latter will provide coverage for any injuries that require medical attention beyond that which is covered by your family's policy.