



PARENTS CONSENT FORM

I, THE UNDERSIGNED PARENT(S) OR GUARDIAN(S) OF

First Name

Middle Name

Surname

Residence Address

Postal Code

Mailing Address if different from above

Birth Date

HEREBY GIVE CONSENT FOR MY MINOR AGED CHILD TO PLAY IN THE SENIOR LEAGUE ON:

Name of Team

Name of League

Classification

Coach's Name
Telephone

THE PARENT IS ADVISED TO MAKE THEMSELVES AWARE OF THE LEAGUE SCHEDULE, TEAM COMPOSITION, HOURS AND DATES OF GAMES AND PRACTICES AND TRAVEL TO AND FROM GAMES AND PRACTICES.

Parent's Name

Address

Telephone Number

Signed this _____ day of _____ 20_____

Parent or Guardian's Signature