

PARENT / COORDINATOR'S CONSENT FORM

MINORS PLAYING IN OR AGAINST SENIORS

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

Day Month Year

_____/_____/_____
First Name Middle Name Surname Birth Date

Residence Address Postal Code

Mailing Address if different from above
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

TO THE MINOR DIRECTOR:

I, _____ Minor Coordinator for District _____

Minor team previously played on _____ classification _____

And recommend the following: (give or deny permission)

Signature _____

Dated this _____ day of _____ 20 _____

COPY OF THIS FORM TO BE GIVEN TO THE SENIOR COORDINATOR / MINOR COORDINATOR