



BOYS & GIRLS CLUBS
OF LAREDO



2011- 2012
2nd -6th

ROSTER APPLICATION

THIS FORM MUST BE SIGNED. COACH: _____

NAME _____ ADDRESS _____

SCHOOL _____ GRADE _____

BIRTHDATE _____ AGE AS OF SEPT. 1, 2011 _____

FATHER'S NAME _____ PH. _____ CELL. _____

MOTHER'S NAME _____ PH. _____ CELL. _____

I understand that my son/daughter will be participating in **BASKETBALL** and I give my consent. I will not hold the Boys & Girls Clubs of Laredo, City of Laredo, Sponsors, staff, League coaches, schools, or anyone involved with this league/event responsible for injuries sustained before, during, or after the games.

I give my permission to Boys & Girls Clubs of Laredo personnel to verify age information with school principal if needed.

I also give my consent for any photographs in which my son/daughter may appear to be used for promotion of such league/event.

I understand that the Boys & Girls Clubs of Laredo operate under an "OPEN DOOR POLICY".

Signature of parent/guardian

Date signed

www.bgcsports.com for Boys & Girls Club sports information.



BOYS & GIRLS CLUBS OF LAREDO
ROSTER FORM

SCHOOL: _____ **GRADE:** _____ **LEAGUE:** _____

COACHES NAME: _____

	PLAYER'S NAME	D.O.B.	AGE Sept. 1, 2011	ADDRESS	PHONE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

1. Age as of September 1st 2011.
2. If a team plays an **INELIGIBLE** player, said team will forfeit all games ineligible player played in and coaches are subject to suspension.

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