



BOYS & GIRLS CLUBS
OF LAREDO



2011 Kinder – 1st
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. Also, transporting team members to and from 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



BOYS & GIRLS CLUBS OF LAREDO
ROSTER FORM

SCHOOL: _____ **GRADE:** _____ **LEAGUE:** 1st & Kinder
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 over age player, said team will forfeit all games over age player played in.