

BOYS & GIRLS CLUBS OF LAREDO



2011

PLAYER ROSTER APPLICATION

THIS FORM MUST BE SIGNED.

COACH: _____

PLAYER: _____ **ADDRESS** _____

SCHOOL _____ **GRADE** _____

BIRTHDATE _____ **AGE AS OF SEPT. 1, 2011** _____

FATHER'S NAME _____
PHONE: (H) _____ **(W)** _____ **(C)** _____

MOTHER'S NAME _____
PHONE: (H) _____ **(W)** _____ **(C)** _____

I understand that my son/daughter will be participating in FLAG FOOTBALL 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.

Signature of parent/guardian

Date signed



BOYS & GIRLS CLUBS OF LAREDO
ROSTER FORM

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

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.