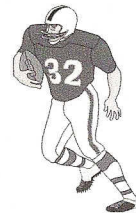


BOYS & GIRLS CLUBS OF LAREDO



2009

PLAYER ROSTER APPLICATION

THIS FORM MUST BE SIGNED.

COACH: _____

PLAYER: _____ **ADDRESS** _____

SCHOOL _____ **GRADE** _____

BIRTHDATE _____ **AGE AS OF SEPT. 1, 2009** _____

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

