

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 _____

PH. _____ W _____ CELL _____

MOTHER'S NAME _____

PH. _____ W _____ CELL _____

I understand that my son/daughter will be participating in GIRLS VOLLEYBALL 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

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

