KITCHENER-WATERLOO MINOR BOYS SOFTBALL ASSOCIATION

Limitations to Release of Personal Information

Name of Member:	
Address:	
Phone:	
I hereby request that the following information	1
Not be released to the following people/associations, other:	
Print name of Parent/Guardian	
Time name of Fareing Guardian	
Signature of Parent/Guardian	Date
Print Name of Witness	
Signature of Witness	Date